



NURSING SUPPORT SERVICES - INDIVIDUAL CARE PLAN DIABETES MANAGEMENT INSULIN PEN

CHILD'S NAME:		DATE OF BIRTH (YYYY/MM/DD):	
SETTING:		GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS:		PHONE:	PHN #:

PARENT(S)/GUARDIAN(S) NAME:	HOME PHONE:	CELL PHONE:	
ADDRESS:		WORK PHONE:	
PARENT(S)/GUARDIAN(S) NAME:	HOME PHONE:	CELL PHONE:	
ADDRESS:		WORK PHONE:	

NSS COORDINATOR:	HEALTH UNIT LOCATION:	
NSS PHONE:	DATE OF PLAN (YYYY/MM/DD):	

BRIEF HEALTH HISTORY/PERTINENT DATA/MEDICATIONS:	ALLERGIES:	
<p>(name) has type 1 diabetes. This was diagnosed in (month and year of diagnosis). (name) requires insulin at school. (Insulin will be administered by school staff OR school staff will supervise (name) administering (his/her) insulin). The specifics re: low and high blood glucose (BG), daily routine etc. are listed within the care plan. (name) should be encouraged to be as independent as possible in managing his/her diabetes.</p>		

CONTACTS	NAME	PHONE	EMERGENCY PLAN
EMERGENCY CONTACT			<p>If (name) is unconscious, exhibits seizure activity, has LOW BG and is unable to swallow fast-acting sugar, OR has any other illness or injury requiring immediate medical attention, activate this plan:</p> <ol style="list-style-type: none"> 1. Remain with (name), (send someone to find staff trained in Glucagon administration), call 911 and call parent/guardian 2. Check blood glucose level while waiting for ambulance if not already done 3. (If BG is low – administer Glucagon if trained) 4. Protect (name) from injury. 5. If unconscious/seizing, place (name) in side lying position. 6. DO NOT Restrain Movements. 7. DO NOT put anything into (name's) mouth. 8. Accompany (name) to the hospital if the parent/guardian not available.
PRIMARY CAREGIVER(S)			
ALTERNATE CAREGIVER(S)			
TEACHER			
(RESOURCE TEACHER)			
OTHER			
REVIEWED DATE:			

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CHILD'S NAME: LAST NAME, FIRST NAME DOB: (YYYY/MM/DD) SETTING:

Daily Flow Sheet – as needed care

When Student has Signs or Symptoms of Low or High BG (refer to pages 5 & 6)

TIME	ACTION	RESPONSE
As required	Test Blood Glucose (refer to page 4) **If student has signs/symptoms that could be due to low BG and you are unable to test BG, ALWAYS treat for low BG (refer to page 5)**	If 3.9 mmol/L or below: <ul style="list-style-type: none"> • Treat for low BG (refer to page 5)
		If 4.0 - ____ <ul style="list-style-type: none"> • Give a snack labelled "activity" (to prevent low BG) • If ____ – ____ mmol/L, no action required
		If ____ mmol/L or above: <ul style="list-style-type: none"> • Refer to page 6 for management of hyperglycemia • If ____ mmol/L or above call parent to inform

Before Physical Activity (PE, DPA, active play before lunch (reverse lunch), _____)
Student is at increased risk of hypoglycemia when participating in physical activity, and requires (BGM/snack) prior to physical activity.

TIME	ACTION	RESPONSE
As required (list specific times, if known and consistent e.g. reverse lunch)	Test Blood Glucose (refer to page 4)	If 3.9 mmol/L or below: <ul style="list-style-type: none"> • Treat for low BG (refer to page 5) • Student will not participate in physical activity until BG is 4.0 mmol/L above AND a snack labelled "activity" is eaten
		If 4.0 – ____ mmol/L: <ul style="list-style-type: none"> • Student will eat a snack labelled "activity" AND ____ (fast-acting sugar)
		If ____ – ____ mmol/L: <ul style="list-style-type: none"> • Student will eat a snack labelled "activity"
		If ____ - ____ mmol/L or above: <ul style="list-style-type: none"> • Student does not require a snack
		If ____ mmol/L or above: <ul style="list-style-type: none"> • Refer to page 6 for management of hyperglycemia • If student has symptoms of hyperglycemia, student should not participate in physical activity until symptoms resolve • If ____ mmol/L or above call parent to inform

Daily Flow Sheet – scheduled care

Start of school:

TIME	ACTION	RESPONSE
am	Test Blood Glucose (refer to page 4)	If 3.9 mmol/L or below: <ul style="list-style-type: none"> • Treat for low BG (refer to page 5)
		If 4.0 - ____ mmol/L, no action required
		If ____ mmol/L or above: <ul style="list-style-type: none"> • refer to page 6 for management of hyperglycemia • If ____ mmol/L or above, call parent to inform

