

<b>DIABETES - Individualized Healthcare Plan (IHP)</b> Utah Department of Health	School Year:	Picture
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**STUDENT INFORMATION**

<b>Student:</b>	<b>DOB:</b>	<b>Grade:</b>	<b>School:</b>	<b>DMMO</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Parent:</b>	<b>Phone:</b>	<b>Email:</b>		
<b>Physician:</b>	<b>Phone:</b>	<b>Fax or Email:</b>		
<b>School Nurse:</b>	<b>School Phone:</b>	<b>Fax or Email:</b>		
<input type="checkbox"/> <b>Type I</b> <input type="checkbox"/> <b>Type II</b>		<b>Age at diagnosis:</b>		

**BLOOD GLUCOSE MONITORING**

Student is independent     Student needs assistance     Student needs supervision  
 Student has a Continuous Glucose Monitoring System (CGMS readings are for trends only, ALWAYS verify with blood glucose before any dosing, unless using Dexcom G5 – must have parent signature on DMMO)

**Always test if student is showing signs/symptoms of high or low blood glucose!**

**INSULIN DELIVERY** (per instructions from PCH, correction doses can be given at mealtime only, unless on a pump)

Method of insulin delivery: <input type="checkbox"/> Pump <input type="checkbox"/> Insulin Pen <input type="checkbox"/> Syringe/vial	<input type="checkbox"/> Student is independent <input type="checkbox"/> Student needs supervision <input type="checkbox"/> Student needs assistance (attach training documentation if applicable)
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High Blood Glucose Correction Dose for **PUMP** only: If BG over \_\_\_\_\_ mg/dl, give correction per pump calculation

**Lunch:** Student will typically eat:     School Lunch (staff can help with carb counts)  
 Home Lunch (parent must provide carb counts)

HYPOglycemia-Low Blood Glucose	HYPERglycemia-High Blood Glucose	ADDITIONAL INFORMATION
<p><b>Emergency situations may occur with low blood sugar!</b></p> <p><u>Symptoms:</u> shaky, feels low, feels hungry, confused, other (specify):</p> <p><input type="checkbox"/> Student needs treatment when blood glucose is below _____ mg/dl or if symptomatic  <input type="checkbox"/> If treated outside the classroom, a responsible person MUST accompany student to the office  <input type="checkbox"/> If blood glucose is below _____ mg/dl give _____  <input type="checkbox"/> After 15 minutes recheck blood sugar  <input type="checkbox"/> Repeat until blood glucose is over _____ mg/dl  <input type="checkbox"/> Disconnect or suspend pump</p>	<p><u>Symptoms:</u> Increased thirst, increase need for urination, other (specify):</p> <p><input type="checkbox"/> Student needs treatment when blood glucose is over _____ mg/dl  <input type="checkbox"/> If blood sugar is over _____ mg/dl contact parent  <input type="checkbox"/> Allow unrestricted bathroom privileges  <input type="checkbox"/> Encourage student to drink water or sugar-free drinks</p> <p>If vomiting call parent <b>immediately!</b></p>	<ul style="list-style-type: none"> <li>Student must always be allowed access to fast-acting sugar.</li> <li>Student is allowed to carry a water bottle and have unrestricted bathroom privileges.</li> <li>Student is allowed to test his/her blood glucose when/where needed</li> <li>Substitute teachers must be aware of the student’s health situation, but still respecting privacy</li> </ul> <p><b>CALL 911 IF:</b></p> <ul style="list-style-type: none"> <li>Glucagon is administered</li> <li>Student is unable to cooperate to eat or drink anything</li> <li>Decreasing alertness or loss of consciousness</li> <li>Seizure</li> </ul>

**Notify parent(s)/guardian when blood glucose is below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl**

**CONTINUED ON NEXT PAGE**

<b>Student:</b>		<b>DOB:</b>
<b>SPECIAL CONSIDERATIONS</b> (Academic testing, Snacks, PE, School Parties, Field Trips)		
PE: <input type="checkbox"/> Check BG before PE <input type="checkbox"/> Do not exercise if BG is below ____ mg/dl or above ____ mg/dl <input type="checkbox"/> 15 gram carb (free) snack before PE <input type="checkbox"/> Other (specify):		
SPECIAL CONSIDERATIONS AND PRECAUTIONS: <u>School Parties:</u> <input type="checkbox"/> No coverage for parties <input type="checkbox"/> I:C Ratio <input type="checkbox"/> Student to take snack home <input type="checkbox"/> Parent will provide alternate snack <input type="checkbox"/> Other (specify): <u>Field Trips:</u>		
ACADEMIC TESTING: <input type="checkbox"/> Student may reschedule academic testing with teacher, as needed, if blood glucose is below ____ or over ____ Other (specify):		
<b>EMERGENCY MEDICATION</b> (See DMMO)		
Person to give <b>Glucagon:</b> <input type="checkbox"/> School Nurse <input type="checkbox"/> Parent <input type="checkbox"/> EMS <input type="checkbox"/> Volunteer(s) (Specify): Attach volunteer(s) training documentation if applicable.		
Location of Glucagon:		
<b>SIGNATURES</b>		
As parent/guardian of the above named student, I give permission for my child's healthcare provider to share information with the school nurse for the completion of this plan. I understand the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the School Nurse of any change in the student's health status, care or medication order. If medication is ordered I authorize school staff to administer medication described below to my child. If prescription is changed a new prescriber order must be completed before the school staff can administer the medication. Parents/Guardian are responsible for maintaining necessary supplies, medications and equipment.		
Parent:	Signature:	Date:
Emergency Contact:	Relationship:	Phone:
<b>SCHOOL NURSE</b>		
Diabetes medication and supplies are kept: <input type="checkbox"/> Student carries <input type="checkbox"/> Backpack <input type="checkbox"/> Classroom <input type="checkbox"/> Health Office <input type="checkbox"/> Front office <input type="checkbox"/> Other (specify):		
<b>IHP (this form) distributed to 'need to know' staff:</b> <input type="checkbox"/> Teacher(s) <input type="checkbox"/> Lunchroom <input type="checkbox"/> PE teacher(s) <input type="checkbox"/> Transportation <input type="checkbox"/> Front office/admin <input type="checkbox"/> Other (specify):		
School Nurse Signature:		Date:

Addendum: