Banner Children's

INDIVIDUALIZED SCHOOL DIABETES CARE PLAN

Effective for the 20_____ to 20_____ school year

TO BE COMPLETED BY THE FAMILY AND SUBMITTED FOR THE PROVIDER'S REVIEW AND SIGNATURE

Student's name: _____ Date of birth: _____

Diagnosis: □ Type 1 Diabetes □ Type 2 Diabetes □ MODY (monogenic) Age diagnosed: _____

Contact Information

Parent/Legal Guardian 1: _____
E-mail address: _____
Phone: Home _____ Work _____ Cell _____

Parent/Legal Guardian 2: _____
E-mail address: _____
Phone: Home _____ Work _____ Cell _____

Additional Information:
Mode of transportation to/from school: □ Car □ Bus □ Walks
Student participates in the following after-school activities: _____

Diabetes Care Provider/Education Team: Banner Children's Specialists - Endocrinology

□ Rachel Calendo, NP □ Amy Eby, NP □ Joel Hahnke, MD □ Soumya Nagaraja, MD □ Anna Sandstrom, MD

□ East Valley (Mesa): phone: (480) 827-5370 Fax: (480) 827-5365
□ West Valley (Glendale): phone: (602) 865-4540 Fax: (602) 865-4554

Emergencies: **DIAL 911**

***** APPLICABLE TO ALL SECTIONS OF THIS PLAN **:***

Parent/guardian is able to and WILL adjust insulin settings or other plan specifics and will notify the health office. However, this does not include requests to override insulin pump dose recommendations.
Provider/diabetes team will not provide updated orders for dose or plan changes.

Additional Resources
We recommend using the resources at the American Diabetes Association Safe at School website/information to supplement your knowledge regarding care for diabetes at school.
https://diabetes.org/tools-support/know-your-rights/safe-at-school-state-laws

If problems, concerns, or questions arise, please contact the student's parent(s)/guardian(s) first. The diabetes education team is unable to discuss protected health information (PHI) unless permission is provided by the parent(s)/guardian(s) in writing. Please fax a signed release authorizing our team to share student's PHI with the school health office, if applicable. Dose adjustments will be communicated through the parent(s)/guardian(s), not the diabetes education team or diabetes clinic.

Here is a QR code to Banner Children's diabetes education book:

SCAN ME

Student name: _____ Grade/Teacher: _____ Date: _____

Glucose Monitoring (Continuous glucose monitoring or blood glucose testing)

**** NOTE: "BG" in this document refers to student's glucose level, whether from meter or CGM device***
**** NOTE: In accordance with federal disability laws, when possible, BG checks and insulin delivery should be offered in the classroom to avoid disruption to the student's education.***

Goal range for BG is: □ 70 to 180 mg/dL (standard) or □ _____ to _____ mg/dL
Usual times to check BG: **before meals**
Times to do extra BG checks (check all that apply):

- □ before exercise
- □ after exercise
- □ when student has symptoms of a high or low BG or requests to check (see p. 3-4 for high and low BG symptoms)
- □ other: _____

Student is using a continuous glucose monitor (CGM) *[see p. 5]* □ Yes □ No □
BG Testing: student performs his/her own BG tests? □ Yes □ No □ Situational:_____
Exceptions to this: altered mental status, times of illness, or when help is requested
Type of BG meter used: _____ _____

Medications to be given during school hours: *[□ student is on a pump, see p. 5]*

**** DO NOT ADJUST CALCULATED INSULIN DOSES WITHOUT APPROVAL FROM CAREGIVER/GUARDIAN****

NOTE: Meal dose is added to correction dose (if needed) and given at the same time. All insulin doses are usually rounded to the nearest half unit, unless otherwise indicated by caregiver/guardian (see chart below):

Half Unit Rounding Guidelines

Numbers	Rounding		Numbers	Rounding
0.1	Round down to full unit		0.6 - 0.7	Round down to 0.5
0.2	Round down to full unit		0.8	Round up to full unit
0.3 - 0.4	Round up to 0.5		0.9	Round up to full unit
0.5	Give half unit		1	Give full unit

