

Student has:	IEP	504
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Date of Plan: _____
 Student Name: _____ Date of Diabetes Diagnosis _____ Food Allergies: _____
 Grade: _____ Teacher: _____

Mother/Guardian: _____ Home: _____ Work: _____ Cell: _____

Father/Guardian: _____ Home: _____ Work: _____ Cell: _____

Physician Name _____ Telephone (office) _____

Level of Independence: (check all that apply)

- Totally independent
- Self-treats mild hypoglycemia
- Monitors own snacks and meals
- Tests and interprets own ketones
- Needs assistance with diabetic care (see below)

Blood sugar testing: (check all that apply)

- Student tests independently
- Parent or PDA assists student
- Student test with verification of number on meter by designated staff
- Student test with verification of number on meter by designated staff to be reviewed by school nurse
- Other _____

Insulin administration : (check all that apply)

- Parent or PDA assists student
- Student self injects with verification of number on insulin pen by designated staff
- Other _____
- Time: _____ Location: _____ Procedure: _____
- Student is on an insulin pump with specialized orders as indicated on HCP & on file in health office.
- Type of insulin in pump _____
- Insulin/carbohydrate ratio: _____
- Correction factor: _____

Student Pump Abilities/skills:	Independent	Needs Assistance	Unable
Counts carbohydrates			
Bolus correct amount for carbohydrates consumed			
Calculate and administer corrective bolus			
Calculate and set basal profiles			
Calculate and set temporary basal rate			
Disconnect pump			
Reconnect pump at infusion set			
Prepare reservoir and tubing			
Insert infusion set			
Troubleshoot alarms and malfunctions			

Meals and snacks : Is student independent in carbohydrate calculations and management? Yes No

Field Trips

The School Nurse Must Be Notified Two Weeks Before The Field Trip To Plan For Qualified Personnel To Provide Procedures Off School Site. All diabetic supplies are taken and care is provided according to this ISHP (a copy taken on field trip).

Exercise and Sports

A fast acting carbohydrate such as _____ should be available at the site of exercise or sports.

Restrictions on activity, if any: _____

Student should not exercise if: blood glucose level is below _____ mg/dl or above _____ mg/dl

or if (**moderate to large**) urine ketones are present _____

Class room Party or After school participation

____ May participate in parties {Plan: _____}

____ May Not participate in parties

____ Will participate in Club Yes (____ may/may not have snack)

____ Checks blood sugar before going home (Blood sugar should be above _____ mg/dl or needs _____)

Hypoglycemia (Low Blood Sugar)
Usual symptoms of hypoglycemia: _____
Treatment of hypoglycemia: _____
If Glucagon is required, administer it promptly, then call 911 (or other emergency assistance) and the parents/guardian.
Hyperglycemia (High Blood Sugar)
Treatment of hyperglycemia: _____
Urine should be checked for ketones when blood glucose levels are above _____ mg/dl.
Management of student with ketones: _____

Parent will provide and maintain the following supplies at school:	
Blood glucose meter	Insulin pump, batteries, supplies
Blood glucose test strips, batteries for meter	Insulin pen, pen needles, insulin cartridges
Lancet device, lancets	Fast-acting source of glucose
Urine ketone strips	Carbohydrate containing snack
Insulin vials and syringes	Glucagon emergency kit

Designated Staff for all procedures: _____ Completed Training Date: _____

Completed Date of ISHP: _____ Date Parent received Copy: _____

School Nurse Signature: _____ Parent Signature: _____

Date: _____ Date: _____

Nursing Diagnosis: Please indicate 1) put check mark by deficit areas
 2) document date
 teaching completed

_____ Physiological injury due to development of acute complications related to hypoglycemia (insulin shock) or hyperglycemia and ketoacidosis

_____ Knowledge deficit related to:

- _____ oral hyperglycemic medication _____ insulin administration
- _____ dietary regimen _____ exercise requirements
- _____ blood sugar monitoring _____ balance of insulin, diet, and exercise

_____ Self-care alteration due to:

- _____ difficulty integrating management requirements into lifestyle
- _____ knowledge deficit

_____ developmental level

_____ insufficient resources

_____ dysfunctional grieving

_____ Self-esteem disturbance due to:

_____ diabetes care requirements _____ development level and needs

_____ dysfunctional grieving _____ embarrassment

_____ stigma of having a chronic illness _____ lifestyle changes demanded by

_____ anxiety about future physiological changes related to diabetes _____ diabetes and its management

(motor control, visual, bladder, sensory, sexual)

_____ Potential for Infection due to:

_____ high glucose levels providing bacterial or fungal growth medium

_____ depression of leukocyte function associated with hyperglycemia

_____ delayed healing associated with fluid imbalance and hyperglycemia

_____ knowledge deficit related to prevention (of disease)

_____ knowledge deficit related to early intervention

Goals: please put a check by current goals and indicate school year { √ /2008 }		
Date Initiated	Date Completed	
		Student/ parent will recognize and treat early signs of insulin shock (hypoglycemia) appropriately
		Student/ parent will recognize and respond to early signs of hyperglycemia and ketoacidosis
		Student will increase understanding of pathophysiology of diabetes and develop or improve the skills necessary to manage diabetes.
		Student will improve self-care management skills
		Student will demonstrate increased adaptation to and psychological comfort with body changes and lifestyle requirements.
		Student will not experience infections and will self-treat minor illnesses and injuries appropriately.

School Nurse: _____

Date: form initiated _____

Date: teaching completed: _____