



## NURSING SUPPORT SERVICES - INDIVIDUAL CARE PLAN DIABETES MANAGEMENT NO INSULIN AT SCHOOL

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

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

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

<b>BRIEF HEALTH HISTORY/PERTINENT DATA/MEDICATIONS:</b>	<b>ALLERGIES:</b>
<p>(name) has type 1 diabetes. This was diagnosed in (month and year of diagnosis). (name) requires insulin, which is administered by family members. 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 <b>unconscious</b>, exhibits <b>seizure activity</b>, has <b>LOW BG and is unable to swallow fast-acting sugar</b>, OR has any other illness or injury requiring <b>immediate medical attention</b>, activate this plan:</p> <ol style="list-style-type: none"> <li>1. Remain with (name), (send someone to find staff trained in Glucagon administration), call 911 and call parent/guardian</li> <li>2. Check blood glucose level while waiting for ambulance if not already done.</li> <li>3. (If BG is low – administer Glucagon if trained)</li> <li>4. Protect (name) from injury.</li> <li>5. If unconscious/seizing, place (name) in side lying position.</li> <li>6. DO NOT Restrain Movements.</li> <li>7. DO NOT put anything into (name's) mouth.</li> <li>8. Accompany (name) to the hospital if the parent/guardian not available.</li> </ol>
PRIMARY CAREGIVER(S)			
ALTERNATE CAREGIVER(S)			
TEACHER			
RESOURCE TEACHER			
OTHER			
<b>REVIEWED DATE:</b>			

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CHILD'S 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) <b>**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)**</b>	If 3.9 mmol/L or below: <ul style="list-style-type: none"> <li>• <b>Treat for low BG (refer to page 5)</b></li> </ul>
		If 4.0 - ____ <ul style="list-style-type: none"> <li>• Give a snack labelled "activity" (to prevent low BG)</li> <li>• If ____ – ____ mmol/L, no action required</li> </ul>
		If ____ mmol/L or above: <ul style="list-style-type: none"> <li>• <b>Refer to page 6</b> for management of hyperglycemia</li> <li>• If ____ mmol/L or above call parent to inform</li> </ul>

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"> <li>• <b>Treat for low BG (refer to page 5)</b></li> <li>• Student will not participate in physical activity until BG is 4.0 mmol/L above AND a snack labelled "activity" is eaten</li> </ul>
		If 4.0 – ____ mmol/L: <ul style="list-style-type: none"> <li>• Student will eat a snack labelled "activity" AND ____ (fast-acting sugar)</li> </ul>
		If ____ – ____ mmol/L: <ul style="list-style-type: none"> <li>• Student will eat a snack labelled "activity"</li> </ul>
		If ____ - ____ mmol/L or above: <ul style="list-style-type: none"> <li>• Student does not require a snack</li> </ul>
		If ____ mmol/L or above: <ul style="list-style-type: none"> <li>• <b>Refer to page 6</b> for management of hyperglycemia</li> <li>• If student has symptoms of hyperglycemia, <b>student should not participate in physical activity until symptoms resolve</b></li> <li>• If ____ mmol/L or above call parent to inform</li> </ul>

**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"> <li>• <b>Treat for low BG (refer to page 5)</b></li> </ul>
		If 4.0 - ____ mmol/L, no action required
		If ____ mmol/L or above: <ul style="list-style-type: none"> <li>• <b>refer to page 6</b> for management of hyperglycemia</li> <li>• If ____ mmol/L or above, call parent to inform</li> </ul>

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CHILD'S NAME:

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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"> <li>• <b>Treat for low BG (refer to page 5)</b></li> <li>• Student will not participate in recess, eat a snack or receive insulin until BG is 4.0 mmol/L or above.</li> <li>• Once BG is 4.0 or above, proceed with snack (refer to page 8)</li> </ul>
		If 4.0 - ____ mmol/L <ul style="list-style-type: none"> <li>• Student will eat a snack labelled "recess"</li> </ul>
		If ____ mmol/L or above: <ul style="list-style-type: none"> <li>• Student will eat the snack labelled ("low carb or recess")</li> <li>• If ____ mmol/L or above, refer to page 6 for management of hyperglycemia</li> <li>• If ____ mmol/L or above call parent to inform</li> </ul>

**Before pre-lunch play (reverse lunch):**

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

**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"> <li>• <b>Treat for low BG (refer to page 5)</b></li> <li>• Student will not eat lunch or receive insulin until BG is 4.0 or above.</li> <li>• Once BG is 4.0 or above, proceed with lunch/insulin (refer to page 8)</li> </ul>
		If 4.0 mmol/L or above: <ul style="list-style-type: none"> <li>• Student will eat lunch</li> <li>• If ____ mmol/L or above, refer to page 6 for management of hyperglycemia</li> <li>• If ____ mmol/L or above call parent to inform</li> </ul>

