

Green Brook Township School District

DIABETES- Insulin Pump IHP/IEHP

1. Personal Information:

I. STUDENT INFORMATION			
NAME:		Grade ___HR.- Teacher:	
Address		Home Phone #:	
Birth date	Bus: _____ # ___ N/A	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
II. PARENTAL INFORMATION			
Father/Guardian's Name:		Cell #:	
Pager #		Employment #:	
Parent/Guardian's Name: Nora		Cell #:	
Pager #		Employment #:	
IV. EMERGENCY CARE			
Student's Physician: Morris town		Physician's #:	
Health Insurance Provider:	Policy #:	Preferred Medical Center:	
Allergies: none know		Current Medications:	

2. Testing & Administration Privileges:

Who Does What:	Nurse	Student & Nurse	Self	N/A
Glucose Blood Testing				
Carbohydrate calculations				
Reading Insulin pump digital readout				
Programing for insulin administration				
Inject insulin/bolus				
Pump trouble: alarms and malfunctions				
Administer glucose tablets/carb. supplement				
Administer Glucagon injection				

- IHP/IEHP plans will be update anytime during the current school year to reflect changes in health care regime

3. Blood Sugar Testing Procedure:

AM:	Before lunch:	Before Dismissal:	PRN: Hypoglycemia
Ideal Target Blood Sugar Range		100-200	to
Call parent for collaboration if values are below		50	or above
Notify parent immediately if		40	BG < 60 or > 300
Ketone testing		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	above _____ mg/dl
Call parent if there is a concern about Blood Glucose levels or diabetes care call:			

4. Insulin Pump:			
• Type of pump:		• Extra infusion set to be kept in health office	
• Basal rates:	Discussed with school nurse		
• Bolus 1 units of Insulin for every ?? grams of carbohydrates ingested.- Call Parent			
• Insulin/carbohydrate ratio: _____ call Parent _____		Correction factor: _____ call Parent _____	
• MD notes: Student with insulin infusion Pump shall be permitted to wear and attend to the pump at anytime. This may include blood glucose testing, giving bolus doses, checking alarms, changing tubing etc.			
• If blood glucose reading is high check the pump line for bubbles or blockages.			
• Check IOB numbers.			
• If after administration of insulin a second blood glucose is above target range then give additional insulin by insulin pen.			
• If pump malfunctions give insulin by insulin pen (stored in health office refrigerator).			
Emergency Symptoms	Emergency Phone Numbers: 911	GBMS School Nurse: Phone 732-968-1051 # 2040	IEF School Nurse: Phone 732-968-1052 # 3040
• Seizure/ Loss of Consciousness			

5. HYPERGLYCEMIA (high blood sugar)

Symptoms: Signs of Hyperglycemia (high blood sugar)		
• Extreme thirst	• Dry, hot skin	• Fruity, sweet, or wine-like odor on breath
• Frequent urination	• Lack of appetite	• Stupor, unconsciousness
• Drowsiness, lethargy Stupor	• Heavy, labored breathing	

TREATMENT OF HYPERGLYCEMIA

Student should be allowed to:
• see nurse for any reason or when not feeling well:
○ nausea, vomiting, stomachache, or lethargic
• Nurse or student will:
○ check blood glucose level
○ administer insulin (as per consultation with school nurse)
○ drink 8-16 oz. of water
• Use restroom as often as needed
• Additional treatments:

HYPERGLYCEMIA BG CORRECTIONS

Blood glucose	AM	Before Lunch	Before Dismissal	During Athletics/ club
100-200				
201-275				
276- 325				
326-400				
400>				

6. Long-acting Hyperglycemia Medication:

AM	Medication:	Calculated by blood glucose and IOB levels	
PM (home)	Medication	Dose: units	Time:

7. HYPOGLYCEMIA (low blood sugar)

Symptoms: Signs of Hypoglycemia (low blood sugar)

