

Individual Care Plan for Students with Type 1 Diabetes

DAILY AND EMERGENCY PROCEDURES

IDENTIFICATION	<p>Name: _____ Date of birth: _____ School year: 20__ to 20__</p> <p>School: _____ Grade: _____ Homeroom teacher: _____</p> <p>Home address: _____</p> <p>Medical contact: _____ Phone: _____</p> <p>If student has another care plan, note here: _____</p> <p>Designated staff to provide support with diabetes care (minimum 2):</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>Before-school care: No <input type="checkbox"/> Yes <input type="checkbox"/> _____ After-school care: No <input type="checkbox"/> Yes <input type="checkbox"/> _____</p> <p>School bus #: a.m. _____ p.m. _____</p> <div style="border: 1px solid black; width: 150px; height: 150px; margin: 20px auto; text-align: center; line-height: 150px;">STUDENT PHOTO</div>																																																							
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EMERGENCY KITS / SUPPLIES	<p>SCHOOL must ensure a kit is accessible at all times (class, gym, field trips, lockdowns, fire drills, etc). Advise parents when running low on supplies. PARENT must maintain/refresh supplies.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #ffffcc;"> <th style="width: 60%;">CONTENTS (check all that apply)</th> <th style="width: 10%;">With student</th> <th style="width: 10%;">Classroom</th> <th style="width: 10%;">Office</th> <th style="width: 10%;">Other location(s)</th> </tr> </thead> <tbody> <tr> <td>Blood glucose meter, test strips, lancets</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fast-acting sugar (juice, glucose tabs, candy) for low blood sugar</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Carbohydrate snack(s)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Glucagon (expiry date: __/__/__)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sharps disposal container</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ketone strips/meter</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Insulin pen, pen needles, insulin (in case of pump failure)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Extra batteries for meter</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Parents' names and contact numbers</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	CONTENTS (check all that apply)	With student	Classroom	Office	Other location(s)	Blood glucose meter, test strips, lancets					Fast-acting sugar (juice, glucose tabs, candy) for low blood sugar					Carbohydrate snack(s)					Glucagon (expiry date: __/__/__)					Sharps disposal container					Ketone strips/meter					Insulin pen, pen needles, insulin (in case of pump failure)					Extra batteries for meter					Parents' names and contact numbers					Other:				
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Once this care plan is complete, parents should fill in the quick-reference sheet shown below, which outlines the major routine tasks to be done each day. Indicate which, if any, tasks the student needs help with. Keep a copy in each classroom and all locations (eg., gym) where the student spends part of the school day. Download the file at www.diabetesatschool.ca

Daily schedule of diabetes tasks for _____ CLASS: _____ SCHOOL YEAR: 20__ to 20__

DAILY SCHEDULE OF ROUTINE DIABETES-RELATED TASKS

TIME	Meal/snack	Blood glucose (BG) check	Insulin	Comments

Use these abbreviations to indicate what level of support (if any) is needed for the various tasks:
A – Assistance required; S – Supervision needed; I – Independent

EMERGENCY KIT LOCATION(S): _____

MILD HYPOGLYCEMIA (Low blood sugar): Check, Treat, Repeat

If BG is under 4 mmol/L: Treat, then repeat BG check after 10-15 minutes
 Treat again if still under 4 mmol/L
 Treat and repeat this cycle until the BG is 4 or more

<p>Usual symptoms of low blood sugar for student are:</p> <p><input type="checkbox"/> Shakiness <input type="checkbox"/> Headache <input type="checkbox"/> Irritability/grouchiness</p> <p><input type="checkbox"/> Hunger <input type="checkbox"/> Paleness <input type="checkbox"/> Weakness/fatigue</p> <p><input type="checkbox"/> Confusion <input type="checkbox"/> Other _____</p>	<p>Treat with:</p> <p><input type="checkbox"/> _____ glucose tablets</p> <p><input type="checkbox"/> _____ cup juice/regular soft drink</p> <p><input type="checkbox"/> _____ Skittles</p> <p><input type="checkbox"/> Other _____</p>
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HYPERGLYCEMIA (High blood sugar)

Call parent/guardian if BG is above _____ mmol/L, or if student feels unwell.