**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"> <li>• <b>Treat for low BG (refer to page 5)</b></li> </ul>
		If 4.0 – ____ mmol/L, no action required
		If ____ mmol/L or above: <ul style="list-style-type: none"> <li>• If ____ mmol/L or above, <b>or if this is the second BG in a row above 15 mmol/L</b>, call parent to inform</li> <li>• Refer to page 6 for management of hyperglycemia</li> </ul>

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**SETTING:**

HEALTH CARE ISSUE/PROCEDURE	INTERVENTIONS/ACTIONS
<p><b><u>1. Blood Glucose Monitoring (BGM)</u></b></p> <p>(name) requires routine BGM at the times listed in the Daily Flow Sheet on pages 2 and 3.</p> <p><b>BGM should also be done any time (name) has signs or symptoms of low/ high blood glucose.</b></p> <p>Equipment and supplies required:</p> <ul style="list-style-type: none"> <li>• BGM kit (meter, unexpired test strips, lancing device, lancets)</li> <li>• gloves</li> <li>• fast-acting sugar such as:               <ul style="list-style-type: none"> <li>• juice</li> <li>• glucose tablets</li> <li>• table sugar dissolved in water</li> </ul> </li> <li>• Extra starch and protein snacks i.e. granola bar</li> <li>• (also list any further child-specific supplies)</li> </ul> <p><b>These supplies are located (state location)</b></p>	<p><b>The caregiver and/or student will:</b></p> <ol style="list-style-type: none"> <li>1. Encourage as much independence as developmentally appropriate.</li> <li>2. Use <i>Contact with Blood and Body Fluids: Protecting Against Infection</i> (HealthLinkBC File #97) when working with blood. <a href="http://www.healthlinkbc.ca/healthfiles/hfile97.stm">http://www.healthlinkbc.ca/healthfiles/hfile97.stm</a></li> <li>3. Ensure (name) washes and dries hands.</li> <li>4. Wash own hands and wear gloves if doing/assisting with this procedure.</li> <li>5. Instructions will vary with different meters but these are the basic steps:</li> <li>6. Insert test strip into the meter.</li> <li>7. Prick finger with lancing device to get a small drop of blood.</li> <li>8. Apply blood drop to test strip and await result.</li> <li>9. Record blood glucose on NSS Diabetes Management Record. Readings may also need to be noted in a personal log book.</li> <li>10. Remove strip and discard in the garbage.</li> <li>11. When/if disposing of lancet have (name) remove lancet and put in sharps container.</li> <li>12. Clean any surface contaminated with blood using a 10% bleach solution or other WHMIS-approved disinfectant, as per facility policy.</li> <li>13. Return equipment and supplies to designated area.</li> </ol> <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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HEALTH CARE ISSUE/PROCEDURE	INTERVENTIONS/ACTIONS
<p><b><u>2. Management of Low Blood Glucose (BG) (Hypoglycemia)</u></b></p> <p>Hypoglycemia means low blood glucose (<b>below 4.0 mmol/L</b>).</p> <p>(name's) usual signs and symptoms of low blood glucose are :</p> <ul style="list-style-type: none"> <li>• (list <b>child-specific</b> signs/symptoms)</li> </ul> <p>Equipment and supplies required:</p> <ul style="list-style-type: none"> <li>• BGM kit (meter, unexpired test strips, lancing device, lancets)</li> <li>• gloves</li> <li>• fast-acting sugar such as:                             <ul style="list-style-type: none"> <li>• juice</li> <li>• glucose tablets</li> <li>• table sugar dissolved in water</li> </ul> </li> <li>• Extra starch and protein snacks i.e. granola bar</li> <li>• (also list any further child-specific supplies)</li> </ul> <p><b>These supplies are located (state location)</b></p>	<p><b>The caregiver and/or student will:</b></p> <ol style="list-style-type: none"> <li>1. Ensure all meals and snacks are eaten at scheduled times to prevent low blood glucose.</li> <li>2. Check BG level at routinely scheduled times and in response to signs/symptoms of potential low BG.</li> <li>3. <b>When BG is 3.9 mmol/L or below:</b> <ul style="list-style-type: none"> <li>• Stay with (name). Send another adult to get fast-acting sugar if necessary.</li> <li>• Give (10 OR 15) grams of fast-acting sugar i.e.:</li> <li>• (list child-specific forms of fast-acting sugar)</li> </ul> </li> </ol> <p><b>**If BG is less than 2.5 mmol/L give (specify what will deliver up to 20 g of fast-acting sugar</b></p> <ul style="list-style-type: none"> <li>• Wait 15 minutes</li> <li>• Re-check BG</li> </ul> <p><b>If BG level is still 3.9 mmol/L or below repeat steps above:</b></p> <ul style="list-style-type: none"> <li>• Call parents/guardian for further direction if BG remains 3.9 mmol/L or below after two treatments</li> <li>• Repeat steps above until BG is 4.0 mmol/L or above.</li> </ul> <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"> <li>4. <b>When BG is 4.0 mmol/L or above:</b> <ul style="list-style-type: none"> <li>• If <b>less than 45 minutes</b> until next meal or snack, food can be eaten at the usual time. <b>OR</b></li> <li>• If <b>more than 45 minutes</b> until next meal or snack, give an additional starch and protein snack, as provided by parent/guardian. <b>OR</b></li> <li>• If <b>hypoglycemia occurred before, during, or immediately after physical activity</b>, give an additional starch and protein snack, as provided by parent/guardian.</li> </ul> </li> <li>5. An adult should observe (name) for recurrent signs or symptoms of low BG for 30 minutes.</li> <li>6. Document blood glucose levels and your actions in the Diabetes Management Record.</li> </ol> <p><b>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.</b></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><b><u>3. Management of High Blood Glucose (Hyperglycemia)</u></b></p> <p><b>Hyperglycemia means high blood glucose.</b></p> <p>(name's) usual signs and symptoms of high blood glucose are:</p> <ul style="list-style-type: none"> <li>• (list child-specific signs/symptoms)</li> </ul> <p><b><u>Equipment and supplies required:</u></b></p> <ul style="list-style-type: none"> <li>• BGM kit (meter, unexpired test strips, lancing device, lancets)</li> <li>• (also list any further child-specific supplies)</li> </ul> <p><b>These supplies are located (state location)</b></p> <p>Checking urine for ketones, if required, is a parent/student responsibility.</p>	<p><b>The caregiver and/or student will:</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Check BG at scheduled times, and in response to signs/symptoms of high blood glucose.</li> <li>3. If BG is greater than 15 mmol/L: <ul style="list-style-type: none"> <li>• Encourage and allow (name) to drink water or other sugar-free beverages</li> <li>• Allow for frequent trips to the bathroom</li> </ul> </li> <li>4. Call parent/guardian if BG level is greater than (20 mmol/L or less, as determined by parent). The parent may or may not choose to come to the school.</li> <li>5. Document BG readings and any actions in the Diabetes Management Record.</li> </ol>

