



Health Services Department

Individual Healthcare Plan/Emergency Action Plan for Diabetic Student

**Student:**

**DOB:**

**Diagnosis:**

**School:**

Nursing portion of IHP, including assessment and history, must be completed for student on the Electronic Health record. Attach **Diabetes Management Plan from Physician** to this form. The plan must be updated at the beginning of each school year or whenever there is a change.

Nurse must verify Diabetes Management Plan from physician contains instructions for these components: Blood sugar testing: Yes No Action for Hypoglycemia: Yes No Action for Hyperglycemia: Yes No Ketone Testing: Yes No Medication Regimen including Glucagon: Yes No Meal Plan: Yes No Per physician and school nurse assessment, is student able to self-manage? Yes No Requires assistance Dependent upon trained staff

Classroom teacher should include information about student's plan in classroom substitute folder. Diabetic students are allowed to use the bathroom as needed and have access to water at all times.

**If student is experiencing symptoms of hypoglycemia/hyperglycemia, the student should be escorted to the clinic for assessment. If student is unconscious, unresponsive and/or seizing, contact school nurse and 911. If trained by school nurse, treat according to attached Diabetes Management Plan/Physician's order.**

**Symptoms of hypoglycemia (low blood sugar):** trembling, sweating, hunger, shaking, pale, weak, dizzy, sleepy, lethargic, irritable, anxiety, behavior changes, blurred vision, confusion, loss of consciousness and/or seizures. Student may not be able to describe symptoms. Hypoglycemia can potentially be life threatening and student should never be left alone.

**Symptoms of hyperglycemia (high blood sugar):** thirst, frequent urination, fatigue, flushing of skin, dry mouth, nausea, vomiting, sweet fruity breath, labored breathing, confusion and/or loss of consciousness.

If physician has provided written approval for parent to change the insulin to carb ratio, parent will use form provided by nurse to communicate changes.

**Additional Information:** (action in case of pump failure; plan for field trip and/or schedule changes, snacks in the classroom, crisis plan, etc.)



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**Supplies for this student will be provided by the parent and kept in the following locations. Supplies should accompany the student on field trips.**

Supplies	Location
Blood Glucose Testing Supplies	
Sources of Carbohydrates	
Ketone testing strips	
Insulin and syringes	
Pump supplies and pump manual/directions	
Glucagon	
Crisis Supplies	

**Meal Plan:** It may be necessary for the student to have a snack if feeling symptomatic.

	Time	Location/Storage	# of Carbohydrates
Breakfast			
Mid- AM Snack			
Lunch			
Mid-PM Snack			

**Trained Unlicensed Diabetic Care Assistants:**

Name	Job Title	Location	Contact Information

**Emergency Contact Information:**

	Name	Emergency #	Home #	Work #
Parent/Guardian				
Parent/Guardian				
Emergency Contact				
Physician Contact				
Hospital/Clinic				

*The above procedures, including orders provided from physician in Diabetes Management Plan, may be administered by the school nurse and/or trained Unlicensed Diabetes Care Assistant (UDCA). The trained UDCA will be designated by the school principal. I understand that the unlicensed employee is immune from liability for civil damages under Section 22.0511 of the Texas Administrative Code. I give permission for the school nurse to share this plan with school employees as needed to maintain my child's health and safety.*

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Acknowledged and Received By:

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Licensed Vocational Nurse: \_\_\_\_\_ Date: \_\_\_\_\_