For students on a pump, give a correction and/or check ketones if BG is above _____ mmol/L

Call parent See care plan, page ____

Specific instructions: _____

This worksheet is a brief overview of DAILY diabetes-related tasks for the student. Keep a copy easily available in the student's class(es), even if the student manages most of their care. Consult the complete care plan for more details, particularly for non-standard situations.

EMERGENCY PROCEDURE FOR LOW BLOOD SUGAR (HYPOGLYCEMIA)

	MILD-TO-MODERATE LOW BLOOD SUGAR	SEVERE LOW BLOOD SUGAR																																
SYMPTOMS	<p>When blood sugar (BG) is low, the student may have these symptoms:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Shakiness</td> <td><input type="checkbox"/> Irritable/grouchy</td> <td><input type="checkbox"/> Dizziness</td> </tr> <tr> <td><input type="checkbox"/> Sweating</td> <td><input type="checkbox"/> Blurred vision</td> <td><input type="checkbox"/> Headache</td> </tr> <tr> <td><input type="checkbox"/> Hunger</td> <td><input type="checkbox"/> Weakness/fatigue</td> <td><input type="checkbox"/> Paleness</td> </tr> <tr> <td><input type="checkbox"/> Confusion</td> <td colspan="2"><input type="checkbox"/> Other(s) _____</td> </tr> </table> <p>The student may also use these words to describe feeling low:</p> <p>_____</p>	<input type="checkbox"/> Shakiness	<input type="checkbox"/> Irritable/grouchy	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Sweating	<input type="checkbox"/> Blurred vision	<input type="checkbox"/> Headache	<input type="checkbox"/> Hunger	<input type="checkbox"/> Weakness/fatigue	<input type="checkbox"/> Paleness	<input type="checkbox"/> Confusion	<input type="checkbox"/> Other(s) _____		<p>Symptoms</p> <ul style="list-style-type: none"> • Unresponsive or unconscious • Having a seizure • So uncooperative that you can't give juice or sugar by mouth 																				
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ACTION	<p style="text-align: center;">Never leave a student with a low blood sugar alone. Treat the low blood sugar ON THE SPOT. Do not send the student somewhere else.</p> <p>First, check blood sugar (BG). Even students who do their own checks may need help when their blood sugar is low. Then follow these steps:</p> <div style="border: 1px solid blue; padding: 10px; margin: 10px 0;"> <p style="text-align: center; font-weight: bold; color: white; background-color: #0056b3; padding: 5px;">Check</p> <ul style="list-style-type: none"> • If BG is under 4 mmol/L OR • If BG is under 5 mmol/L with symptoms </div> <div style="border: 1px solid blue; padding: 10px; margin: 10px 0;"> <p style="text-align: center; font-weight: bold; color: white; background-color: #0056b3; padding: 5px;">Treat</p> <ul style="list-style-type: none"> • Immediately give ___ grams of fast-acting sugar (See below for student preferences and amounts) </div> <div style="border: 1px solid blue; padding: 10px; margin: 10px 0;"> <p style="text-align: center; font-weight: bold; color: white; background-color: #0056b3; padding: 5px;">Repeat</p> <ul style="list-style-type: none"> • After 15 minutes, check BG again: • If still under 4 mmol/L, treat again as above. • Repeat cycle every 10 to 15 minutes until BG is above 4 mmol/L </div> <p>When BG is over 4 mmol/L:</p> <ul style="list-style-type: none"> • If meal or snack is more than 1 hour away, give snack now • If meals or snack less than 1 hour away, no action needed. Student can eat at regular time <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: black; color: white;"> <th colspan="4" style="text-align: center;">How much fast-acting sugar to give</th> </tr> <tr style="background-color: yellow;"> <th style="width: 5%;"></th> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">10 g</th> <th style="width: 20%; text-align: center;">15 g</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">√</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Glucose tablets (4 g each)</td> <td>2 tabs (8 g)</td> <td>4 tabs (16 g)</td> </tr> <tr> <td></td> <td>Juice or regular soft drink</td> <td>½ cup</td> <td>¾ cup</td> </tr> <tr> <td></td> <td>Skittles</td> <td>10 pieces</td> <td>15 pieces</td> </tr> <tr> <td></td> <td>Rockets (roll candy)</td> <td>1 roll (7 g)</td> <td>2 rolls (14 g)</td> </tr> <tr> <td></td> <td>Table sugar</td> <td>2 tsp / 2 pkgs</td> <td>1 Tbsp / 3 pkgs</td> </tr> </tbody> </table>	How much fast-acting sugar to give						10 g	15 g	√					Glucose tablets (4 g each)	2 tabs (8 g)	4 tabs (16 g)		Juice or regular soft drink	½ cup	¾ cup		Skittles	10 pieces	15 pieces		Rockets (roll candy)	1 roll (7 g)	2 rolls (14 g)		Table sugar	2 tsp / 2 pkgs	1 Tbsp / 3 pkgs	<p>What to do</p> <ol style="list-style-type: none"> 1. Place the student in recovery position.  2. Have someone call 911. Then call parents. 3. Stay with the student until ambulance arrives. Do not give food or drink (choking hazard). 4. If there is a signed consent and mutual agreement (see p. 8) to give glucagon, give it now. <ul style="list-style-type: none"> <input type="checkbox"/> Yes, give glucagon <input type="checkbox"/> No, do not give glucagon <p>HOW TO USE GLUCAGON</p> <p>Dose</p> <ul style="list-style-type: none"> <input type="checkbox"/> Students 5 years old and younger: 0.5 mg = 0.5 mL <input type="checkbox"/> Students 6 years and older: 1.0 mg = 1.0 mL <p>Directions</p> <ol style="list-style-type: none"> 1. Remove cap 2. Inject liquid from syringe into dry powder bottle 3. Roll bottle gently to dissolve powder 4. Draw fluid dose back into the syringe 5. Inject into outer mid-thigh (may go through clothing) 6. Once student is alert, give juice or fast-acting sugar
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PROCEDURE FOR HIGH BLOOD SUGAR (HYPERGLYCEMIA)