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HEALTH CARE ISSUE/PROCEDURE	INTERVENTIONS/ACTIONS
<p><b>4. Food at School</b></p> <ul style="list-style-type: none"><li>• (name's) parent/guardian will send all food for the day.</li><li>• (name's) parent provides food in relation to insulin action. If meals and snacks are late, missed or unfinished, (name) may be at increased risk for hypoglycemia.</li><li>• If it is important a food item is eaten at a certain time of the day, it will be labelled accordingly.</li><li>• (name) should not eat any other food unless prearranged with the parent/guardian.</li><li>• (name) may require a snack prior to activity. Snacks to be eaten prior to activity will be labelled "for activity".</li><li>• Food to be eaten after school will be packaged separately and labelled.</li></ul>	<p><b>The caregiver and/or student will:</b></p> <ol style="list-style-type: none"><li>1. Ensure that all meals and snacks are eaten at scheduled times.</li><li>2. Encourage (name) to eat all the food provided in each meal or snack</li><li>3. Call parent/guardian with concerns regarding:<ul style="list-style-type: none"><li>• missed or unfinished meals</li><li>• eating food that is not sent by parent</li><li>• food replacements and/ or special events</li></ul></li></ol>

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HEALTH CARE ISSUE/PROCEDURE	INTERVENTIONS/ACTIONS
<p><b><u>5. Insulin Administration</u></b></p> <p>(name) may require insulin if BG is elevated.</p> <p>Parent/guardian will come to the school to administer insulin as needed.</p>	<p><b>The caregiver and/or student will:</b></p> <ul style="list-style-type: none"><li>• Call parent/guardian if BG level is greater than ____ mmol/L(child-specific number, as determined by parent).</li></ul>

If lunchtime insulin is required often enough for caregivers to maintain competence, delegation of insulin administration at lunchtime *may* be possible in certain circumstances.



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**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