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CHILD'S NAME: LAST NAME, FIRST NAME DOB: (YYYY/MM/DD) SETTING:

Before recess:

TIME	ACTION	RESPONSE
am	Test Blood Glucose (refer to page 4)	If 3.9 mmol/L or below: <ul style="list-style-type: none"> • Treat for low BG (refer to page 5) • Student will not participate in recess or eat a snack until BG is 4.0 mmol/L or above. • Once BG is 4.0 or above, proceed with snack
		If 4.0 - ____ mmol/L <ul style="list-style-type: none"> • Student will eat a snack labelled "recess"
		If ____ mmol/L or above: <ul style="list-style-type: none"> • Student will eat the snack labelled ("low carb or recess") • If ____ mmol/L or above, refer to page 6 for management of hyperglycemia • If ____ mmol/L or above call parent to inform

Before pre-lunch play (reverse lunch):

TIME	ACTION
	<ul style="list-style-type: none"> • If student will participate in outside play or indoor physical activity, follow directions for Before Physical Activity

Immediately before student eats lunch:

TIME	ACTION	RESPONSE
	Test Blood Glucose (refer to page 4)	If 3.9 mmol/L or below: <ul style="list-style-type: none"> • Treat for low BG (refer to page 5) • Student will not eat lunch or receive insulin until BG is 4.0 or above. • Once BG is 4.0 or above, proceed with lunch/insulin (refer to page 8)
		If 4.0 mmol/L or above: <ul style="list-style-type: none"> • Student/Caregiver will administer insulin (refer to page 8) • Student will eat lunch • If ____ mmol/L or above, refer to page 6 for management of hyperglycemia • If ____ mmol/L or above call parent to inform

Two hours after lunch:

TIME	ACTION	RESPONSE
pm	Test Blood Glucose (refer to page 4)	If 3.9 mmol/L or below: <ul style="list-style-type: none"> • Treat for low BG (refer to page 5)
		If 4.0 – ____ mmol/L, no action required
		If ____ mmol/L or above: <ul style="list-style-type: none"> • If ____ mmol/L or above call parent to inform • Refer to page 6 for management of hyperglycemia

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CHILD'S NAME: LAST NAME, FIRST NAME DOB: (YYYY/MM/DD) SETTING:

HEALTH CARE ISSUE/PROCEDURE	INTERVENTIONS/ACTIONS
<p><u>1. Blood Glucose Monitoring (BGM)</u></p> <p>(name) requires routine BGM at the times listed on the Daily flow Sheet on pages 2 and 3.</p> <p>BGM should also be done any time (name) has signs or symptoms of low/high blood glucose.</p> <p>Equipment and supplies required:</p> <ul style="list-style-type: none"> • BGM kit (meter, unexpired test strips, lancing device, lancets) • gloves • fast-acting sugar such as: <ul style="list-style-type: none"> • juice • glucose tablets • table sugar dissolved in water • Extra starch and protein snacks i.e. granola bar • (also list any further child-specific supplies) <p>These supplies are located (state location)</p>	<p>The caregiver and/or student will:</p> <ol style="list-style-type: none"> 1. Encourage as much independence as developmentally appropriate 2. Use <i>Contact with Blood and Body Fluids: Protecting Against Infection</i> (HealthLinkBC File #97) when working with blood. http://www.healthlinkbc.ca/healthfiles/hfile97.stm 3. Ensure (name) washes and dries hands. 4. Wash own hands and wear gloves if doing/assisting with this procedure. 5. Instructions will vary with different meters but these are the basic steps: <ul style="list-style-type: none"> • Insert test strip into the meter. • Prick finger with lancing device to get a small drop of blood. • Apply blood drop to test strip and await result. • Record blood glucose on NSS Diabetes/Insulin Management Record. Readings may also need to be noted in a personal log book. • Remove strip and discard in the garbage. 6. When/if disposing of lancet have (name) remove lancet and put in sharps container. 7. Clean any surface contaminated with blood using a 10% bleach solution or other WHMIS-approved disinfectant, as per facility policy. 8. Return equipment and supplies to designated area. <p>Report to your supervisor and follow employer policy and <i>Contact with Blood and Body Fluids: Protecting Against Infection</i> (HealthLinkBC File #97) if you receive a contaminated finger poke.</p>

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CHILD'S NAME: LAST NAME, FIRST NAME DOB: (YYYY/MM/DD) SETTING:

