Individual Care Plan for Students with Type 1 Diabetes
DAILY AND EMERGENCY PROCEDURES

School year 20____ to 20____

IDENTIFICATION

Name : _____ Date of birth : _____

School : _____ Grade : _____ Homeroom teacher : _____

Home address : _____

_____

Allergies or intolerances : _____

Treating physician (diabetes) : _____

Phone number : _____

If student has another care plan, note here :

_____

Designated staff to provide support with diabetes care (minimum 2) :

1. _____

2. _____

3._____

Daycare before school : No ☐ Yes ☐ Daycare after school : No ☐ Yes ☐

School bus # : AM _____ PM _____

Student's photo

CONTACTS

	Name	Relationship	Phone number	Other phone number
1st				
2nd				
3rd				
4th				

EMERGENCY KIT

SCHOOL must ensure a kit is accessible at all times (class, gym, field trips, lockdowns, fire drills, etc.). Advise parents when running low on supplies. **PARENT** must maintain/refresh supplies.

CONTENTS (check all that apply)	With student	Classroom	Office	Other location
Blood glucose meter, test strips, finger poker, lancets				
Fast-acting sugar (juice, glucose tabs, etc.) for low blood sugar				
Carbohydrate snacks				
Glucagon (expiry date : _____)				
Baqsimi (expiry date : _____)				
Sharp disposal container				
Insulin, insulin pen, needles				
Extra batteries for meter if applicable				
Parent's names and contact info				
Other :				

DIABETES MANAGEMENT AT SCHOOL

BLOOD SUGAR MONITORING

Blood sugar target range :

_____ to _____ mmol/L

Method used to check blood sugar :

- ☐ Glucometer
- ☐ Continuous Glucose Monitoring (Dexcom, FreeStyle)
  - ➢ See CGM protocol

- ☐ Student requires trained staff to do a blood sugar check and read the result.
- ☐ Student needs supervision to do a blood sugar check and read the result
- ☐ Student can do a blood sugar check and read the result on their own

Always check blood sugar when student shows symptoms of hypoglycemia. If you are not able to check, treat as if blood sugar is low.

Student's blood sugar should be checked at these times **each day**:

√	Moment of the day	Time
	Daycare before school	
	Before morning break/snack	
	Before lunch	
	Before afternoon break/snack	
	Before leaving school	
	Daycare after school	
	Before gym class/sport	

Other times : _____

_____

Home-School communication method

Daily blood sugar readings should be communicated to parents via :

☐ Agenda ☐ Blood sugar logbook ☐ Text messages ☐ Phone call

☐ Other : _____

Allow student to check their blood sugar at any time, in any place, respecting their wish for privacy or company.

EMERGENCY PROCEDURE FOR HYPOGLYCEMIA (LOW BLOOD SUGAR)

MILD-TO-MODERATE LOW BLOOD SUGAR

SYMPTOMS

When blood sugar (BG) is low, the student may have these symptoms :

- ☐ Shakiness
- ☐ Sweating
- ☐ Hunger
- ☐ Confusion
- ☐ Irritability
- ☐ Blurred vision
- ☐ Weakness/fatigue
- ☐ Other(s) _____
- ☐ Diziness
- ☐ Headache
- ☐ Paleness

The student may also use these words to describe feeling low :

_____

HYPOGLYCEMIA TREATMENT

<u>NEVER</u> LEAVE A STUDENT WITH A LOW BLOOD SUGAR ALONE.
Treat the low blood sugar ON THE SPOT. Do not send the student somewhere else.

If the student has hypoglycemia symptoms, check blood sugar. Even if students who do their own checks may need help when their blood sugar is low. Then follow these steps :

Check
- If BG is under 4 mmol/L

Treat
- Immediately give ____ grams of fast-acting sugar (See below for student preferences and amounts)

Repeat
- After 15 minutes, check blood sugar again:
  - If still under 4 mmol/L, treat again as above.
  - Repeat cycle every 10 to 15 minutes until BG is above 4 mmol/L

Once hypoglycemia treated and blood sugar over 4 mmol/L:

- If meal or snack is **more than 1 hour away**, give snack now
- If meals or snack less than 1 hour away, no action needed. Student can eat at regular time

How much fast-acting sugar to give				
√		**5 g**	**10 g**	**15 g**
	Glucose tablets ex : DEX4 (4 g chacun)	1 tab (4 g)	2 tabs (8 g)	4 tabs (16 g)
	Juice	40 ml	85 ml	125 ml
	Skittles	5 pieces	10 pieces	15 pieces
	Rockets (roll candy)	1/2 roll	1 ½ roll	2 rolls
	White sugar	1 the spoon	2 c. the spoon	1 table spoon
	Other :			

When BG is under _____ mmol/L, call parent (after treating the low blood sugar).

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SEVERE HYPOGLYCEMIA

Symptoms

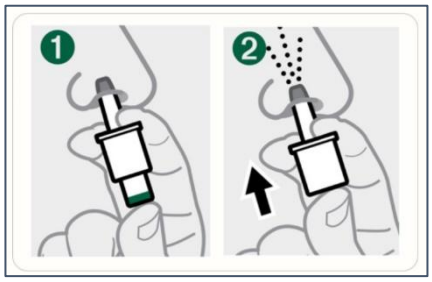
- Unresponsive or unconscious
- Having a seizure
- So uncooperative that you can't give juice or sugar by mouth

WHAT TO DO

1. Place the student in recovery position.
2. Have someone call 911. Then call parents.
3. Stay with the student until ambulance arrives. Do not give food or drink (choking hazard).
4. If there is a signed consent and **mutual agreement** to give glucagon, give it now.

