SCHOOL DISTRICT NO. 64

PROCEDURE 4250-4 (Form) Diabetes Support Plan and Medical Alert Information



Instructions: This form is a communication tool for use by parents to share information with the school. Students who are receiving Nursing Support Services (NSS) Delegated Care do not need to complete page 3. This form does NOT need to be completed by Diabetes Clinic staff, Nursing Support Service Coordinators or Public Health Nurses.

Name of Students		Date of Birth					
Name of Student:		Date of Birth:					
School:	Grade:			Teacher/Div:			
Care Card Number:	Care Card Number:			Date of Plan:			
CONTACT INFORMATION							
Parent/Guardian 1:	Name:					☐ Call First	
Phone Numbers:	Cell	Work Hor		Home		Other	
Parent/Guardian 2:	Name:			☐ Call First			
Phone Numbers:	Cell:	Work: Home:		Home:		Other:	
Other/Emergency:	Name: Relationship Able to advise on diabetes care: ☐ Yes ☐ No			Relationship:			
Phone Numbers:	Cell:	Work: Home:		Home:		Other:	
Have emergency supplies been provided in the event of a natural disaster? ☐ Yes ☐ No If yes, location of emergency supply of insulin:							
STUDENTS RECEIVING NSS DELEGATED CARE							
NSS Coordinator:Phone: School staff providing delegated care:							
Parent Signature:Name:							

Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting

(<u>any</u>	TREATMENT FOR STUDENTS NEEDING ASSISTANCE (anyone can give sugar to a student):					
Location of fast acting sugar: 1. If student able to swallow, give one of the 10 grams □ glucose tablets □ 1/2 cup of juice or regular soft drink □ 2 teaspoons of honey □ 10 skittles □ 10 mL (2 teaspoons) or 2 packets of table dissolved in water □ Other (ONLY if 10 grams are labelled on poor 11 grams are labelled on poor 12 grams are labelled on poor 12 grams are labelled on poor 13 grams are labelled on poor 14 grams are labelled on poor 15 gr		OR 15 grams glucose tablets 3/4 cup of juice or regular soft drink 1 tablespoon of honey 15 skittles 15 mL (1 tablespoon) or 3 packets of table sugar dissolved in water Other (ONLY if 15 grams are labelled on package): coms do not improve and/or blood glucose				
MEDICAL ALERT – GIVING GLUCAGON FOR SEVERE LOW BLOOD GLUCOSE						
SYMPTOMS		PLAN OF ACTION				
 Unconsciousness Having a seizure (or jerky movements) So uncooperative that you cannot give juice or sugar by mouth and unable to swallow 		 Place on left side and maintain airway Call 911, then notify parents Manage a seizure: protect head, clear area of hard or sharp objects, guide arms and legs but do not forcibly restrain, do not put anything in mouth Administer glucagon 				
11, 22 11 11 did O	ation of fast acting sugar: student able to swallow, give one of rams glucose tablets /2 cup of juice or regular soft drink teaspoons of honey of skittles of mL (2 teaspoons) or 2 packets of talk issolved in water ther (ONLY if 10 grams are labelled of the contact designated emergency school Blood glucose should be re-checked in Re-treat (as above) and call parent to remains below 4 mmol/L. Do not leave student unattended unter Give an extra snack such as cheese are medical matter as a scheese are matter as a scheese are medical matter as a scheese are matter as a scheese are matter as a scheese as a scheese are matter as a scheese are matter as a scheese are matter as a scheese as a scheese as a scheese are matter as a scheese are matter as a scheese as a scheese are matter as	ation of fast acting sugar: student able to swallow, give one of the following frams glucose tablets /2 cup of juice or regular soft drink teaspoons of honey 0 skittles 0 mL (2 teaspoons) or 2 packets of table sugar issolved in water ther (ONLY if 10 grams are labelled on package): Contact designated emergency school staff person. Blood glucose should be re-checked in 15 minutes. Re-treat (as above) and call parent to notify if sympt remains below 4 mmol/L. Do not leave student unattended until blood glucose Give an extra snack such as cheese and crackers if no MEDICAL ALERT – GIVING GLUCAGON FOR SEVERE PTOMS Place on leave student unattended until blood glucose (as a part of the following frame in				