DEFINITION	<p>Hyperglycemia = high blood glucose/sugar (BG). Levels may vary by individual.</p> <p>High blood sugar is usually the result of extra food or inadequate insulin, but not always. BG also rises during illness or stress, and can be due to technical problems (pump failure, missed meal bolus, etc).</p>												
SYMPTOMS	<p>The student may use these words to describe a high blood sugar: _____</p> <p>Usual symptoms of high blood sugar for this student are:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Extreme thirst</td> <td><input type="checkbox"/> Frequent urination</td> <td><input type="checkbox"/> Headache</td> </tr> <tr> <td><input type="checkbox"/> Hunger</td> <td><input type="checkbox"/> Abdominal pain</td> <td><input type="checkbox"/> Blurred vision</td> </tr> <tr> <td><input type="checkbox"/> Warm, flushed skin</td> <td><input type="checkbox"/> Irritability</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table> <p>Usual symptoms of SEVERE high blood sugar</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Rapid, shallow breathing</td> <td><input type="checkbox"/> Vomiting</td> <td><input type="checkbox"/> Fruity-smelling breath</td> </tr> </table>	<input type="checkbox"/> Extreme thirst	<input type="checkbox"/> Frequent urination	<input type="checkbox"/> Headache	<input type="checkbox"/> Hunger	<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Blurred vision	<input type="checkbox"/> Warm, flushed skin	<input type="checkbox"/> Irritability	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Rapid, shallow breathing	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Fruity-smelling breath
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ACTION	<p>Check BG. Even students who do their own checks may need help if they are unwell.</p> <ul style="list-style-type: none"> If student has symptoms of illness: Call parent immediately if student is unwell, has severe abdominal pain, nausea, vomiting or symptoms of severe high blood sugar. A parent should pick up the student from school if blood sugar is high and they feel unwell, regardless of how old or independent they are. No symptoms of illness: If the student feels well and the BG is under _____, no immediate treatment is needed. Note the blood sugar reading using the typical home-school communication method. In the meantime: <ul style="list-style-type: none"> Allow free access to the washroom and encourage them to drink water/sugar-free fluids. Allow student to eat usual meal or snack (they may chose carbohydrate-free snacks). Allow student to resume activity as normal. Insulin corrections by pump: If the student is on an insulin pump, a correction may be given (see insulin section of this plan). If BG has not decreased 2 hours after the correction, call parent. 												
<p>When BG is above _____ mmol/L, call parent</p>													
KETONES	<p><input type="checkbox"/> This student does not check for ketones at school.</p> <p><input type="checkbox"/> If BG is above _____, check ketones using urine sticks <input type="checkbox"/> OR ketone blood meter <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #ffffcc;"> <th style="width: 20%;"></th> <th style="width: 20%;">Urine stick</th> <th style="width: 20%;">Blood meter</th> <th style="width: 40%;">Action</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="vertical-align: top;">If ketones are</td> <td>Negative to small</td> <td>Less than 0.6</td> <td>Proceed as for hyperglycemia above</td> </tr> <tr> <td>Moderate to large</td> <td>At or above 0.6</td> <td>May indicate pump failure or extra insulin needed. Call parents for instructions.</td> </tr> </tbody> </table>		Urine stick	Blood meter	Action	If ketones are	Negative to small	Less than 0.6	Proceed as for hyperglycemia above	Moderate to large	At or above 0.6	May indicate pump failure or extra insulin needed. Call parents for instructions.	
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	ROUTINE	MANAGEMENT																				