□ Rapid-acting insulin (subcutaneous injection): Humalog/lispro / NovoLog/aspart / Lyumjev / Fiasp
Delivery device: □ vial/syringe □ disposable pen □ pen with cartridges
□ Pre-meal dosing preferred. To be administered no more than 20 minutes prior to a meal or 10 minutes following a meal; student should be allowed to pass to the front of the lunch line if dosing pre-meal.
□ Insulin:Carbohydrate ratios: **Breakfast**: 1 unit for every _____ grams carbs eaten; **Snacks**: 1 unit for every _____ grams carbs eaten; **Lunch**: 1 unit for every _____ grams carbs eaten
□ Other insulin: Name _____ Dose _____ Route_____ Time _____
□ Other diabetes medication: Name _____ Dose _____ Route_____Time _____

Student's level of independence:

Student can draw up his/her own insulin:	□ Yes	□ No	□ With supervision
Student can inject his/her own insulin:	□ Yes	□ No	□ With supervision
Student needs assistance checking insulin dose:	□ Yes	□ No	
Trained adult to draw up/administer insulin injection:	□ Yes	□ No	□ Only if requested
Student is on an insulin pump:	□ Yes	□ No	*[if yes, see p. 5]*
Student is fully independent with diabetes care:	□ Yes	□ No	

Diet: Student may eat what he/she chooses for lunch or snacks, as long as insulin is dosed according to the Insulin:Carbohydrate ratio.

Student name: _____ Grade/Teacher: _____ Date: _____

Treatment of HIGH BG (hyperglycemia):

Symptoms of high BG (hyperglycemia) include (***student's usual symptoms are checked***):

- □ Increased thirst or dry mouth
- □ Increased urination
- □ Headache
- □ Nausea, vomiting, or abdominal pain
- □ Moodiness
- □ Loss of focus, hyperactivity

General management steps for high BG:

- Let student carry a water bottle and drink 8-16 ounces per hour.
- Let student use the restroom as often as needed.
- Administer an insulin correction dose as ordered below.
- **If the BG is high and the student is not having any symptoms, the student may return to class until next correction dose is needed.**
- Correction insulin takes up to 1-2 hours to begin reducing BG levels. ***Avoid early re-testing.***

When to check for ketones:

- BG is 250 mg/dL or higher for an unexplained reason (a recent meal/snack is explained)
- Symptoms of illness: nausea, vomiting, lethargy, fever, or trouble breathing (even if glucose is normal/low)

What to do if ketones present:

- If urine ketones are *negative, trace, or small* /blood ketone level is 0.9 mmol/L or lower, insulin should be given according to the correction dosing instructions noted below.
- If urine ketones are *moderate or large* /blood ketone level is 1.0 mmol/L or higher, insulin should be given according to ketone dosing chart below. **Notify the student's parent or guardian immediately**. **Do not allow student to participate in exercise. Consider sending student home if moderate or large ketones and student is feeling unwell.**

Insulin corrections for high BG: *[□ student is on a pump, see p. 5]*

Give a correction when BG **above** (circle one) 120 / 150 / 180 mg/dL and it has been at least 3 hours since the last insulin dose. A **correction factor (CF)** is the number of points 1 unit of rapid-acting insulin is expected to drop the BG level. **This student's CF is** _____, meaning 1 unit of insulin will drop BG by about ___ mg/dL. Calculate correction using **target BG** (circle one) 120 / 150 / 180 mg/dL other: ___ mg/dL.

	-		=		÷		= Correction Dose
Blood Glucose		Correction Target		Amount to Correct		Correction Factor	

Rules for giving insulin corrections for high BG:

- Corrections may be added to mealtime doses.
- If the BG level on a meter reads "HI," assume the BG is 500 mg/dL for the calculation.
- **If the BG is elevated and if it has been at least 3 hours since the last insulin dose. This 3-hour rule applies to BG corrections only; insulin should be given to cover all carbs eaten, *except for fast-acting carbs used to treat a low BG or before exercise*.**

Rules for giving insulin corrections for moderate or large ketones (extra insulin is needed):

If **moderate** or **large ketones**, give rapid-acting insulin to correct **every 2 hours** until ketones are negative, trace, or small:	
If urine ketones are **moderate** (or blood ketones 1.0-1.5 mmol/L):	Multiple total insulin dose (correction + carb if eating) by **1.1** (10% increase)
If urine ketones are **large** (or blood ketones 1.6 mmol/L or higher)	Multiple total insulin dose (correction + carb if eating) by **1.2** (20% increase)

Student name: _____ Grade/Teacher: _____ Date: _____

Treatment of LOW BG (hypoglycemia):

Student should be treated when BG is below 70 mg/dL, or below 80 mg/dL with symptoms.

Symptoms of low BG (hypoglycemia) include (***student's usual symptoms are checked***):

- □ Hunger
- □ Irritability
- □ Shakiness
- □ Sleepiness/drowsiness
- □ Sweating
- □ Pale (turning white)
- □ Upset stomach, nausea
- □ Dizziness
- □ Headache
- □ Difficulty thinking straight
- □ Uncooperative, behavioral changes

<u>For BG levels between 50-70 mg/dL, or below 80 mg/dL with symptoms:</u>

- □ Give student **5 grams** fast-acting carbs*
- □ Give student **10 grams** fast-acting carbs*
- □ Give student **15 grams** fast-acting carbs*
- □ ___ grams fast-acting carbs*

<u>For BG levels below 50 mg/dL:</u>

- □ Give student **10 grams** fast-acting carbs*
- □ Give student **20 grams** fast-acting carbs*
- □ Give student **30 grams** fast-acting carbs*
- □ ___ grams fast-acting carbs*

[***** Examples of **fast-acting carbs** containing about 15 grams include: 4 ounces of juice, 4 ounces of regular soda, 4 glucose tablets, 3 sugar packets, or ½ tube of glucose gel.]

Have the student sit or lie down to minimize activity. **Recheck BG in 15 minutes.** Repeat steps above until BG is >70 mg/dL.

Once the BG is >70 mg/dL, if a meal will not be eaten within the next hour, give a snack containing fat or complex carbs. If this meal/snack contains carbs, give insulin for the carbs as instructed.

Treatment of SEVERE LOW BG (severe hypoglycemia):

A severely low BG level is a low BG that causes altered mental status, the student being unable or unwilling to take in glucose gel or juice, loss of consciousness, or seizure.

- Call 911.
- Give glucagon emergency kit/Gvoke/Zegalogue/Baqsimi.
  Dose = _____ mg intramuscularly (glucagon kit) **or subcutaneously** (Gvoke/Zegalogue), **or <u>3 mg</u> intranasally** (Baqsimi)
- Roll student on their side and expect vomiting after glucagon is given.
- Protect the student from immediate injury. Stay with student until help arrives. Do not put anything into student's mouth if unconscious.
- Administer sips of carb-containing clear liquids once student is alert and not vomiting. Recheck BG in 15 minutes. If the BG is above 70 mg/dL, follow with a snack of 10-15 grams carbs with fat/complex carbs and *<u>do not</u>* give insulin.

***Notify student's parent/guardian and school health office after any severe low BG event.**

Student name: _____ Grade/Teacher: _____ Date: _____

For students using insulin pumps: *[□ not applicable for this student]*

Brand of pump: _____ Automated Insulin Delivery (AID)? Yes / No
Type of rapid-acting insulin used in pump: _____
Type of infusion set (if known): _____

**Current pump doses/setting vary and can be found in the student's pump settings. Contact parent(s)/guardian(s) for questions regarding pump settings.