<ul style="list-style-type: none"> • Headache • Sweating • Pale, moist skin • Cold and clammy 	<ul style="list-style-type: none"> • Extreme/sudden hunger • Weakness • Dizziness • Shakiness 	<ul style="list-style-type: none"> • Fatigue/tiredness • Rapid pulse rate • Blurred/double vision • Shallow breathing 	<ul style="list-style-type: none"> • Confusion or inattention • Loss of coordination
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TREATMENT OF HYPOGLYCEMIA:

- Student should see nurse for any reason for not feeling well
- Shallow breathing , confusion , of coordination : Check blood glucose and call nurse ASAP ext. 2040/3040
- Administer carbohydrates for low BG or water for high BG level
- **Do not allow exercise with blood glucose readings** under 100 or over 300

HYPOGLYCEMIA BG CORRECTIONS

Blood glucose	Snack	Before Lunch	Before PE
200-300	0	No Carbohydrates	No Carbohydrates
100-200	0	No Carbohydrates	No Carbohydrates
100- 60	Carbs = Retest in 15-20 minutes	Carbs = Give insulin for lunch carb./insulin dose	if < 100 for after school activity & bus ride Carbs = 20 slow acting and a sugar tab Retest in 15-20 minutes
60-40	Carbs = Retest in 15-20 minutes	Carbs = Retest in 30 minutes	Carbs = Retest in 15-20 minutes
<40	Carbs = 40- 60 fast acting Retest in 15-20minutes Call parent	Carbs =40-60 fast acting Retest in 30 minutes Call parent	Call parent Carbs =40-60 fast acting Retest in 15-20 minutes

a. Treatment: Initial Hypoglycemia: (low blood glucose level)

- Administer carbohydrates such as: glucose tablets, orange juice, juice box, gummies, sip, icing or carbohydrate of choice, etc.
- May administer glucose gel with a student who may be unable to ingest carbohydrates
- Re-check blood glucose Q 10-15 minutes, if low glucose levels until return to target range
- If after 30 minutes the BG levels are still below < 100 call parent
- Observe student until crisis has resolved

b. Treatment: Emergency/Persistent Hypoglycemia (low blood glucose level)

If student is unconscious:

- Administer IM Glucagon: Dosage: 0.5 mg Glucagon IM or SubQ
- Call school nurse ext. 2040
- Call 911 any time Glucagon IM is administered
- Notify parent/guardian and school administration of call for emergency services
- Protect the student's breathing by turning him/her on their side and assess for improvement (vomiting can occur after Glucagon administration).
- Remain with the student until he/she recovers, and until emergency personnel arrive
- Document actions taken.

8. Diet:			
Snack time:		P.E. time:	Hypoglycemia supplies available health office or classrooms
Lunch time:	Student self-calculate carbs with nurse	PM time:	Carbs available in Health office & classrooms
Snack Location: :	Health Office <input checked="" type="checkbox"/> Classroom		
Foods available:	<ul style="list-style-type: none"> No restrictions, but seeks nurse's advice for classroom activities. Parent will supply morning snacks and carbohydrates for Hypoglycemia events. Parent will monitor via the internet the foods consumed during lunch. She will communicate with school nurse & Food Services if adjustments need to be made during meal-times. 		
Procedure:	<ul style="list-style-type: none"> Student needs assistance with meal plan 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> Student will calculate lunch time carbs 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> Student will report carbs & blood glucose level 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Activity Accommodations:	
Physical Education:	<ul style="list-style-type: none"> No PE participation if blood glucose is below 100 units
Academic Testing:	<ul style="list-style-type: none"> See student's 504
After-School Activities:	<ul style="list-style-type: none"> Testing and medication administration via pod will be done by student and call to Parent
Celebrations or Parties:	<ul style="list-style-type: none"> Independent calculation of insulin needed and delivered via insulin infusion set
Field trip:	<ul style="list-style-type: none"> Parent will be notified of need for parental chaperone/inclusion on trip. If parent is not available then a school nurse will be assigned to go on the trip
In School Illness:	<ul style="list-style-type: none"> Call Parent if needed

10. Acknowledgments:

I as the parent of the above named child I hereby acknowledge my understanding and acceptance:

