



North Suburban Summer Academy For High Potential Students

Summer Academy • 4707 Hwy 61 #285 • White Bear Lake, MN 55110 • 763-528-4621



TYPE 1 DIABETES- SCHOOL COMMUNICATION & TREATMENT AUTHORIZATION FORM

Diabetes Overview: Type 1 diabetes is an autoimmune disease in which the insulin producing cells of the pancreas no longer produce insulin resulting in a deficiency of insulin. The daily regimen for managing Type 1 diabetes includes blood glucose monitoring, insulin injections and management of high and low blood glucose levels.

Student Name _____ **Grade** _____ **DOB** _____

Parent Name _____ **Phone Number** _____

Provider Name _____ **Phone Number** _____

Blood Glucose Monitoring

Blood Glucose Target Range: _____ - _____ **mg/dl**

- Blood Glucose Testing Times: _____ Test times per parent request _____
(Pre-meal; pre-exercise)
- PRN Blood Glucose Testing Symptom of Hypoglycemia/Hyperglycemia
- Permission to test independently (classroom).
- Supervision of testing/results
- Student will need assistance with testing and blood glucose management.
- Results sent home per parent request
- Student is wearing a continuous glucose sensor

Diabetes Medication

- No insulin at school: Current Regimen at home: 3 shots/day Insulin at home: _____
- Insulin at school:
- Current Regimen: Pumper Basal/Bolus Other
- Other diabetes medication at school: _____
- The insulin given at school is:** Humalog Novolog Apidra Other: _____
- Follow Bolus Wizard™ settings/dosage calculator program in the insulin pump.
- Dose calculation based on food intake and current blood glucose (see scale below)
- Meal bolus _____ units of insulin/carbohydrate choice (15GM)
- Meal bolus 1 unit/ _____ grams of carbohydrate
- Other meal/snack dose as prescribed: _____
- Blood glucose correction scale: _____ unit/ _____ points BG is > _____

Correction bolus can be given with meals or every 3 hours if blood glucose levels are high; Not sooner than 3 hours from last dose of rapid-acting insulin

Blood Glucose Value	Units of Insulin	Blood Glucose Value	Units of Insulin
Less than 100			
100-150			
151-200			
201-250			
251-300			
301-350			
351-400			
More than 400			

Note: Insulin dose is a total of meal bolus and correction bolus.

- Parent may adjust insulin doses as needed.
- Device Used: Pen (recommend for school setting) Syringe Pump
- (Note: insulin pens expire 28 days after opening, NPH pen cartridges expire after 14 days, insulin vials 30 days after opening, unopened vials/cartridges may be used through manufacturer expiration dates.)

My Meal Plan

15 Grams of carbohydrate = 1 carbohydrate choice

- Meal plan variable
- Specific meal plan: _____
- Plan for pre-activity snacks: _____
- Plan for after-school activities/snacks: _____



North Suburban Summer Academy For High Potential Students

Summer Academy • 4707 Hwy 61 #285 • White Bear Lake, MN 55110 • 763-528-4621



TYPE 1 DIABETES- SCHOOL COMMUNICATION AND TREATMENT AUTHORIZATION FORM

Hypoglycemia

Low Blood Glucose < = _____ **mg/dl**

- If able, check blood glucose
- **Immediately** treat with 15 gm of fast-acting carbohydrate ex: (4 oz. juice, 4 oz. REGULAR pop, 3-4 glucose tabs 8 oz. skim milk.) – in classroom
- Recheck blood glucose in 15 minutes and repeat 15 gm of carbohydrate if blood glucose remains low.
- If child will be participating in additional exercise or activity before the next meal provide an additional carbohydrate choice.
- Notify parent if BG is low more than 2x/week.
- If using an insulin pump, suspend pump until BG is > _____ mg/dl.
-

Severe Hypoglycemia

If the child is unconscious or having seizures due to low blood glucose immediately administer injection of:

Glucagon _____ **mg (glucagon emergency kit)**

- Immediately after administering the Glucagon, turn the child onto their side. Vomiting is a common side effect of Glucagon.
- Notify parent and EMS per protocol

Hyperglycemia

- High blood glucose is generally not an emergency. If the student is feeling ill or has blood glucose levels >300mg/dl urine ketones should be checked.
- If ketones are present encourage water and notify parent
- Do not exercise to lower blood glucose if ketones are present.
- If child is vomiting notify parent.
- Ketostix at school for prn use.
- Unlimited bathroom pass.
- Notify parent immediately of blood glucose > _____**
- If using an insulin pump, refer to DKA Prevention Protocol for BG >300.**

Exercise

Exercise improves insulin sensitivity and the duration and intensity of exercise will influence blood glucose levels. To avoid hypoglycemia the student may need to eat an additional carbohydrate snack before exercising. If a child will be exercising for more than 30-45 minutes they may need an additional carbohydrate before exercising. Do not exercise if ketones are present **Communicate with phy-ed teachers and coaches student's specific symptoms of hypoglycemia and plan for prevention, recognition and treatment of symptoms.**

Special Occasions

- Class parties: Notify parent of party ahead of time if possible. The child should be given the same food as everyone else and notify parent this occurred.
- Arrange for appropriate monitoring and access to supplies for all field trips.

Authorization for medications and diabetes procedures:

Date: _____ Authorized by: _____ MD/PNP

Parent Signature: _____

Diabetes management at school resources:

NDEP (National Diabetes Education Program) Guidelines: www.ndep.nih.gov
Minnesota Supplement: www.minnesotaschoolnurses.org

Toll free: 1-800-438-5383