BLOOD GLUCOSE/SUGAR (BG) MONITORING	<p>Student's target blood sugar (BG) range _____ to _____ mmol/L</p> <p><input type="checkbox"/> Student requires trained staff to do a blood sugar (BG) check and read the meter</p> <p><input type="checkbox"/> Student needs supervision to do a BG check and read the meter</p> <p><input type="checkbox"/> Student can do a BG check and read the meter on their own</p> <p>Location of glucose meter(s)</p> <p><input type="checkbox"/> With student</p> <p><input type="checkbox"/> Homeroom class</p> <p><input type="checkbox"/> Other(s) _____</p> <p>Allow student to check their blood sugar at any time, in any place, respecting their wish for privacy or company.</p>	<p>Always check blood sugar when student shows symptoms of hypoglycemia. If you are not able to check, treat as if blood sugar is low.</p> <p>Student's blood sugar should be checked at these times each day:</p> <table border="0"> <tr> <td></td> <td style="text-align: center;">Time</td> <td></td> <td style="text-align: center;">Time</td> </tr> <tr> <td><input type="checkbox"/> Before a.m. break</td> <td style="text-align: center;">_____</td> <td><input type="checkbox"/> At before-school program</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Before lunch</td> <td style="text-align: center;">_____</td> <td><input type="checkbox"/> Before breakfast program</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Before p.m. break</td> <td style="text-align: center;">_____</td> <td><input type="checkbox"/> At after-school program</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Before leaving school</td> <td style="text-align: center;">_____</td> <td><input type="checkbox"/> Before sport or exercise</td> <td style="text-align: center;">_____</td> </tr> </table> <p>Other times: _____</p> <p>Home-school communication method:</p> <p>Daily blood sugar readings should be communicated to parents via:</p> <p><input type="checkbox"/> Agenda <input type="checkbox"/> BG readings form <input type="checkbox"/> Text messages <input type="checkbox"/> Other _____</p> <p>Call parent if blood sugar is:</p> <p><input type="checkbox"/> Below _____</p> <p><input type="checkbox"/> Above _____</p> <p>Does student wear a continuous glucose monitor (CGM)?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes, sometimes.</p> <p><input type="checkbox"/> If yes, see Appendix B.</p>		Time		Time	<input type="checkbox"/> Before a.m. break	_____	<input type="checkbox"/> At before-school program	_____	<input type="checkbox"/> Before lunch	_____	<input type="checkbox"/> Before breakfast program	_____	<input type="checkbox"/> Before p.m. break	_____	<input type="checkbox"/> At after-school program	_____	<input type="checkbox"/> Before leaving school	_____	<input type="checkbox"/> Before sport or exercise	_____
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NUTRITION BREAKS	<p><input type="checkbox"/> Student needs supervision during meal/snack times to ensure all food is eaten</p> <p><input type="checkbox"/> Student can manage their food intake independently</p> <p>Allow enough time to eat meals/snacks.</p> <p>Ensure student eats meals/snacks on time.</p> <p>No food sharing.</p>	<p><input type="checkbox"/> Student can eat snack and lunch at regular school times.</p> <p>If not, specify when the student should eat _____ _____</p> <p>Student requires a snack before:</p> <p><input type="checkbox"/> End of day/getting on bus</p> <p><input type="checkbox"/> Physical activity (see next section, page 6).</p> <p>When treats or classroom food is provided:</p> <p><input type="checkbox"/> Student/school should contact parent in advance for instructions</p> <p><input type="checkbox"/> Student can manage independently</p> <p>Food restrictions</p> <p><input type="checkbox"/> Celiac disease: no gluten-containing products</p> <p><input type="checkbox"/> Allergies/intolerances: _____</p>																				

