

**SUMTER COUNTY SCHOOLS
INDIVIDUALIZED HEALTH CARE PLAN DIABETES**

Date Initiated: _____
 Date Reviewed: _____
 Date Reviewed: _____
 Date Discontinued: _____

Student Name: _____ DOB: _____ School: _____ Grade: _____

Parent/Guardian: _____ Contact #'s: Home _____ Cell _____ Work _____
 _____ Home _____ Cell _____ Work _____

Other Emergency Contacts: _____ Contact #: _____

Physician: _____ Contact #: _____

Phone #: _____ Fax #: _____

Medical Diagnosis: _____ Allergies: _____ Medications at Home: _____ at School: _____

ESE:	Yes	No	IEP:	Yes	No	504:	Yes	No
-------------	-----	----	-------------	-----	----	-------------	-----	----

Parent Signature: _____ Date _____ Nurse Signature _____ Date _____

Preferred Hospital: _____

Nursing Diagnosis	Planning/Goals	Intervention	Outcome/By Whom/When
1. ___ Potential for change in medical management of diabetes	1. ___ Student will maintain normal blood glucose range.	1. ___ Student will independently monitor blood glucose in agreed upon location in the school or report to the school health clinic for supervised BG monitoring and administration of insulin, according to Medical Management Plan. <ul style="list-style-type: none"> • Target range for Blood Glucose ___ mg/dl to ___ mg/dl • Correction formula: → Blood Glucose ___ ÷ ___ = ___ units of insulin Carbohydrate ratio 1: ___	Student, school nurse, school health staff, school personnel - ongoing School nurse – ongoing Teacher, school nurse, school health staff, school personnel – as needed
		2. ___ Parent will be notified if there are any concerns regarding the diabetes management which might require medical follow-up.	
		3. ___ Student will be reminded to come to the school health clinic for Diabetes management if student does not report at the scheduled time.	

		<p>4. __ Monitor diet adherence, reinforce and instruct as needed.</p> <p>5. __ This plan also covers field trips/after school sponsored activities. These events will be discussed with the parent/guardian in advance so student’s medical needs can be accommodated. Trained school staff will accompany student on off campus trips, if needed.</p>	<p>School nurse</p> <p>School nurse, school personnel, parent/guardian – on going</p>																
<p>2. __ Potential for injury related to hypoglycemia (insulin shock) or hyperglycemia (ketoacidosis)</p>	<p>1. __ Student (parent) will recognize and treat early s/s of hypoglycemia appropriately and know how to recognize and respond to early signs of hyperglycemia.</p>	<p>1. __ Instruct teachers and staff on s/s of hypoglycemia (low BG):</p> <table border="0"> <tr> <td>__ headache</td> <td>__ trembling/shaking</td> </tr> <tr> <td>__ blurred vision</td> <td>__ sudden hungry</td> </tr> <tr> <td>__ nausea</td> <td>__ feels “low”</td> </tr> <tr> <td>__ confusion</td> <td>__ moist/pale skin</td> </tr> <tr> <td>__ abdominal pain</td> <td>__ weakness</td> </tr> <tr> <td>__ dizziness</td> <td>__ loss of coordination</td> </tr> <tr> <td>__ perspiration</td> <td>__ slurred speech</td> </tr> <tr> <td>__ nervousness</td> <td>__ behavioral changes/irritability</td> </tr> </table> <p>*Follow students AEP</p>	__ headache	__ trembling/shaking	__ blurred vision	__ sudden hungry	__ nausea	__ feels “low”	__ confusion	__ moist/pale skin	__ abdominal pain	__ weakness	__ dizziness	__ loss of coordination	__ perspiration	__ slurred speech	__ nervousness	__ behavioral changes/irritability	<p>School nurse</p>
__ headache	__ trembling/shaking																		
__ blurred vision	__ sudden hungry																		
__ nausea	__ feels “low”																		
__ confusion	__ moist/pale skin																		
__ abdominal pain	__ weakness																		
__ dizziness	__ loss of coordination																		
__ perspiration	__ slurred speech																		
__ nervousness	__ behavioral changes/irritability																		
<p>3. __ Knowledge deficit related to diabetic management.</p> <p>Information:</p> <p>__ Per Parent</p> <p>__ Healthcare provider</p>	<p>1. __ Educate staff</p>	<p>Provide staff with information about diabetes through formal/informal in-services.</p> <ul style="list-style-type: none"> • Level – 1*, All school staff. • Level – 2*, School personnel who have the responsibility for students with diabetes, but do not perform diabetes care. • Level 3*, UAP who have been delegated to treat diabetic emergencies (child specific training as well) <p>Document name of trained staff</p> <p>1. __ Personnel _____ Date: _____</p> <p>__ Personnel _____</p> <p>__ Personnel _____</p>	<p>School nurse</p>																

