

**Appendices:****Diabetes Support Plan**

**Instructions:** This form is a communication tool for use by parents to share information with the school. Students who are receiving Nursing Support Services (NSS) Delegated Care do not need to complete page 3. This form does NOT need to be completed by Diabetes Clinic staff, Nursing Support Service Coordinators or Public Health Nurses.

<b>Name of Student:</b>		<b>Date of Birth:</b>		
<b>School:</b>	<b>Grade:</b>	<b>Teacher/Div:</b>		
<b>Care Card Number:</b>		<b>Date of Plan:</b>		
<b>CONTACT INFORMATION</b>				
<b>Parent/Guardian 1:</b>	Name:			<input type="checkbox"/> Call First
Phone Numbers:	Cell	Work	Home	Other
<b>Parent/Guardian 2:</b>	Name:			<input type="checkbox"/> Call First
Phone Numbers:	Cell:	Work:	Home:	Other:
<b>Other/Emergency:</b>	Name:		Relationship:	
	Able to advise on diabetes care: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone Numbers:	Cell:	Work:	Home:	Other:
Have emergency supplies been provided in the event of a natural disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, location of emergency supply of insulin: _____				
<b>STUDENTS RECEIVING NSS DELEGATED CARE</b>				
<b>NSS Coordinator:</b> _____ <b>Phone:</b> _____				
<b>School staff providing delegated care:</b>				
_____				
_____				

Parent Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICAL ALERT - TREATING MILD TO MODERATE LOW BLOOD GLUCOSE NOTE: PROMPT ATTENTION  
CAN PREVENT SEVERE LOW BLOOD GLUCOSE**

SYMPTOMS	TREATMENT FOR STUDENTS NEEDING ASSISTANCE ( <u>anyone</u> can give sugar to a student):		
<input type="checkbox"/> Shaky, sweaty <input type="checkbox"/> Hungry <input type="checkbox"/> Pale <input type="checkbox"/> Dizzy <input type="checkbox"/> Irritable <input type="checkbox"/> Tired/sleepy <input type="checkbox"/> Blurry vision <input type="checkbox"/> Confused <input type="checkbox"/> Poor coordination <input type="checkbox"/> Difficulty speaking <input type="checkbox"/> Headache <input type="checkbox"/> Difficulty concentrating  Other:	<p><b>Location of fast acting sugar:</b> _____</p> <p>1. If student able to swallow, give one of the following fast acting sugars:</p> <table border="0"> <tr> <td> <b>10 grams</b>  <input type="checkbox"/> ___ glucose tablets  <input type="checkbox"/> 1/2 cup of juice or regular soft drink  <input type="checkbox"/> 2 teaspoons of honey  <input type="checkbox"/> 10 skittles  <input type="checkbox"/> 10 mL (2 teaspoons) or 2 packets of table sugar dissolved in water  <input type="checkbox"/> Other (ONLY if 10 grams are labelled on package):             </td><td> <b>OR 15 grams</b>  <input type="checkbox"/> ___ glucose tablets  <input type="checkbox"/> 3/4 cup of juice or regular soft drink  <input type="checkbox"/> 1 tablespoon of honey  <input type="checkbox"/> 15 skittles  <input type="checkbox"/> 15 mL (1 tablespoon) or 3 packets of table sugar dissolved in water  <input type="checkbox"/> Other (ONLY if 15 grams are labelled on package):             </td></tr> </table> <p>2. Contact designated emergency school staff person.            3. Blood glucose should be re-checked in 15 minutes.            4. Re-treat (as above) and call parent to notify if symptoms do not improve <u>and/or</u> blood glucose remains below 4 mmol/L.            5. Do not leave student unattended until blood glucose 4 mmol/L or above.            6. Give an extra snack such as cheese and crackers if next planned meal/snack is not for 45 minutes.</p>	<b>10 grams</b> <input type="checkbox"/> ___ glucose tablets <input type="checkbox"/> 1/2 cup of juice or regular soft drink <input type="checkbox"/> 2 teaspoons of honey <input type="checkbox"/> 10 skittles <input type="checkbox"/> 10 mL (2 teaspoons) or 2 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 10 grams are labelled on package):	<b>OR 15 grams</b> <input type="checkbox"/> ___ glucose tablets <input type="checkbox"/> 3/4 cup of juice or regular soft drink <input type="checkbox"/> 1 tablespoon of honey <input type="checkbox"/> 15 skittles <input type="checkbox"/> 15 mL (1 tablespoon) or 3 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 15 grams are labelled on package):
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**MEDICAL ALERT – GIVING GLUCAGON FOR SEVERE LOW BLOOD GLUCOSE**