	ROUTINE	MANAGEMENT												
PHYSICAL ACTIVITY	<p>BG meter and fast-acting sugar should ALWAYS be accessible during physical activities.</p> <p>Risk of low blood sugar increases during/after physical activity.</p> <p>The student may need extra BG check(s) and/or extra food.</p> <p><input type="checkbox"/> Student can make decisions about physical activities independently</p> <p><input type="checkbox"/> Student needs supervision/guidance around physical activity</p>	<p>Notify parents whenever special activities are planned (for example, Terry Fox run, track and field day, field trip or other active event)</p> <p><input type="checkbox"/> No action needed before activity</p> <p><input type="checkbox"/> Check blood sugar before regular physical activity classes</p> <p><input type="checkbox"/> Check blood sugar before unplanned activity</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>If blood sugar is:</p> <ul style="list-style-type: none"> • Under 4 mmol/L, treat for low blood sugar • Between 4 mmol/L and _____, give a snack before activity • Above _____, no snack is needed before activity <p>For students on a pump:</p> <p><input type="checkbox"/> No specific pump adjustments needed</p> <p><input type="checkbox"/> Suspend/disconnect pump for activity. Store _____</p> <p><input type="checkbox"/> Other _____</p>												
INSULIN	<p><input type="checkbox"/> Student does not take insulin at school.</p> <p><input type="checkbox"/> Student takes insulin at school by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> pen injection <input type="checkbox"/> pump <input type="checkbox"/> syringe* <p>Insulin is given by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student, independently <input type="checkbox"/> Student, with supervision <input type="checkbox"/> Designated staff <input type="checkbox"/> Parent <input type="checkbox"/> Other _____ <p>Location in school where insulin will be given</p> <p>_____</p> <p>* Consider using pens at school because dosing is easier</p>	<p>Complete this section only if student takes insulin at school.</p> <p>Insulin by injection/ pump is done at the following times:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Time</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Before breakfast program</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Before morning snack</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Before lunch</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Before afternoon snack</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </tbody> </table> <p style="text-align: center; background-color: #ffffcc;">If BG is above _____ mmol/L, call parent</p> <p>For students using insulin pen/syringe:</p> <p><input type="checkbox"/> Insulin can only be given at breakfast and/or lunchtime</p> <p>For students using an insulin pump:</p> <p><input type="checkbox"/> Insulin can be given anytime the student is eating</p> <p><input type="checkbox"/> There must be 2 hours between correction doses</p>		Time	<input type="checkbox"/> Before breakfast program	_____	<input type="checkbox"/> Before morning snack	_____	<input type="checkbox"/> Before lunch	_____	<input type="checkbox"/> Before afternoon snack	_____	<input type="checkbox"/> Other _____	
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	ROUTINE	MANAGEMENT
INSULIN VIA PUMP	<p>A bolus calculator (which parents will provide) must be used in school settings. The pump is always programmed at home.</p> <p>Designated staff are responsible for ensuring that:</p> <ul style="list-style-type: none"> the BG reading and number of carbohydrates are entered at each meal/snack time the bolus is delivered 	<p>Training is required. The basic steps are:</p> <ol style="list-style-type: none"> Check BG before the student eats. The reading will: <ul style="list-style-type: none"> <input type="checkbox"/> Be sent to the pump by the meter. <input type="checkbox"/> Need to be manually entered into the pump. Enter the total number of carbohydrates to be eaten (provided by parent or the student) The pump will calculate the amount of insulin to be given. Press the appropriate button to accept and deliver the bolus. <p>If BG is above _____ mmol/L:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check ketones <input type="checkbox"/> Call parent <input type="checkbox"/> Other _____
INSULIN VIA PENS OR SYRINGE	<p>Type of insulin used: _____</p> <p>Always double-check the insulin dose before injecting to make sure the appropriate dose has been selected and is dialed correctly into the pen.</p> <ul style="list-style-type: none"> <input type="checkbox"/> The student is able to select the appropriate dose. Designated staff should double-check the dose. <input type="checkbox"/> Insulin is given by designated staff. A second adult must check the dose. (This task requires some training, but the adult doing it does not need to be a designated staff member listed in this care plan). <input type="checkbox"/> Parents agree the student can give their own insulin, without an adult double-checking the dose. 	<p>Training is required. Here is how the dose is calculated:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parents label the student’s food with number of carbohydrates and provide a Bolus Calculator Sheet* that allows designated staff to select an appropriate insulin dose. This dose is based on the BG reading and the number of carbohydrates the student will eat. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Same steps as above, but with the dose calculated by the student’s glucose meter (only certain meters can do this). <input type="checkbox"/> Parents will send a set number of carbohydrates for snack/lunch each day. They will provide an appropriate tool (such as variable dose insulin scale in Appendix A) to help designated staff select appropriate dose based on the student’s BG. <input type="checkbox"/> Parents may send a different number of carbohydrates for snack/lunch each day (clearly labeled) and will provide an appropriate tool (such as variable dose insulin scale in Appendix A) that allows designated staff to select a dose of insulin based on BG. <p style="text-align: center;">Parents have the right to adjust insulin dose for bolus calculator sheet or sliding scale throughout the school year as needed</p> <p>* See www.bcchildrens.ca/health-info/coping-support/diabetes, Click on Basal-Bolus Insulin with MDI, then Bolus Calculators for School Lunches</p>