- of the procedures outlined in N.J.S.A. 18A: 40-12.11 10 12.21 and the NJDOH's "Protocol and Implementation Plan for Emergency Administration of Glucagon by a Delegate Trained by the School Nurse and the procedures outlined in this IHP and IEHP for the treatment of my child's diabetes.
- that the school district and its employees or agents shall incur no liability as a result of any injury arising from the implementation of the individualized plans including the preparation and emergency administration of glucagon or a student's self management and care of his/her diabetes.
- that I shall indemnify and hold harmless the school district and it's employees or agents from any and all claims arising from the implementation of the individualized plans including the preparation and emergency administration of glucagon or a student's self management and care of his/her diabetes.
- that for my child to self manage his/her diabetes he/she will have a written certification from a health care provider stating that he/she is capable of, and has been instructed in, the management and care of his/her diabetes.
- that I will be responsible for supplying and maintaining any necessary diabetic supplies, snacks, testing kits, medications and equipment and "Go-Pack" for trips.
- that the IHP/IEHP plans may be update anytime during the current school year to reflect changes in health care regime.

School Nurse: <input type="checkbox"/> GBMS <input type="checkbox"/> IEF	Start Date:
Parent Name Printed:	Revision Date
Parent Signature:	Date:

Individualized Emergency Health Plan: Classroom Blood Glucose Testing

The blood glucose test measures the amount of glucose in the blood right at the time of sample collection. It is used to detect both [Hyperglycemia](#) (too much sugar and not enough insulin) and [Hypoglycemia](#) (not enough sugar/glucose and possibly too much insulin or increase in exercise), and to monitor glucose levels.

Diabetics monitor their own blood glucose levels, often several times a day, to determine how far above or below normal their glucose is and to determine what oral medications or insulin(s) they may need. This is usually done by putting a test strip in the blood glucose tester, pricking finger with lancet pen, placing a small drop of blood on a test strip, and insulin pump will provide the glucose level. Treatment is as listed below.

Blood Sugar Monitoring

The student will test in the Nurse's Office at:

TBA: Snack time	before Lunch	before dismissal/ athletics.
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Student will:

- get out the insulin pump/test kit, place a glucose strip into a meter and prick finger with a lancet pen,
- put a drop of blood on a test strip and read the blood glucose (BG) results
- if BG level is over 300 (Hyperglycemia) student is to go to Nurse immediately with a buddy
- Student will dose high blood sugar level with insulin accordingly insulin pump and drink 8 oz. of water
- Student will treat low blood sugar with carbohydrates as listed below
- UNCONSCIOUSNESS: call nurse immediately at 2040. GLUCAGON injection is in nurse's office refrigerator.



<u>HYPERGLYCEMIA</u>	<u>HYPOGLYCEMIA</u>		
	Early symptoms		Late symptoms
Increased urination	• sweating	• sleepy	• Extreme confusion
Increased thirst	• anxiety/ nervous	• blurred vision	• lethargic
Fatigue	• trembling	• dizziness	• inability to swallow
Blurred vision	• hunger	• lightheadedness	• seizures
slow-healing	• headache	• moodiness	• coma
Hunger	• shakiness	• palpitations	• hallucinations
Weight loss	• pallor/pale	• neck tingling	• tremors
Irritable /frustrated	• disorientated	• uncoordinated	• unresponsive
(not behaving normal)	• irritable	• inability to concentrate	• loss of consciousness
Upset easily	• weak	• slurred speech	• death

To treat diabetes, student should take orally rapidly absorbable sugar/carbohydrates

HYPOGLYCEMIA CORRECTIONS Student can see the nurse at any time.

90 - Above	10 carbs.	May remain in class no need to retest unless "feeling-low"
65 - 89	20-80 carbs.	May remain in class. OPTIONAL re-check blood sugar in 10-15 minutes, if <90 see nurse with buddy
64 - below	40-100 carbs.	EAT COOKIES/ sip juice FIRST THEN must see nurse with buddy accompanying, call nurse ext. 2040

If still not feeling better in 10-15 mins. - see the nurse --- Call nurse ext. 2040



1 cookie = 20 carbs	1 juicebox = 16	2 tbs. icing = 23	1 glucose tablet = 15
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