SYMPTOMS	PLAN OF ACTION
<ul style="list-style-type: none"> <li>Unconsciousness</li> <li>Having a seizure (or jerky movements)</li> <li>So uncooperative that you cannot give juice or sugar by mouth and unable to swallow</li> </ul>	<ul style="list-style-type: none"> <li>Place on left side and maintain airway</li> <li><b>Call 911</b>, then notify parents</li> <li>Manage a seizure: protect head, clear area of hard or sharp objects, guide arms and legs but do not forcibly restrain, do not put anything in mouth</li> <li>Administer glucagon</li> </ul>



**MEDICATION INSTRUCTIONS– Glucagon (Intramuscular or Intranasal)**

Intranasal (Baqsimi)	Intramuscular (GlucaGen or Lilly Glucagon)
Dose & Route	Dose & Route
<input type="checkbox"/> Baqsimi® 3 mg nasal powder given in one nostril (for students 4 years and above)	<input type="checkbox"/> 0.5 mg = 0.5 ml by intramuscular injection (for students 5 years of age and under) <input type="checkbox"/> 1.0 mg = 1.0 ml by intramuscular injection (for students 6 years of age and over)
Directions as Ordered (see below)	Directions as Ordered (see below)
<ul style="list-style-type: none"> <li>Remove shrink wrap on tube by pulling the red stripe</li> <li>Open the lid and remove the device from tube</li> <li>Hold the device between 2nd and 3rd fingers and thumb (do not push yet!)</li> <li>Insert device tip gently into one nostril until your fingers touch outside of student's nose</li> <li>Push the plunger firmly all the way in until the green line is no longer showing</li> <li>Throw away device/tube; single use only</li> <li>Once student is alert, give juice or alternate fast-acting sugar</li> </ul>	<ul style="list-style-type: none"> <li>Remove cap</li> <li>Inject liquid from syringe into dry powder bottle</li> <li>Roll bottle gently to dissolve powder</li> <li>Draw fluid dose back into the syringe</li> <li>Inject into outer mid-thigh (may go through clothing)</li> <li>Once student is alert, give juice or fast acting sugar</li> </ul>

## Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting

LEVEL OF SUPPORT REQUIRED FOR STUDENTS NOT RECEIVING NSS DELEGATED CARE		
<p>Requires checking that task is done (child is proficient in task):</p> <p><input type="checkbox"/> Blood glucose testing <input type="checkbox"/> Carb counting/adding <input type="checkbox"/> Administers insulin <input type="checkbox"/> Eating on time if on NPH insulin <input type="checkbox"/> Act based on BG result</p>	<p>Requires reminding to complete:</p> <p><input type="checkbox"/> Blood glucose testing <input type="checkbox"/> Carb counting/adding <input type="checkbox"/> Insulin administration <input type="checkbox"/> Eating on time if on NPH insulin <input type="checkbox"/> Act based on BG result</p>	<p><input type="checkbox"/> Student is completely independent</p>
<p><b>MEAL PLANNING:</b> The maintenance of a proper balance of food, insulin and physical activity is important to achieving good blood glucose control in students with diabetes.</p>		
<p>In circumstances when treats or classroom food is provided but not labelled, the student is to:</p> <p><input type="checkbox"/> Call the parent for instructions      <input type="checkbox"/> Manage independently</p>		
<p><b>BLOOD GLUCOSE TESTING:</b> Students must be allowed to check blood glucose level and respond to the results in the classroom, at every school location or at any school activity. If preferred by the student, a private location to do blood glucose monitoring must be provided, unless low blood glucose is suspected.</p>		
<p>Frequency of Testing: <input type="checkbox"/> midmorning <input type="checkbox"/> lunchtime <input type="checkbox"/> mid afternoon <input type="checkbox"/> before sport or exercise</p> <p><input type="checkbox"/> With symptoms of hyper/hypoglycemia      <input type="checkbox"/> Before leaving school</p> <p>Location of equipment: With student _____ In classroom _____ In office _____ Other _____</p> <p>Time of day when low blood glucose is most likely to occur: _____</p> <p>Instructions if student takes school bus home:</p>		
<p><b>PHYSICAL ACTIVITY:</b> Physical exercise can lower the blood glucose level. A source of fast-acting sugar should be within reach of the student at all times (see page 2 for more details). Blood glucose monitoring is often performed prior to exercise. Extra carbohydrates may need to be eaten based on the blood glucose level and the expected intensity of the exercise.</p>		
<p><b>Comments:</b></p>		
<p><b>INSULIN:</b> All students with type 1 diabetes use insulin. Some students require insulin during the school day, most commonly before meals.</p>		
<p>Is insulin required at school on a daily basis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Insulin delivery system: <input type="checkbox"/> Pump <input type="checkbox"/> Pen <input type="checkbox"/> Needle and syringe (at home or student fully independent)</p> <p>Frequency of insulin administration:</p>	<p>Location of insulin: with student _____ In classroom _____ In office _____ Other _____</p> <p>Insulin should never be stored in a locked cupboard.</p>	