



# DAILY DIABETES CARE PLAN

## SCHOOL YEAR:

<b>STUDENT NAME:</b>	<b>DOB:</b>	<b>Student ID:</b>
<b>Mother:</b>	<b>Father:</b>	
<b>Phone:</b>	<b>Phone:</b>	
<b>If parents cannot be reached call:</b>		
<b>Hospital Preference:</b>		
<b>SCHOOL MANAGEMENT:</b> This daily plan is based on the Diabetes Medical Management Plan (DMMP) provided by the physician. <b>Please refer to the DMMP when providing diabetes care.</b>		
1. <b>MEALS EATEN AT SCHOOL:</b> <input type="checkbox"/> breakfast <input type="checkbox"/> lunch <input type="checkbox"/> am snack <input type="checkbox"/> pm snack		
2. <b>BLOOD GLUCOSE MONITORING:</b>		
<ul style="list-style-type: none"> <li>• BG should be checked: <input type="checkbox"/> before breakfast @ _____ <input type="checkbox"/> before lunch @ _____</li> <li style="padding-left: 40px;"><input type="checkbox"/> before PE @ _____ <input type="checkbox"/> after PE @ _____</li> <li style="padding-left: 40px;"><input type="checkbox"/> before dismissal @ _____</li> <li><input type="checkbox"/> for symptoms of low or high blood sugar</li> <li><input type="checkbox"/> Student has a continuous glucose monitor (Dexcom) _____</li> </ul>		
3. <b>INSULIN ADMINISTRATION:</b> <input type="checkbox"/> Student is independent <input type="checkbox"/> Student is not independent		
<ul style="list-style-type: none"> <li>• Insulin will be administered in <input type="checkbox"/> clinic <input type="checkbox"/> classroom <input type="checkbox"/> other _____</li> <li>• Insulin administration supplies are kept: <input type="checkbox"/> in clinic <input type="checkbox"/> in classroom <input type="checkbox"/> with student</li> <li>• Insulin is administered with: <input type="checkbox"/> breakfast <input type="checkbox"/> lunch <input type="checkbox"/> am snack <input type="checkbox"/> pm snack</li> </ul>		
4. <b>PE:</b> <input type="checkbox"/> Keep _____ (fast-acting carbohydrate) with student during exercise. <input type="checkbox"/> Student should not participate in PE/exercise if BG is < _____ or > than _____		
5. <b>Classroom Treatment of Low Blood Sugar:</b>		
<input type="checkbox"/> Watch for signs of low blood sugar: student feels low and/or is pale, sweaty, fast heart beat, shaky, irritable, dizzy, anxious, hungry, blurry vision, weakness, fatigue, _____ <input type="checkbox"/> If student feels/looks low, check blood sugar if possible and follow DMMP. If unable to check blood sugar, treat with _____ (fast acting carbohydrate) and send to clinic with adult or call for clinic worker and follow DMMP.		
6. <b>Other:</b>		
<ul style="list-style-type: none"> <li>• Allow student to provide diabetes care in classroom/other areas <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• A staff member with appropriate training should accompany student on all field trips</li> <li>• _____</li> </ul>		
<b>CALL PARENT:</b>		
<ul style="list-style-type: none"> <li>• For any questions regarding diabetes care or student schedule changes (i.e. field trips, field day or testing)</li> </ul>		
<b>CALL 911:</b>		
<ul style="list-style-type: none"> <li>• If student has signs and symptoms of a severe low blood sugar or Glucagon given</li> <li>• If blood sugar over 300 with vomiting and unable to contact parents.</li> </ul>		

\_\_\_\_\_  
PARENT SIGNATURE / DATE

\_\_\_\_\_  
COUNTY SCHOOL NURSE SIGNATURE / DATE