CONSENT	<p>Pre-authorizations by parents/guardians</p> <p>Consent to release information: I authorize and provide consent to the school staff to use and/or share information in this plan for purposes related to the education, health and safety of my child. This may include:</p> <ol style="list-style-type: none"> 1. Displaying my child's photograph on paper notices or electronic format(s) so that staff, volunteers and school visitors will be aware of my child's medical condition. 2. Communicating with bus operators. 3. Sharing information in special circumstances to protect the health and safety of the student. <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Consent to transfer to hospital: I consent in advance to my child's being transported to a hospital if required, based on the judgment of school staff. I also permit a staff member to accompany my child during transport. Please note: the school principal or designate shall decide if an ambulance is to be called.</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Consent to treatment: I am aware that school staff are not medical professionals and perform all aspects of the plan to the best of their abilities and in good faith. I approve of the management steps and responses outlined in this care plan, including administering glucagon if indicated.</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Agreement to provide glucagon: School staff, parents and my child (if age-appropriate) agree that glucagon can be given in the event of severe hypoglycemia. Note: School personnel must sign below to indicate pre-agreement to provide this emergency injection.</p> <p style="text-align: right;">Yes, glucagon can be given <input type="checkbox"/> No, glucagon cannot be given <input type="checkbox"/></p>
AUTHORIZATION	<p>Parent/guardian signature: _____ Date: _____</p> <p>Parent/guardian name (print): _____ Relationship: _____</p> <p>Student signature: _____</p> <p>Health care professional (HCP) signature: _____ Date: _____</p> <p>HCP name (print): _____ Role: _____</p> <p>Principal signature: _____</p> <p>Principal name: _____</p> <p>Designated and trained staff (minimum 2):</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ <p>Staff trained and designated to administer glucagon: _____</p>

