

DIABETES ACTION PLAN

Student's Name: _____ Date of Birth: _____
Date of Plan: _____ This plan is valid for the current school year: _____ - _____
Date of Diabetes Diagnosis: _____ type 1 type 2 Other _____

CHECKING BLOOD GLUCOSE: TARGET RANGE of blood glucose: _____

Check blood glucose level: Upon arrival at school Before lunch _____ Hours after lunch
 2 hours after a correction dose Before PE After PE Before dismissal
 Other _____

Student's self-care blood glucose checking skills:

- Independently checks own blood glucose
- May check blood glucose with supervision
- Requires school nurse or trained diabetes personnel to check blood glucose

BLOOD GLUCOSE TREATMENT

BELOW _____ Give fast acting carbohydrate: 4 oz juice **OR** 15 gm glucose gel **OR** _____
Observe for 15 minutes and retest blood glucose, if less than _____ repeat fast acting carbohydrate. If over _____ give crackers and cheese **OR** crackers and peanut butter.

**If student becomes unconscious, has a seizure or is unable to swallow: call 911; turn student on side; administer: 15 gm glucose gel 1 mg/1 ml glucagon IM; notify parent/guardian.*

ABOVE _____ check ketones; administer insulin per sliding scale; provide _____ oz of water per hour; Other: _____; notify parent/guardian.

**If student vomits, becomes lethargic, or has labored breathing: call 911; notify parent/guardian.*

With a physician's signed orders (listed below), and a parent/guardian completed medication permit form, the student may self-administer insulin according to the sliding scale listed.

SLIDING SCALE for INSULIN ADMINISTRATION

• **Carbohydrate Coverage:** 1 unit of insulin per _____ grams of carbohydrates.

• **Correction Dose:**

(Current Blood Glucose Level - _____) / Insulin Sensitivity Factor of _____ = Units of insulin

Correction dose scale (use instead of calculation above to determine insulin correction dose):

Blood Glucose _____ to _____ mg/dL give _____ units insulin
Blood Glucose _____ to _____ mg/dL give _____ units insulin
Blood Glucose _____ to _____ mg/dL give _____ units insulin
Blood Glucose _____ to _____ mg/dL give _____ units insulin
Blood Glucose _____ to _____ mg/dL give _____ units insulin
Blood Glucose _____ to _____ mg/dL give _____ units insulin

Other Diabetes Medication/Dosage: _____

Physician Signature _____ Date _____
Address _____ Phone _____