HEALTH CARE ISSUE/PROCEDURE	INTERVENTIONS/ACTIONS
<p><u>2. Management of Low Blood Glucose (BG) (Hypoglycemia)</u></p> <p>Hypoglycemia means low blood glucose (below 4.0 mmol/l).</p> <p>(name's) usual signs and symptoms of low blood glucose are :</p> <ul style="list-style-type: none"> • (list child-specific signs/symptoms) <p>Equipment and supplies required:</p> <ul style="list-style-type: none"> • BGM kit (meter, unexpired test strips, lancing device, lancets) • gloves • fast-acting sugar such as: <ul style="list-style-type: none"> • juice • glucose tablets • table sugar dissolved in water • Extra starch and protein snacks i.e. granola bar • (also list any further child-specific supplies) <p>These supplies are located (state location)</p>	<p>The caregiver and/or student will:</p> <ol style="list-style-type: none"> 1. Ensure all meals and snacks are eaten at scheduled times to prevent low blood glucose. 2. Check blood glucose (BG) level at routinely scheduled times and in response to signs/symptoms of potential low blood glucose. 3. When BG is 3.9 mmol/L or below: <ul style="list-style-type: none"> • Stay with (name). Send another adult to get fast-acting sugar if necessary. • Give (10 OR 15) grams of fast-acting sugar i.e.: • (list child-specific forms of fast-acting sugar) <p>**If BG is less than 2.5 mmol/L give (specify what will deliver up to 20 g of fast-acting sugar)</p> <ul style="list-style-type: none"> • Wait 15 minutes – do not give anything else to eat or drink • Re-check BG • If BG level is still 3.9 mmol/L or below, repeat steps above • Call parent/guardian to inform if BG remains 3.9 mmol/L or below after two treatments • Repeat steps above until BG is 4.0 mmol/L or above. <p>(name) must not eat or drink anything except fast-acting sugar when BG is 3.9 mmol/L or below.</p> <ol style="list-style-type: none"> 4. When BG is 4.0 mmol/L or above: <ul style="list-style-type: none"> • If less than 45 minutes until next meal or snack, food can be eaten at the usual time. OR • If more than 45 minutes until next meal or snack, give an additional starch and protein snack, as provided by parent/guardian. OR • If hypoglycemia occurred before, during, or immediately after physical activity, give an additional starch and protein snack, as provided by parent/guardian. 5. An adult should observe (name) for recurrent signs or symptoms of low BG for 30 minutes. 6. Document BG levels and your actions in the Diabetes/Insulin Management Record. <p>If (name) experiences signs or symptoms of low blood glucose, and you are unable to test BG, ALWAYS treat for low blood glucose, as above.</p> <p><i>If at any time (name) is unconscious, has a seizure, or is unable to swallow fast-acting sugar, activate the Emergency Plan on page one.</i></p>

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HEALTH CARE ISSUE/PROCEDURE	INTERVENTIONS/ACTIONS
<p><u>3. Management of High Blood Glucose (Hyperglycemia)</u></p> <p>Hyperglycemia means high blood glucose.</p> <p>(name's) usual signs and symptoms of high blood glucose are:</p> <ul style="list-style-type: none"> • (list child-specific signs/symptoms) <p><u>Equipment and supplies required:</u></p> <ul style="list-style-type: none"> • BGM kit (meter, unexpired test strips, lancing device, lancets) • (also list any further child-specific supplies) <p>These supplies are located (state location)</p> <p>Checking urine for ketones, if required, is a parent/student responsibility.</p>	<p>The caregiver and/or student will:</p> <ol style="list-style-type: none"> 1. Ensure all meals and snacks are eaten at scheduled times, and that only food sent by parent/guardian is eaten unless prior arrangements have been made. 2. Check BG at scheduled times, and in response to signs/symptoms of high blood glucose. 3. If BG is greater than ____: <ul style="list-style-type: none"> • Encourage and allow (name) to drink water or sugar-free beverages • Allow for frequent trips to the bathroom 4. Call parent/guardian if BG level is greater than ____ (value of 20 mmol/L or less, as determined by parent). The parent may or may not choose to come to the school for further action. <p>Note: The student's lunch time insulin includes a correction for high BG. If the parent chooses to administer a correction dose of insulin during the morning, school staff will be unable to administer the lunchtime dose due to the inability to calculate insulin on board. The parent will be responsible for administering lunchtime insulin.</p> <ol style="list-style-type: none"> 5. Document BG readings and any actions in the Diabetes/Insulin Management Record.