ANNUAL RENEWAL

When requirements change significantly, complete a new Individual Care Plan and share with all involved.

If there are no changes between school years, use this sign-off sheet to confirm the plan has been reviewed by the school, the parent(s) and, when age-appropriate, the student.

This plan remains in effect for the _____ to _____ school year without change.

Parent/guardian: _____ Date: _____

Principal: _____ Date: _____

This plan remains in effect for the _____ to _____ school year without change.

Parent/ guardian: _____ Date: _____

Principal: _____ Date: _____

This plan remains in effect for the _____ to _____ school year without change.

Parent/ guardian: _____ Date: _____

Principal: _____ Date: _____

This plan remains in effect for the _____ to _____ school year without change.

Parent/ guardian: _____ Date: _____

Principal: _____ Date: _____

This plan remains in effect for the _____ to _____ school year without change.

Parent/ guardian: _____ Date: _____

Principal: _____ Date: _____

APPENDIX A (page 1 of 2)

How to calculate lunchtime insulin using variable dose insulin scale

For a student using insulin pens or syringes, calculate a lunchtime insulin dose in one of two ways:

- **FIXED** dose: A set amount of insulin to match a set number of carbohydrates for each meal.
- **RATIO**: 1 unit of insulin for a specific number of carbohydrate grams (Number of carbs / Ratio = dose)

Before eating, always check blood sugar. If BG is:

- Within target range: Give the usual FIXED dose or calculate using RATIO and number of carbs in the meal.
- Too low: Treat the low blood sugar. When calculating the lunchtime insulin dose, **do not** include the carbohydrates used to treat the low.
- Too high: Add extra insulin (a correction) to the dose.

How to calculate a correction dose

- **Adjustment scale**: An amount of insulin is added (or subtracted, if BG is low) from the dose, depending on the BG level.
- **Correction factor (CF; Also called insulin sensitivity factor, ISF)**: An estimate of how much 1 unit of rapid-acting insulin will lower BG for a specific person. To calculate the amount of insulin needed to correct a high blood sugar using this method, the formula is: $[BG - 6] \text{ divided by CF (correction factor)}$

- The student's fixed dose of insulin for lunch is _____ units for _____ carbohydrates
- The student's **ratio** is 1 unit of insulin for every _____ of carbohydrates
- The student's **correction factor** is _____

Start with the dose for lunch	_____ units (fixed dose)						
	1 unit of insulin per _____ grams of carbohydrates = _____						
Check BG. What range is it in?	Below 4 mmol/L	TARGET -					
Then (add to OR subtract from) dose							

APPENDIX A (page 2 of 2)

How to calculate lunchtime insulin using variable dose insulin scale

Examples

1. Susan has a ratio. This is her adjustment scale:

Lunch dose	1 unit per 10 grams of carbohydrates					
Lunchtime BG	Below 4 mmol/L	TARGET 4 – 7 mmol/L	7 – 10 mmol/L	10.1 – 14 mmol/L	14.1 – 17 mmol/L	Above 17
Adjustment (– or +)	- 1 unit	/	+1 units	+2 units	+3 units	+4 units

On Monday, her BG is 11.5 mmol/L. She plans to eat 50 grams of carbs for lunch.

$$\begin{aligned} \text{Insulin for food} &= 50/10 = 5 \text{ units} \\ \text{Correction for BG} &+ 2 \text{ units} \end{aligned}$$