		___ Aide _____ ___ Aide _____ ___ Aide _____ ___ Bus Driver _____ ___ Other _____ *American Diabetes Association DVD or Youtube. Diabetes Care Task at School: What Key Personnel Need to Know School training Modules	
4. ___ Knowledge deficit related to balance of insulin, diet and exercise; insulin administration, dietary regimen; blood glucose monitoring and exercise requirements	1. ___ Student will be able to learn and practice self-care skills; will increase understanding of diabetes and will demonstrate improvement in skills to manage diabetes.	1. ___ Monitor blood glucose levels at school <ul style="list-style-type: none"> • Arrange space and time for student to perform glucose checks, insulin injection, carbohydrate counting and to consume snacks. • Maintain blood glucose record. 2. ___ Parent/guardian will provide BG testing equipment, insulin supplies, glucagon, glucose tablets or other forms of fast acting glucose, snacks and any other needed supplies.	School nurse, school health staff, parents, physician, diabetes educator – as necessary
5. ___ Alteration in self-esteem due to diabetes care requirements; developmental level and needs; embarrassment and stigma associated with having a chronic illness and lifestyle changes required for diabetes management.	1. ___ Student will be able to verbalize feelings regarding having a chronic illness and how this affects peer relationships. 2. ___ Student will demonstrate adaptation to physical comfort with body changes and lifestyle requirements.	1. ___ Provide opportunities for student to verbalize feelings regarding diabetes. 2. ___ Provide praise and reinforcement for self-management skills. 3. ___ Clarify misconceptions about diabetes. 4. ___ Provide opportunity for student to become more self-sufficient in self-care. 5. ___ Consult physician and provide counseling referral if adjustment is dysfunctional or non-progressive.	School nurse, school health staff, school personnel, parent/guardian – ongoing

		<p>6.__ Provide student and family with support groups for children with diabetes and other chronic illnesses.</p> <p>7.__ Provide support for student, family and staff in adaption to diabetes through referral, listening, teaching and regular communication.</p>	
6.__ Potential for change in medical status.	1.__ Student/family will collaborate with members of the school health team to facilitate optimum health and safety necessary for learning.	<p>1.__ Parent/Guardian will provide school nurse with a current Medical Management Plan at the beginning of each school year.</p> <p>2.__ Parent/Guardian will provide a written update when change has occurred.</p> <p>3.__ Parent/Guardian will provide a written update to diabetes management if indicated by physician in Medical Management Plan.</p> <p>4. School nurse will call physician to get current information verbally when necessary to enable management of the student's diabetes.</p>	Parent/Guardian, annually and as needed
7.__ An Individual Health Care Plan (IHCP) will be reviewed annually with parent/guardian and with appropriate school personnel. This plan may be revised / updated, as needed, to ensure the most current treatment for the student. The school nurse, in collaboration with the parent/guardian, will supervise, train and delegate to UAP any	1.__ The IHCP will be revised /updated annually to meet the health needs of the student.	<p>1.__ Review/updated Date: _____</p> <p>RN Initials: _____</p> <p>Parent/guardian Initials: _____</p> <p>Review/updated Date: _____</p> <p>RN Initials: _____</p> <p>Parent/guardian Initials: _____</p>	Parent/Guardian, school nurse, school health staff, school personnel

portion of this plan as appropriate.		Review/updated Date: _____ RN Initials: _____ Parent/guardian Initials: _____	
--------------------------------------	--	---	--

- Obtained via telephone interview with parent School Year _____**
- Obtained via telephone interview with parent School Year _____**
- Obtained via telephone interview with parent School Year _____**

*** As parent/guardian by signing this Health Care Plan, I authorize designated Sumter County School personnel, Sumter County Health Department School personnel, and any other contracted health care agencies to provide emergency care for my child and/or to share or exchange medical information as necessary to support the education and continuity of care of my child. I also give permission for the Sumter County Schools to share this information with faculty/staff who are directly involved in my child's education.**

- *Note: 1. Significant changes to the health plan of care requires a new Individual Health Care Plan be completed.**
2. At the beginning of the 4th school year based on the initial date of this plan a new IHCP will be written.