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.

		Date of Birth:			
Grade: Teacher,		Teacher/Div:	her/Div:		
ard Number: Da		Date of Plan:			
N					
Name:			☐ Call First		
Cell	Work Home		Home		Other
Name:			☐ Call First		
Cell:	Work: Home:		Home:		Other:
Name: Relation			Relationship:		
Able to advise on diabetes care: ☐ Yes ☐ No					
Cell:	Work: Home:		Home:		Other:
Have emergency supplies been provided in the event of a natural disaster? ☐ Yes ☐ 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:					
	Name: Cell Name: Cell: Name: Able to advise on diabetes call Cell: s been provided in the event or ency supply of insulin: ISS DELEGATED CARE elegated care:	N Name: Cell Work Name: Cell: Work: Name: Able to advise on diabetes care: Cell: Work: See been provided in the event of a natural of ency supply of insulin: Selegated Care: Phose elegated care:	Grade: Teacher/Div: Date of Plan: N Name: Cell Work Name: Cell: Work: Name: Able to advise on diabetes care: Yes No Cell: Work: s been provided in the event of a natural disaster? Yes ency supply of insulin: ISS DELEGATED CARE Phone:	Grade: Teacher/Div: Date of Plan:	Grade: Teacher/Div: Date of Plan: Name: Cell Work Home Name: Cell: Work: Home: Name: Relationship: Able to advise on diabetes care: Yes No Cell: Work: Home: Se been provided in the event of a natural disaster? Yes No Relationship: Se DELEGATED CARE Phone: elegated care:

Rev date: March 2023

MEDICAL ALERT - TREATING MILD TO MODERATE LOW BLOOD GLUCOSE NOTE: PROMPT ATTENTION CAN PREVENT SEVERE LOW BLOOD GLUCOSE				
SYMPTOMS	TREATMENT FOR STUDENTS NEEDING ASSISTANCE (anyone can give sugar to a student):			
☐ Shaky, sweaty ☐ Hungry ☐ Pale ☐ Dizzy ☐ Irritable ☐ Tired/sleepy ☐ Blurry vision ☐ Confused ☐ Poor coordination ☐ Difficulty speaking ☐ Headache ☐ Difficulty concentrating Other:	Location of fast acting sugar: 1. If student able to swallow, give one of the following 10 grams □ glucose tablets □ 1/2 cup of juice or regular soft drink □ 2 teaspoons of honey □ 10 skittles □ 10 mL (2 teaspoons) or 2 packets of table sugar dissolved in water □ Other (ONLY if 10 grams are labelled on package): 2. Contact designated emergency school staff personates are labelled on package): 3. Blood glucose should be re-checked in 15 minutes 4. Re-treat (as above) and call parent to notify if symmatics below 4 mmol/L. 5. Do not leave student unattended until blood glucose		OR 15 grams glucose tablets 3/4 cup of juice or regular soft drink 1 tablespoon of honey 15 skittles 15 mL (1 tablespoon) or 3 packets of table sugar dissolved in water Other (ONLY if 15 grams are labelled on package):	
	MEDICAL ALERT – GIVING GLUCAGO	N FOR <u>SEVERE</u>	LOW BLOOD GLUCOSE	
	SYMPTOMS		PLAN OF ACTION	
 Unconsciousness Having a seizure (or jerky movements) So uncooperative that you cannot give juice or sugar by mouth and unable to swallow 		 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 (Baqsimi)	Intramuscular (GlucaGen or Lilly Glucagon)			
Dose & Route	Dose & Route			
☐ Baqsimi® 3 mg nasal powder given in one nostril (for students 4 years and above)	☐ 0.5 mg =0.5 ml by intramuscular injection (for students 5 years of age and under)			
	\square 1.0 mg = 1.0 ml by intramuscular injection (for students 6 years of age and over)			
Directions as Ordered (see below)	Directions as Ordered (see below)			
Remove shrink wrap on tube by pulling the red stripe	Remove cap			
Open the lid and remove the device from tube	 Inject liquid from syringe into dry powder bottle 			
 Hold the device between 2nd and 3rd fingers and thumb (do 	Roll bottle gently to dissolve powder			
not push yet!)	Draw fluid dose back into the syringe			
Insert device tip gently into one nostril until your fingers	 Inject into outer mid-thigh (may go through clothing) 			
touch outside of student's nose	Once student is alert, give juice or fast acting sugar			
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				

LEVEL OF SUPPORT REQUIRED FOR STUDENTS NOT RECEIVING NSS DELEGATED CARE				
proficient in task): □ Blood glucose testing □ Carb counting/adding □ Administers insulin	equires reminding to of Blood glucose testing Carb counting/addin Insulin administratio Eating on time if on Eact based on BG resu	g ng on NPH insulin	☐ 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: Call the parent for instructions Manage independently				
BLOOD GLUCOSE TESTING: Students must be allowed to check blood 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 blood glucose monitoring must be provided, unless low blood glucose is suspected.				
Frequency of Testing:				
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). Blood glucose monitoring is often performed prior to exercise. Extra carbohydrates may need to be eaten based on the blood 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? ☐ Yes Insulin delivery system: ☐ Pump ☐ Pen ☐ Needle (at home or student fully independent) Frequency of insulin administration:	and syringe In cla	assroom	In office estored in a locked cupboard.	

Rev date: March 2023

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: _				
Injectable Glucagon (GlucaGen® or Lilly Glucagon™)	Intranasal Glucagon (Baqsimi®)			
For severe low blood glucose, give by intramuscular injection:	For severe low blood glucose, give by intranasal route:			
0.5 mg = 0.5 ml for students 5 years of age and under	Baqsimi® 3 mg (if available)			
1.0 mg = 1.0 ml for students 6 years of age and over				
Insulin (rapid acting insulin only)				
Insulin delivery device: insulin pump insulin pen (Junior 1/2 unit pen only) Note: The following cannot be accommodated when insulin administration is being delegated to a school staff person via pump or pen: 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 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:				
Bolus Calculator Sheet				
Variable dose insulin scale for blood glucose for consistent carbohydrates consumed				
Bolus-calculating meter (e.g. Libre, Insulinx Meter / Insulin Mentor Meter)				
Fixed Amount/Dose: units (include insulin name and amount)				
Parent/guardian authority to adjust insulin dose for bolus calculator sheet or sliding scale: Yes No				
For students using an insulin pump, insulin can be given if needed at recess, lunch and two hours after lunch (as there is an ability to know the insulin on board).				
I agree the student's diabetes can be safely managed at school within the above parameters.				
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.