Student's level of independence regarding pump use:

Counts carbohydrates independently	□ Yes □ No
Boluses correctly for amount of carbs consumed	□ Yes □ No
Calculates and delivers correction boluses correctly	□ Yes □ No
Disconnects pump independently	□ Yes □ No
Reconnects pump independently	□ Yes □ No
Prepares reservoir and tubing (or Pod) independently	□ Yes □ No
Inserts infusion set (or Pod) independently	□ Yes □ No
Able to troubleshoot alarms and malfunctions independently	□ Yes □ No

For unexplained high BG levels (greater than 250mg/dL):

Check urine for **<u>ketones</u>:**

- **If moderate or large:**
  - Change infusion set/pump site/reservoir.
  - Give a correction dose of insulin **by injection**, using "*Rules for giving insulin corrections for moderate or large ketones*" chart on bottom of p. 3
  - Resume normal use of pump
- **If negative, trace, or small**:
  - Give a correction dose of insulin **via pump**, and re-check BG in 2 hours. If there is no significant improvement, follow the "if ketones moderate or large" instructions above.

Consider sending student home if moderate or large ketones present and/or feeling unwell

For students using continuous glucose monitors (CGM): *[□ not applicable for this student]*

** If there is a question of sensor accuracy with the CGM, student should perform finger poke BG readings prior to dosing. ***Otherwise, the student may dose using the CGM reading alone.***

Brand of CGM: _____
Receiver type (must be kept with student): □ Receiver/reader □ Insulin pump □ Cell phone/personal device

Audible alerts:
□ High glucose alert: _____ mg/dL
□ Low glucose alert: _____ mg/dL
□ Severe low glucose alert: 55 mg/dL *(cannot be disabled)*
□ Rate of change alert: _____ mg/dL/hour *(rise or fall)*
□ Low threshold suspend: _____ mg/dL *(if applicable)*

Action plan:
- If student is using cell phone/personal device for CGM receiver, provide school wi-fi password
- If the CGM sensor (site) comes off while at school, place sensor in a bag labeled with the student's name and send it home with the student
- Parents/guardians may be monitoring CGM data remotely and may contact the school as needed

****CGMs and insulin pumps are able to go through a metal detector.****

Student-specific plans: _____

Student name: _____ Grade/Teacher: _____ Date: _____

Exercise and Sports:

Exercise is a natural way to reduce BG levels. **A rapid-acting source of glucose**, such as glucose tablets, candy, or juice, **must be available** to the student at the site of physical education, recess, and sports. Unless the BG level is >180 mg/dL, the student may require extra carbohydrates, without insulin coverage, for 30-60 minutes of moderate activity. Recommended carb intake is as follows:

- If BG is 70-99 mg/dL, give **20-25 grams** carbs before the activity
- If BG is 100-180 mg/dL, give **10-15 grams** carbs before the activity
- If BG is 181 mg/dL or higher, **no extra carbs** should be given before the activity
- If BG is >250 mg/dL, **check ketones**, and do not allow exercise if urine ketones are moderate or large/above 1.0 mmol/L for blood ketones, or student feels unwell.

BG level should be tested: □ before activity, □ every 30-60 minutes of activity, and/or □ after activity. **Avoid correcting high BG levels with insulin within one hour after activity**; BG levels typically drop on their own over a few hours because of exercise.

Field Trip Information:

- Parent or teacher should notify the school health office in advance (i.e. when planning the trip) so proper staff training can be completed prior to the trip.
- Adult staff must be trained and assigned responsibility for student's diabetes-related care during the trip.
- Extra snacks, the BG monitoring kit, insulin, supplies, pump supplies (if applicable), a copy of student's care plan, glucagon, and other emergency supplies must accompany student on the field trip.

Staff trained in BG testing and basic management of student's diabetes:

Name: _____ Date of training: _____

Name: _____ Date of training: _____

□ Parent/guardian will notify the health office of any insulin dose adjustments or plan changes. *However, this does not include requests to override insulin pump dose recommendations.*

***Provider/diabetes team <u>will not</u> provide updated orders for dose or plan changes.**

This Individualized School Diabetes Care Plan has been reviewed and approved by:

Provider signature _____ Date _____

I give permission to the school health office, trained diabetes personnel, and other designated school staff members to carry out the tasks as outlined above in _____'s School Diabetes Care Plan. This applies to all staff members and other adults who have custodial care of my child at school or school-related activities, and who may need to know this information to maintain my child's health and safety.

Acknowledged and approved by:

Parent/Legal guardian signature _____ Date _____

Parent/Legal guardian signature _____ Date _____