**Individualized Health Plan/504 Plan for Diabetes at School**

**Date of Plan: Date of Orders:**

|  |  |
| --- | --- |
| **Student Name:** **D.O. B.**  | **School:** **Grade: Teacher:**  |
| **Mother/Guardian:**  | **Father/ Guardian:**  |
| **Phone:**  | **Phone:**  |
| **Email:**  | **Work Phone:**  |
| **`** |  |
| **Name:**  | **Relationship:** | **Phone:** |
| **Name:**  | **Relationship:**  | **Phone:**  |
| **Health Care Provider:**  | **Phone: Fax:**  |
| **Address:**  | **Seattle Children’s Hospital, 4800 Sand Point Way, NE****M/S OC.7.820. Seattle, Wa. 98105** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Target Range: Blood Glucose** | **mg/dl** | **To:**  | **mg/dl** |
| **Notify Parents: Blood Glucose values < :**  | **mg/dl**  | **Or greater than** | **mg/dl**  |

**Insulin Pump Instructions**

|  |  |
| --- | --- |
| **Insulin Pump Info**: Type of pump:  | Type of Insulin in pump :  |
| **Insulin to Carbohydrate ratio:** **Breakfast: 1 unit per \_\_\_ gms of carbs****Lunch: 1 unit per \_\_\_gms of carbs** | **Sensitivity/Correction Factor:** **1 unit per\_\_\_mg/dl** **(correction factor) > 150 (target blood sugar)** |
| **Target Range:\_\_\_\_\_\_ mg/dl** |  |
| **x Parent/guardian authorized to increase or decrease insulin to carb ratio +/- 20% per Children’s orders** |  |

**Time to Bolus**: Before Meals

* Check blood glucose level before the meal or snack
* \_\_\_\_\_\_\_\_ will enter the blood glucose value into the pump
* Count gms of carbohydrates in food
eaten or to be eaten with the help of nurse
* \_\_\_\_\_\_\_\_ will enter the grams of carbohydrates into the pump with adult verification of numbers
* The **pump will calculate the prescribed amount of insulin**
* \_\_\_\_\_\_\_\_ will deliver bolus by pressing button(s) on the pump with supervision

If Pump or Set Malfunctions: **Notify Parent and School Nurse immediately**

* School Nurse gives injection per Children’s Standards of Care for Hyperglycemia or Insulin to Carbohydrate Ratio and Correction Factor
* Calculating Insulin dose when pump malfunctions: Use Pump Calculator or School Nurse and/or parent will do calculation (School Nurse may contact provider for One-Time Order). Note: Round insulin to the nearest half or whole unit below the number.

A**dditional Information:** 1. Parents should notify the school nurse (*at or before the beginning of the school day)* of any adjustments made to basal and/or bolus rates on the insulin pump so the school staff can be on alert to any reactions to the insulin dosage change. 2. School staff will not adjust pump settings. School staff will use the pump bolus calculator program for the recommended dosage. 3. Safety features for the insulin pump should be active at all times while the student is at school.

**Contact Parent/Guardians if symptoms of:**

Soreness, redness or bleeding at infusion site  Dislodged Infusion Set \*Repeated Alarms

Leakage of insulin at connection to pump or infusion site Pump Malfunction

**Required Blood Glucose Monitoring at School**:

**Where to Check Blood Glucose**: \_ \_\_ Health Room and \_\_ \_\_ Classroom

**When to check Blood Glucose in general for Lily will be:**

* As needed for signs/symptoms of low/high blood sugars
* Before snack
* Before lunch
* Before and after PE
* School Dismissal
* Before Riding bus/walking home: See transportation plan for outside of range
* Other: See most recent School Schedule Matrix signed by parent and school nurse

**Care for Hypoglycemic/Hyperglycemic events/checks and other diabetic care**:

Nurses will follow Children’s Standards of Care or agreed to current amendments signed by Parents/guardians, Health Care provider and school nurse. School Staff will follow Emergency Action and IHP guidelines Plan after training by school nurse as outlined in OSPI guidelines \* and current requests as above.

**Student Diabetic Supplies are stored: including Disaster Supplies:**

Insulin: \_\_\_\_\_\_\_\_\_\_\_ Needles/Syringes: \_\_\_\_\_\_\_\_\_ Extra Pump supplies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Glucagon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ketone Sticks \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daily Routines**:

**Snacks/Rescue Treatments:**

**Snack location**/s: \_\_\_ Health Room \_\_\_ Classroom \_\_\_ other \_\_\_\_\_\_\_\_\_

**Parent to provide**: \_\_\_ Short acting Snacks \_\_\_ Long Acting Snacks \_\_\_ Glucose tabs/ alternative

**Student Schedule**: Breakfast: Snack time: Lunch: P.E.

**Meal Carb counts**

**Class Parties:** Food treats will be handled as follows:

**Field Trips**: All diabetes supplies are taken on trip and Diabetes care is provided: by accompanying parent if willing or nurse for insulin care and hypoglycemic emergencies will be provided by trained staff per OSPI guidelines \*.

**Transportation**:

**Plan for transportation if Blood Glucose is outside of Range**:

**Other Considerations**:

**Student Self Care: (ability level to be determined by School Nurse and Parent with input from Health Care provider as needed: all OSPI guidelines to be followed\* :**

**Communication Plan to Parent for Diabetes Care from School Staff:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Classroom/Academic Considerations**:

* Substitute teachers will be given care plans.
* Absences for illness or medical appointment will not affect school progress.
* Blood sugars < or >: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be able to take his standardized test at a better time.

**Unlicensed School Staff Trained by School Nurse**: Office staff, teacher, are given designated training per OSPI guidance. All other staff are given general annual training on Life Threatening Condition emergency care at school per OSPI guidance.

**It is understood that**:

* Medication and treatment orders are valid for this school year only and need to be renewed, signed by parent, provider and school nurse two weeks prior to the start of the school year.
* Physician orders signed by parent and physician are needed when there are any changes in the treatment orders.
* Medications must be in the original container and labeled to match physician’s order for school use including field trips.
* Parent has the responsibility of notifying school nurse (RN) of any changes in Medication/care orders.
* Parent gives permission to School Nurse(s) to share information with appropriate school staff relevant to the prescribed medication and treatment needs as she/he determines is appropriate for the student’s care and safety.
* Parent gives permission to the school nurses to contact the health care provider or staff at that clinic for information relevant to the orders and related student information appropriate for the student care. (Release of Information to be signed and renewed at start of academic year).
* Parent gives permission to the school nurse and relevant school staff to carry out the care as outlined in this document to this student.
* Parent/Guardian are responsible for maintaining necessary supplies, snacks, blood glucose meter, strips, medications and other equipment needed for care. School staff will provide notice to parent as supplies/medications need replacement as soon as possible.

The 504/IHP plan was developed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by the following persons who are knowledgeable about the student, the student’s impairment and are representing those providing for the implementation of the plan at school. They are:

 Name (Please Print) Signature

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: (add role): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: (add role): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: (add role): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: (add role): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian was provided copy of Student/Parent rights in- person on this day .

 \* **OSPI guidance can be found at : http://www.k12.wa.us/HealthServices/Resources.aspx**