☐ **Yes, give ☐ Glucagon ☐ Baqsimi** (4 years and above)

☐ **No, do not give Glucagon or Baqsimi, let the first responders do it.**

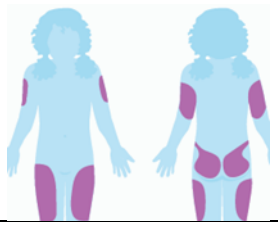


HOW TO USE NASAL GLUCAGON

1. Remove shrink wrap. Open lid. Remove the device from tube
2. Hold the device between fingers and thumb
3. Insert the tip gently into one of the nostrils **until finger(s) touch the outside of the nose (1).**
4. Push the plunger all the way in. **Dose is complete when green line is no longer showing (2)**.
5. Once student is alert, give juice or fast-acting sugar

HOW TO USE GLUCAGON

1. Lay the child on his side.
2. Remove the cap from the syringe and the cap on the Glucagon vial.
3. Inject all the liquid from the syringe into the Glucagon vial.
4. Remove the syringe from the vial and place it on a clean and secured surface.
5. Gently shake the vial until the tablets are completely dissolved. The liquid should be **clear.**
6. Take the syringe back and insert it into the vial. Turn the vial upside down and ensure that the tip of the needle remains in the liquid. Draw all the liquid into the syringe. The liquid should reach the 1 mg mark on the syringe.
7. Select the required dose: **Under 5 years**: 0.5 mg (1st line on the syringe).
   5 years and older: 1 mg (2nd line on the syringe).
8. Inject into the muscle using the arms, thighs or upper buttocks. Pinch the skin and insert the needle at a 90-degree angle. Push the plunger of the syringe down until the appropriate dose for the child's age is given.
9. Keep the child on his or her side until he or she wakes up. Once the child regains consciousness and is able to swallow, give juice or other fast-acting carbohydrate.



MANAGEMENT OF HYPERGLYCEMIA (HIGH BLOOD SUGAR)

HYPERGLYCEMIA

Hyperglycemia = high blood sugar level. The level may vary depending on the student.

Generally, but not always, hyperglycemia is caused by eating too much food or by an inadequate amount of insulin. Many factors can influence blood glucose levels (e.g. stress, illness, technical problems, insulin pen failure, forgotten bolus, etc.). Classic symptoms include: extreme thirst, increased urination, hunger, irritability, headaches, blurred vision, drowsiness, dry mouth.

- No intervention required.
- No need to call parents
- No need to check ketones.
- Allow the student to drink water and use the restroom as often as needed.
- Student can eat lunch/snacks normally. Do not prohibit food based on blood glucose levels.
- Student does not need to compensate with physical activity (e.g., walking, running, etc.)
- Call the parents in case of severe discomfort (nausea, vomiting, abdominal pain)

INSULIN MANAGEMENT

INSULIN

Insulin is injected by :

- ☐ Student, alone
- ☐ Student, with supervision
- ☐ Designated school staff
- ☐ Parents
- ☐ Other

_____

Location where the insulin is kept :

_____

Location where the insulin is given :

_____

Insulin is injected at the following times:

√	**Moment**	**Time**	**Injected by**
	Morning snack		
	Lunch		
	Afternoon snack		
	Other :		

The dose of insulin administered depends on the dosage sheet given by the parent to the school staff. Eventually, parents are trained by a health care professional to adjust insulin doses on their own without the help of a health care professional.

MANAGEMENT OF PHYSICAL ACTIVITY

	ROUTINE	MANAGEMENT
PHYSICAL ACTIVITY	**The risk of hypoglycemia increases during and after physical activity.** **Student might need to check blood sugar more often or eat more carbohydrates.** ☐ Student can make his own decision regarding physical activity. ☐ Student needs supervision and/or assistance making decision regarding physical activity.	**NOTIFY PARENTS WHEN SPECIAL ACTIVITIES ARE PLANNED** **For example: athletic day, field trip, special snack or other non-routine activity** Always check blood sugar before regular exercise classes. If the activity lasts longer than 1 hour, blood sugar should be checked every hour. If blood sugar is : • Under 4 mmol/L, treat hypoglycemia first. • Between 4 mmol/L and _____, give a carbohydrate snack before the activity. Snack : _____ • Above _____, no snack is required before the activity. **The glucometer and fast acting carbohydrates (ex : juice) should ALWAYS be accessible during activities.**

On page 7, you will find an example of document you can use for daily communication between the school and the parent(s) about diabetes management at school. You can also use your own communication tool. An agreement must be made between parent(s) and school staff regarding the communication method that will be used.

Care plan approved by parent(s) and school staff on _____.

Signatures :

Parent(s) : _____ _____

School nurse : _____

School staff : _____

_____

_____

_____

Name: _____ Group: _____ Date: _____

Location of the emergency kit: _____

DAILY DIABETES MANAGEMENT

Time	Snack/Meal	Blood sugar	Insulin	Notes

Blood sugar check:

☐ Complete assistance ☐ Partial assistance ☐ Supervision ☐ Independent

Insulin pen preparation:

☐ Complete assistance ☐ Partial assistance ☐ Supervision ☐ Independent

Insulin injection:

☐ Complete assistance ☐ Partial assistance ☐ Supervision ☐ Independent

HYPOGLYCEMIA (blood sugar under 4 mmol) Time: _____ Blood sugar: _____

Symptoms reported by student:

☐ Shakiness ☐ Headache
☐ Irritability ☐ Hunger
☐ Paleness ☐ Fatigue/weakness
☐ Confusion ☐ Other :_____

Treatment:

☐ Juice: _____ ml
☐ Glucose tab (ex Dex4) : ___ tabs
☐ Other : _____

Notes :_____

_____

_____

This sheet is only a summary of the daily tasks related to diabetes. For the complete details of the care, see the full care plan in student's record.

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