

STUDENT DIABETES MANAGEMENT PLAN

Student Name:		Diabetes Type:	
Home Room Teacher:	Grade:	School Year:	
Other Staff:			
For Secondary Student please attach copy of timetable to this document			
Name of Parent/Guardian/Caregiver	Home Tel #	Bus Tel #	Cell #

PART I - HYPOGLYCAEMIC (LOW BLOOD SUGAR) MANAGEMENT

- Blood sugars below 4.mm or below 6.mm for 5 years and under
- Student will be allowed extra juice/snacks any time they feel low as per hypoglycaemic plan

Causes:

- Insufficient carbohydrates due to delayed or missed food
- More exercise than usual without a corresponding increase in food
- Too much insulin

Symptoms: (Select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Cold, clammy, sweaty skin | <input type="checkbox"/> Shakiness, poor coordination | <input type="checkbox"/> quietness |
| <input type="checkbox"/> lack of concentration | <input type="checkbox"/> dizziness | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> fatigue | <input type="checkbox"/> irritability, poor behaviour | <input type="checkbox"/> reports feeling low |

Other: _____

Predicted times/activities common to low blood sugar for my child:

PART II - HYPERGLYCAEMIC (HIGH BLOOD SUGAR) MANAGEMENT

- Blood sugars above 14.0
- This does NOT require immediate emergency action UNLESS child is vomiting

Causes:

- Too many carbohydrates
- Less than the usual amount of activity
- Not enough insulin
- Illness

Symptoms: (Select all that apply)

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> thirsty | <input type="checkbox"/> weakness | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> need for frequent urination | <input type="checkbox"/> fatigue | |
| <input type="checkbox"/> mood swings | <input type="checkbox"/> hunger | |

Other: _____

Action Required:

- allow child to drink as much sugar free liquid as desired
- do not limit trips to bathroom;
- inform parents

For pump delivery students: correct with insulin bolus yes no

PART III - NUTRITION BREAKS

Please check appropriate ***routine*** and blood sugar checking times:

Regular Day	Balanced Day Programs
Before morning recess (am / pm)	† Before 1 st nutrition break (am / pm)
Before lunch (am / pm)	Before 2 nd nutrition break (am / pm)
Before afternoon recess (am / pm)	

Syringe Delivery:

1. Student must be able to eat according to daily schedule
2. Student must be able to eat all required food sent by parents
3. Supervision will be required: yes no

Pump Delivery:

1. Student must be able to eat according to daily schedule
2. Supervision will be required: yes no
3. Student must be able to eat all required food sent by parents or
4. Student may independently adjust bolus to accommodate amount of food

Parent/Guardian/Caregiver should be notified of changes to daily snack or activity time

PART IV - PHYSICAL ACTIVITY PLAN

To prevent low blood sugar, please indicate what needs to be considered to support your child.

Before physical activity: _____
 During physical activity: _____
 After physical activity: _____

PART V - INSULIN DELIVERY SYSTEM

- My child delivers syringe injections of insulin
- My child requires insulin injections at school
- My child is on an insulin pump

Insulin is given by: Parent Child Nurse

Please complete either a or b:

a) Syringe Insulin delivery times and Insulin type:

b) Insulin Pump Bolus

- before each snack/meal of carbohydrates
- carbohydrate/insulin ratio _____

Child may unhook pump for a maximum of one hour during intense physical activity yes no

While disconnected pump will be stored _____

Note: school based staff do not give injections

PART VI - ILLNESS

When students with diabetes become ill at school, the parent/guardian/caregiver should be notified immediately so that they can take appropriate action. Nausea and vomiting (flu-like symptoms) and the inability to retain food and fluids are serious situations since food is required to balance the insulin. This can lead to Hypoglycaemia or be the result of hyperglycaemia.

Comments:

PART VII - SUPPLIES SENT TO SCHOOL BY PARENT/GUARDIAN/CAREGIVER

7.1 Carbohydrates:

- Fast Acting Sugar – please specify, i.e. juice boxes, glucose tablets....

Fast Acting Sugars to be stored. Please provide specific locations

In Classroom: _____

In Office: _____

In Gymnasium: _____

7.2 Supplies:

- Blood glucose meter and strips
- Lancing device and lancets
- Glucagon Needle
- Sharps Disposal Container

7.3 (a) For syringe delivery students

- Insulin pen/ syringe
- Insulin **OR**

7.3 (b) For pump delivery students

Pump supplies as decided:

7.4 Supplies to be stored: please provide specific locations

The teacher should inform the parent/guardian/caregiver when supplies are running low.

PART VIII - EXCURSION PROTOCOL

During all trips off school property the parent will provide an excursion kit which will consist of:

- Low kit
- Pocket emergency card
- Cell phone (if the parent/guardian/caregiver chooses)

PART IX - COMMUNICATION BETWEEN HOME AND SCHOOL

Agreed upon process for contacting home:

The personal information being collected, used and disclosed to school staff and volunteers is in accordance with the Personal Health Information Protection Act for the purposes of addressing the needs of students with diabetes. I agree that the school may post my child's picture, take emergency measures and share this information as necessary with the school staff, students and health care providers.

Parent/Guardian/Caregiver Signature: _____ **Date:** _____