

Appendices:

Diabetes Support Plan and Medical Alert Information

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.

Name of Student:		Date of Birth:		
School:	Grade:	Teacher/Div:		
Care Card Number:		Date of Plan:		
CONTACT INFORMATION				
Parent/Guardian 1:	Name:			<input type="checkbox"/> Call First
Phone Numbers:	Cell	Work	Home	Other
Parent/Guardian 2:	Name:			<input type="checkbox"/> Call First
Phone Numbers:	Cell:	Work:	Home:	Other:
Other/Emergency:	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: _____				
STUDENTS RECEIVING NSS DELEGATED CARE				
NSS Coordinator: _____ Phone: _____				
School staff providing delegated care:				

Parent Signature: _____ Name: _____

Date: _____

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

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: <input type="checkbox"/> Low glucose alert/alarm from Continuous/Flash Glucose monitoring system	<p>Location of fast acting sugar: _____</p> <p>1. If student able to swallow, give one of the following fast acting sugars:</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>10 grams</p> <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 style="vertical-align: top; padding-left: 20px;"> <p>OR 15 grams</p> <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 (via finger-poke) in 15 minutes by student or trained school staff if blood glucose meter available 4. Re-treat (as above) and call parent to notify if symptoms do not improve and/or blood glucose (BG) 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>	<p>10 grams</p> <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):	<p>OR 15 grams</p> <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"> • Unconsciousness • Having a seizure (or jerky movements) • So uncooperative that you cannot give juice or sugar by mouth and unable to swallow 	<ul style="list-style-type: none"> • Place on left side and maintain airway • Call 911, then notify parents • 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 • Administer glucagon



MEDICATION INSTRUCTIONS– Glucagon (Intramuscular or Intranasal)

Intranasal	Injectable
<p style="text-align: center;">Dose & Route</p>	<p style="text-align: center;">Dose & Route</p>
<input type="checkbox"/> 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)
<p style="text-align: center;">Directions as Ordered (see below)</p>	<p style="text-align: center;">Directions as Ordered (see below)</p>
<ul style="list-style-type: none"> • Remove shrink wrap on tube by pulling the red stripe • Open the lid and remove the device from tube • Hold the device between 2nd and 3rd fingers and thumb (do not push yet!) • Insert device tip gently into one nostril until your fingers touch outside of student's nose • Push the plunger firmly all the way in until the green line is no longer showing • Throw away device/tube; single use only • Once student is alert, give juice or alternate fast-acting sugar 	<ul style="list-style-type: none"> • Remove cap • Inject liquid from syringe into dry powder bottle • Roll bottle gently to dissolve powder • Draw fluid dose back into the syringe • Inject into outer mid-thigh (may go through clothing) • Once student is alert, give juice or fast acting sugar

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

LEVEL OF SUPPORT REQUIRED FOR STUDENTS NOT RECEIVING NSS DELEGATED CARE		
Requires checking that task is done (child is proficient in task): <input type="checkbox"/> 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 glucose result	Requires reminding to complete: <input type="checkbox"/> 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 glucose result	<input type="checkbox"/> Student is completely independent
MEAL PLANNING: The maintenance of a proper balance of food, insulin and physical activity is important to achieving good blood glucose control in students with diabetes.		
In circumstances when treats or classroom food is provided but not labelled, the student is to: <input type="checkbox"/> Call the parent for instructions <input type="checkbox"/> Manage independently		
GLUCOSE TESTING: Students must be allowed to check 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 glucose monitoring must be provided, unless low blood glucose is suspected.		
Type: <input type="checkbox"/> Continuous Glucose Monitoring <input type="checkbox"/> Flash Glucose Monitoring <input type="checkbox"/> Blood Glucose meter Mandatory Checking: <input checked="" type="checkbox"/> with low alert/alarm (if using CGM/FGM) <input checked="" type="checkbox"/> with signs or symptoms of hypo/hyperglycemia Optional Checking: <input type="checkbox"/> mid-morning (recess) <input type="checkbox"/> lunchtime <input type="checkbox"/> mid-afternoon <input type="checkbox"/> before sport or exercise <input type="checkbox"/> before leaving school Location of back-up blood glucose meter: _____ Time of day when low blood glucose is most likely to occur: _____ Instructions if student takes school bus home: _____		
PHYSICAL ACTIVITY: 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). Glucose monitoring is often performed prior to exercise. Extra carbohydrates may need to be eaten based on the glucose level and the expected intensity of the exercise.		
Comments: 		
INSULIN: All students with type 1 diabetes use insulin. Some students require insulin during the school day, most commonly before meals.		
Is insulin required at school on a daily basis? <input type="checkbox"/> Yes <input type="checkbox"/> No Insulin delivery system: <input type="checkbox"/> Pump <input type="checkbox"/> Pen <input type="checkbox"/> Needle and syringe (at home or student fully independent) Frequency of insulin administration:	Location of insulin: with student _____ In classroom _____ In office _____ Other _____ Insulin should never be stored in a locked cupboard.	

