

SHARYLAND INDEPENDENT SCHOOL DISTRICT  
HEALTH SERVICES

**INDIVIDUAL HEALTHCARE PLAN (IHP) FOR DIABETIC STUDENT**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ School: \_\_\_\_\_

Developed by: \_\_\_\_\_ Date: \_\_\_\_\_

GOAL: Student maintains optimal level of health

**A. GENERAL OVERVIEW OF CONDITION AND INDIVIDUAL  
HEALTHCARE PLAN**

Diabetes is a condition that causes the pancreas to produce insufficient amounts of insulin, which affects the body's metabolism of fats, proteins, and carbohydrates. All staff who will work with this student will have received training about diabetes, including symptoms and treatment for hypoglycemia and hyperglycemia.

*Include history information, current health status and management at home, student's ability to participate in self-care, student's ability to recognize symptoms, arrangements made for diabetic supplies.*

**B. DAILY CARE**

**1. General**

Written instructions for administering this student's care plan will be located in the clinic and with all trained diabetic personnel. The classroom teacher should include information about his/her plan in the substitute folder to ensure substitute teachers are aware of the instructions in the event of the regular teacher's absence. Diabetic students will be permitted to use the bathroom as needed and keep a water bottle with them at all times. If a water bottle is unavailable, this student should be permitted unlimited access to the water fountain. If the student is experiencing symptoms of hypoglycemia/ hyperglycemia, the student will be escorted to the clinic for assessment.

**Student's Name:** \_\_\_\_\_

Supplies for this student will be provided by the parent and kept in the following locations.

It is important that these supplies accompany the student on field trips.

<b>Supplies</b>	<b>Location</b>
Blood Glucose Testing Supplies	
Source of Carbohydrates	
Ketone Testing Strips	
Insulin and Syringes	
Pump Supplies and Directions	
Glucagon	

## **2. Testing Procedures**

a) Blood sugar testing:

*Indicate when testing should be done during the day, i.e. lunchtime and when feeling symptomatic. Be specific about when lunch is, who performs the testing (nurse, student, etc.) and where (classroom, clinic, student's locker) this testing is to take place. Also include where the results are recorded. Indicate how much supervision is needed for this student to perform this procedure.*

b) Ketone testing:

*Indicate at what blood sugar level ketones should be tested. Refer to student's individual orders. Indicate how much supervision is needed for this student to perform this procedure.*

## **3. Medications**

Refer to physician's orders for student's correction factor and insulin/carb ratio for insulin administration. (ATTACH A COPY)

*Indicate type of insulin used and student's ability to measure and safely administer insulin. Provide information regarding glucagon. Indicate where medications will be stored.*

**Student's Name:** \_\_\_\_\_

#### **4. Meal Plan**

*Note where snacks are stored and where they are to be eaten (classroom, clinic, student's locker). Indicate who supplies the lunch and snacks and if student needs monitoring to be sure that all CHO is ingested.*

	Time	# of Carbohydrates
Breakfast		
Mid – AM Snack		
Lunch		
Mid – PM Snack		

#### **5. Procedural Guidelines for Responding to Blood Glucose Test Results (Hypoglycemia/Hyperglycemia)**

*Include information from physician's orders on how to respond ( ATTACH).*

#### **6. Medically related accommodations**

This student will be allowed unlimited access to the restroom and drinking water. This student should be allowed to carry a water bottle at all times. *It will be necessary for this student to have a snack in the classroom at prescribed times and a snack if feeling symptomatic.* This student should be allowed to go to the clinic if feeling symptomatic and should be accompanied for safety.

#### **7. Procedure to follow for school-related activities, parties, and field trips**

- a) Teachers will notify the school nurse 2 weeks in advance of all field trips, sporting events and competitions scheduled during the school day, so that trained staff can be scheduled to be present.
- b) The school nurse will contact the staff to review specific IHP/Procedures, including glucagon if available.
- c) Arrangement will be made with parent, nurse, and staff to ensure student's diabetic/emergency supplies accompany the student to the event.
- d) A copy of the student's IHP with emergency intervention procedures and phone numbers will accompany the assigned trained staff.

*Indicate parent's instructions for schedule changes, field day, unscheduled special snacks in the classroom, scheduled parties, etc. Will the parents send instructions or will you need to call them? Can the student go ahead and have the special snack then notify parents, so that they may adjust the insulin/evening meal?*

Student's Name: \_\_\_\_\_

**8. Protocol to follow in case of pump failure**

*Indicate specific instructions here. Keep a copy of the pump manual in the nurse's office.*

**C. TRAINED UNLICENSED DIABETIC PERSONNEL**

List names and location of employees

<b>Name</b>	<b>Position</b>	<b>Location</b>	<b>Number</b>

**D. EMERGENCY CONTACT NAMES/ PHONE NUMBERS**

	<b>Name</b>	<b>Home #</b>	<b>Work #</b>	<b>Cell #</b>
<b>Parent /Guardian</b>				
<b>Emergency Contact</b>				
<b>Physician</b>				
<b>Hospital</b>				

**E. ADDITIONAL INFORMATION**

\_\_\_\_\_

**The above procedures/care may be administered by the school nurse and/or trained non-licensed employee (Non-licensed Diabetes Care Personnel). The trained non-licensed employee will be designated by the school principal. I understand that the unlicensed employee is not liable for civil damages.**

**Acknowledged and Received By:**

**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_