MEDICATION INSTRUCTIONS— Glucagon (Intramuscular or Intranasal)				
Intranasal (Baqsimi)	Intramuscular (GlucaGen or Lilly Glucagon)			
Dose & Route	Dose & Route			
☐ Baqsimi® 3 mg nasal powder given in one nostril (for students 4 years and above)	\square 0.5 mg =0.5 ml by intramuscular injection (for students 5 years of age and under)			
	\square 1.0 mg = 1.0 ml by intramuscular injection (for students 6 years of age and over)			
Directions as Ordered (see below)	Directions as Ordered (see below)			
 Remove shrink wrap on tube by pulling the red stripe Open the lid and remove the device from tube Hold the device between 2nd and 3rd fingers and thumb (do not push yet!) Insert device tip gently into one nostril until your fingers touch outside of student's nose Push the plunger firmly all the way in until the green line is no longer showing Throw away device/tube; single use only Once student is alert, give juice or alternate fast-acting sugar 	 Remove cap Inject liquid from syringe into dry powder bottle Roll bottle gently to dissolve powder Draw fluid dose back into the syringe Inject into outer mid-thigh (may go through clothing) Once student is alert, give juice or fast acting sugar 			

LEVEL OF SUPPORT REQUIRED FOR STUDENTS NOT RECEIVING NSS DELEGATED CARE				
proficient in task): ☐ Blood glucose testing ☐ Carb counting/adding ☐ Administers insulin	Requires reminding Blood glucose of Blood glucose of Carb counting/ Insulin adminison Eating on time Act based on B	testing /adding stration if on NPH insulin	☐ Student is completely independent	
MEAL PLANNING: The maintenance of a proper balance of food, insulin and physical activity is important to achieving good blood glucose control in students with diabetes.				
In circumstances when treats or classroom food is provided but not labelled, the student is to: Call the parent for instructions Manage independently				
BLOOD GLUCOSE TESTING: Students must be allowed to check blood glucose level and respond to the results in the classroom, at every school location or at any school activity. If preferred by the student, a private location to do blood glucose monitoring must be provided, unless low blood glucose is suspected.				
Frequency of Testing:				
student at all times (see page 2 for more details). Blood glucose monitoring is often performed prior to exercise. Extra carbohydrates may need to be eaten based on the blood glucose level and the expected intensity of the exercise.				
Comments:				
INSULIN: All students with type 1 diabetes use insulin. Some students require insulin during the school day, most commonly before meals.				
Is insulin required at school on a daily basis? ☐ Yes ☐ No		Location of insulin: with student		
Insulin delivery system: ☐ Pump ☐ Pen ☐ Needle and syringe (at home or student fully independent) Frequency of insulin administration:		In classroomIn office Other Insulin should never be stored in a locked cupboard.		

Diabetes Medication Administration Form

Instructions: This form is updated annually to document physician approval regarding the following:

- Administration of glucagon by school staff
- Administration of insulin by school staff for a student not able to complete the task (NSS Delegated Care)
- Supervision by school staff of a student self-administering insulin who is not yet fully independent in the task (NSS Delegated Care)

Student Name:	_ Date of Birth:			
School: Care Card Number:				
Parent/Guardians' Name(s):				
Home Phone: Cell Phone: _				
Injectable Glucagon (GlucaGen® or Lilly Glucagon™)	Intranasal Glucagon (Baqsimi®)			
For severe low blood glucose, give by intramuscular injection:	For severe low blood glucose, give by intranasal route:			
0.5 mg = 0.5 ml for students 5 years of age and under Baqsimi® 3 mg (if available)				
1.0 mg = 1.0 ml for students 6 years of age and over				
Insulin (rapid acting insulin only)				
Insulin delivery device: insulin pump insulin pen (Junior 1/2 unit pen only) Note: The following cannot be accommodated when insulin administration is being delegated to a school staff person via pump or pen: Overriding the calculated dose Entering an altered carbohydrate count for foods in order to change the insulin dose Changing the settings on the pump Deviating from the NSS Delegated Care Plan For students using an insulin pen, insulin may be administered at lunchtime only (due to the inability to				
accurately calculate insulin on board). The method of calculating the dose is as follows: Bolus Calculator Sheet				
Variable dose insulin scale for blood glucose for consi	stent carbohydrates consumed			
Bolus-calculating meter (e.g. Libre, Insulinx Meter / Insulin Mentor Meter)				
Fixed Amount/Dose: units (include insulin name and amount				
Parent/guardian authority to adjust insulin dose for bolus calculator sheet or sliding scale: Yes No				
For students using an insulin pump, insulin can be given if needed at recess, lunch and two hours after lunch (as there is an ability to know the insulin on board).				
I agree the student's diabetes can be safely managed at school within the above parameters.				
Physician Signature:	_ Date:			
Physician Name:Clinic Phone Number:				

Reference:

Fillable document created from Ministries of Health, Education and Child Care, and Children and Family Development (March, 2015; page 16). *Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting (pg. 16).* Vancouver, BC: Author.

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