Diabetes Medication Administration Form

Instructions: This form is updated annually to document physician approval regarding the following:

- Administration of glucagon by school staff
- Administration of insulin by school staff for a student not able to complete the task (NSS Delegated Care)
- Supervision by school staff of a student self-administering insulin who is not yet fully independent in the task (NSS Delegated Care)

Student Name: _____ Date of Birth: _____

School: _____ Care Card Number: _____

Parent/Guardians' Name(s): _____

Home Phone: _____ Cell Phone: _____

<p>Injectable Glucagon</p> <p>For severe low blood glucose, give by intramuscular injection:</p> <p><input type="checkbox"/> 0.5 mg = 0.5 ml for students 5 years of age and under</p> <p><input type="checkbox"/> 1.0 mg = 1.0 ml for students 6 years of age and over</p>	<p>Intranasal Glucagon</p> <p>For severe low blood glucose, give by intranasal route:</p> <p><input type="checkbox"/> 3 mg nasal powder in one nasal (for students 4 years and above)</p>
<p>Insulin (rapid acting insulin only)</p> <p><input type="checkbox"/> lispro (Admelog or Humalog) <input type="checkbox"/> aspart (Trurapi or NovoRapid) <input type="checkbox"/> Other _____</p> <p>Insulin delivery device: <input type="checkbox"/> insulin pump <input type="checkbox"/> insulin pen (Junior 1/2 unit pen only)</p> <p>Note: The following cannot be accommodated when insulin administration is being delegated to a school staff person via pump or pen:</p> <ul style="list-style-type: none"> • Overriding the calculated dose • Entering an altered carbohydrate count for foods in order to change the insulin dose • Changing the settings on the pump • Deviating from the NSS Delegated Care Plan <p>For students using an insulin pen, insulin may be administered at lunchtime only (due to the inability to accurately calculate insulin on board). The method of calculating the dose is as follows:</p> <p><input type="checkbox"/> Bolus Calculator Sheet</p> <p><input type="checkbox"/> Variable dose insulin scale for blood glucose for consistent carbohydrates consumed</p> <p><input type="checkbox"/> Bolus-calculating meter (e.g. Libre, Insulinx Meter / Insulin Mentor Meter)</p> <p><input type="checkbox"/> Fixed Amount/Dose: _____ units (include insulin name and amount)</p> <p>Parent/guardian authority to adjust insulin dose for bolus calculator sheet or sliding scale: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For students using an insulin pump, insulin can be given if needed at recess, lunch and two hours after lunch (asthere is an ability to know the insulin on board).</p> <p><input type="checkbox"/> I agree the student's diabetes can be safely managed at school within the above parameters.</p>	

Physician Signature: _____ Date: _____

Physician Name: _____ Clinic Phone Number: _____

Reference:

Fillable document created from Ministries of Health, Education and Child Care, and Children and Family Development (March, 2015; page 16).
 Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting (pg. 16). Vancouver, BC: Author.