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HEALTH CARE ISSUE/PROCEDURE	INTERVENTIONS/ACTIONS
<p>4. Food at School – Carbohydrate Counting</p> <ul style="list-style-type: none"> • (name's) insulin dose at lunch will be determined by (name's) BG and the number of grams of carbohydrate to be eaten. • (name's) parent/guardian will send all food for the day. Each food item to be eaten at lunch time will be labelled with the carbohydrate count. • If it is important a food item is eaten at a certain time of the day, it will be labelled accordingly. • (name) should not eat any other food unless prearranged with the parent/guardian. • Some foods do not affect BG, including most vegetables, meat and cheese. These will be labelled as zero carbs. • (name) may require a snack prior to activity. Snacks to be eaten prior to activity will be labelled "for activity". Carbs for these snacks should not be counted or used to determine an insulin dose. • Food to be eaten after school will be packaged separately and labelled. 	<p>The caregiver and/or student will:</p> <ol style="list-style-type: none"> 1. At recess time, (name) may select and eat a snack labelled for recess. If BG is above ___ mmol/L (name) should select a low carb snack. 2. (name) will select items to be eaten for a lunch. 3. Assist (name) to add numbers of carbohydrates in all chosen items, to get a total number for the snack/lunch. 4. Document the number of carbohydrates on the NSS Diabetes Insulin Administration Record. 5. Encourage (name) to eat all of each item chosen as part of a lunch. Call the parent if (name) eats only part of a food item. 6. If (name's) insulin is administered after eating, (name) must not discard uneaten food items or carbohydrate labels until checked by school staff. 7. Call parent/guardian with concerns regarding <ul style="list-style-type: none"> • missed or unfinished meals – student may require an extra BG check one hour after insulin was administered, as directed by parent • eating food that is not sent by parent • food replacements and/or special events

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<p><u>5. Insulin Administration</u></p> <p>(name) receives (brand) rapid acting insulin at school, using a (brand) insulin pen. Insulin will be administered at lunch time, based on BG and the number of carbohydrates to be eaten.</p> <p>Only rapid acting insulin will be administered at school. Longer acting insulins must not be kept with daily supplies at school. To reduce the risk of error, caregivers will not administer insulin if more than one insulin pen is in the student's daily diabetes supplies. Parents will be called to administer insulin.</p> <p>(name's) insulin is given before eating. OR (name's) insulin is given immediately after eating. Actual carbohydrates to be eaten should be added and insulin administered within 15 minutes of starting to eat.</p> <p>Each insulin dose is determined using a (Bolus Dose Calculator OR Sliding Scale OR InsuLinx meter).</p> <p><u>Equipment and supplies required:</u></p> <ul style="list-style-type: none"> • Insulin pen, safety needle • (also list any further child-specific supplies) <p>These supplies are located (state location)</p>	<p>With lunch, (the caregiver and/or student will):</p> <ol style="list-style-type: none"> 1. Wash hands. 2. Check BG before (name) begins to eat. 3. Add the carbohydrates in the lunch. 4. Document BG and carbohydrates in the NSS Diabetes Insulin Administration Record. 5. If the BG before insulin administration was low: <ul style="list-style-type: none"> • Treat for hypoglycemia • Re-check BG 15 minutes after treatment. <u>Do not give insulin until BG is 4.0 mmol/L or above</u> • <u>Use the pre-treatment BG as the BG for determining the insulin dose, OR use the re-check BG following treatment as the BG for determining the insulin dose</u> 6. Put a new needle onto the pen as per attached instructions. 7. Dial up 2 units of insulin on the insulin pen and push to ensure insulin is visibly coming out the end of the needle. If no insulin is visible, repeat to ensure the needle is primed. This will prime the pen needle and ensure pen is working correctly. (see attached) 8. Determine insulin dose required using provided method. 9. Dial up determined dose of insulin on pen using the method indicated in attached instructions, and document dose in the NSS Diabetes Insulin Administration Record. 10. A second trained adult will double check that the dose was determined accurately and was dialed up correctly on the pen, and will initial the NSS Diabetes Insulin Administration Record. 11. Determine location of injection with (name). 12. Slowly inject the needle at 90 degree angle. 13. Depress the button all the way to inject the dose. The pen should read "0" when it is complete. 14. Hold thumb on the button, keeping the needle in place for 10 seconds after the pen reads "0". 15. Remove the needle from the skin. 16. (name) will take off the pen needle using the outer shield and discard in sharps container. 17. Document that the appropriate insulin dose administered on the NSS Diabetes Insulin Administration Record.

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CHILD'S NAME: LAST NAME, FIRST NAME DOB: (YYYY/MM/DD) SETTING:

INITIAL REVIEW:

Parent(s)/Guardian(s) Approval/Signature

NSS Coordinator Signature

Date

ANNUAL REVIEW:

Parent(s)/Guardian(s) Approval/Signature

NSS Coordinator Signature

Date

Parent(s)/Guardian(s) Approval/Signature

NSS Coordinator Signature

Date