Total insulin 7 units

On Tuesday, her BG is in her target range at 6.4 mmol/L. She plans to eat 45 grams of carbs for lunch.

$$\begin{aligned} \text{Insulin for food} &= 45/10 = 4.5 \text{ units} \\ \text{Correction for BG} &+ 0 \text{ units} \end{aligned}$$

Total insulin 4.5 units

2. Max uses a correction factor rather than a scale:

- His ratio is 9.
- Correction factor is 2

The formula is $[BG-6] / CF$. Max's BG is 13.2 mmol/L and he plans to eat 50 grams of carbs for lunch.

$$\text{Correction} = 13.2 - 6 = 7.2/2 = 3.7$$

Round to the nearest ½ unit = 3.5 units

$$\begin{aligned} \text{Insulin for food} &= 50/9 = 5.5 \text{ units} \\ \text{Correction for BG} &+ 3.5 \text{ units} \end{aligned}$$

Total insulin 9 units

APPENDIX B

Using Continuous Glucose Monitors in School

- A Continuous Glucose Monitor (CGM) is a monitoring device that is inserted every 6 to 7 days and automatically provides readings every 5 minutes, day and night. A sensor, inserted underneath the skin, it measures “interstitial glucose”, or the glucose found in the fluid between cells. The sensor sends this information wirelessly to a monitor.
- A CGM provides a constant picture—a pattern as opposed to a “moment-in-time” snapshot that comes from intermittent fingerprick readings.
- A CGM does not replace traditional BG testing. Fingerpricks are still needed at least twice a day to calibrate the CGM, and are recommended before meals to guide insulin dosing, and to confirm any alerts that require treatment.
- If the CGM and meter results differ, the meter BG is considered the most reliable. Parents may choose to use the CGM reading before snacks and activity. That is an individual decision and depends on how accurate they consider the CGM to be. See the table below for guidance.
- BG readings are sent to an insulin pump or to a remote device where they can be tracked. Some families are able to access their child’s CGM readings remotely on their smart phone. The results are available in real time and can also be uploaded and reviewed by parents at the end of the day.
- Some pumps have a feature called “Low Glucose Suspend” (LGS), where the pump will automatically stop delivering insulin for 2 hours if the BG is low and the user hasn’t responded.
- While most students with a CGM will also be using an insulin pump, a CGM can also be used by those taking insulin by injection.

	ROUTINE	MANAGEMENT
CGM – CONTINUOUS GLUCOSE MONITOR	Student wears a CGM: <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <ul style="list-style-type: none"> <input type="checkbox"/> The student is independent in their response to CGM results and alarms (excluding severe hypoglycemia) <input type="checkbox"/> Student needs help to respond to the CGM results and alarms <input type="checkbox"/> Results are sent to: <ul style="list-style-type: none"> <input type="checkbox"/> Insulin pump <input type="checkbox"/> Remote device <input type="checkbox"/> Parent smartphone <input type="checkbox"/> Low glucose suspend (LGS) is active on pump. <input type="checkbox"/> If yes, the threshold is set at _____ mmol/L. 	<ul style="list-style-type: none"> • Low BG alarm is set at: _____ mmol/L Low BG alarm should be confirmed with a BG check. Respond as per hypoglycemia section of this plan. • High BG alarm is set at: _____ mmol/L OR <input type="checkbox"/> No alarm set for highs High BG alarm should be confirmed with a BG check. Respond as per hyperglycemia section of this plan. • Also, BG checks are to be routinely done at the following times (check all that apply). <ul style="list-style-type: none"> <input type="checkbox"/> Before lunch <input type="checkbox"/> Before all snacks <input type="checkbox"/> Before gym/activity <input type="checkbox"/> Other _____ • If Low Glucose Suspend comes on, check BG by meter and follow care plan for action: <ul style="list-style-type: none"> ▪ If BG is below _____ mmol/L, treat and re-check in 15 minutes. ▪ If BG is above _____ mmol/L, cancel LGS. No treatment required.