

# DIABETES

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_  
 School Nurse: \_\_\_\_\_ Date of IHP: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ Ph. #: \_\_\_\_\_ Parent signature: \_\_\_\_\_

Nursing Diagnosis/Concern	Educational Goal	Plan of Action	By Whom/When
<p><b>Knowledge deficit related to:</b> balance of insulin, diet and exercise; insulin administration; dietary regimen; blood sugar monitoring and exercise requirements.</p> <p><b>Alteration in self-care due to:</b> difficulty accepting lifestyle change; knowledge deficit; insufficient resources; dysfunctional grieving.</p>	<p>Student will increase understanding of pathophysiology of diabetes and develop or improve the skills necessary to manage diabetes.</p> <p>Student will improve self-care management skills.</p>	<ol style="list-style-type: none"> <li>Instruct student (age appropriate) in the patho-physiology of diabetes.</li> <li>Monitor blood glucose levels at school/             <ol style="list-style-type: none"> <li>Arrange space and time for student to perform blood glucose levels, insulin injection, diet inventory and snack consumption.</li> <li>Maintain Blood Glucose record and send to physician as needed- appointments or concerns. PRN Weekly Monthly (circle)</li> <li>Obtain insulin order from physician for sliding scale.</li> <li>Parent/guardian will provide BG testing equipment, insulin supplies and snacks.</li> <li>Other: _____</li> </ol> </li> <li>Provide teachers/ other staff with information related to Diabetes through formal/informal inservicing.</li> <li>Provide classroom presentation on diabetes when indicated age-appropriate.</li> <li>Student will come to the Nurse's Office for supervised self-administration of the following sliding scale according to physician's orders: (Medication Authorization Policy)             <p>For Blood glucose</p> <p>&gt; _____ but &lt; _____ Give: _____</p> <p>&gt; _____ but &lt; _____ Give: _____</p> <p>&gt; _____ but &lt; _____ Give: _____</p> <p>&gt; _____ but &lt; _____ Give: _____</p> <p>For Blood glucose &lt; _____ :</p> <p>For Blood glucose &gt; _____ :</p> </li> </ol>	<p>School Nurse, Physician, Diabetes Educator, Parents, Teaching Staff- as necessary</p> <p>School nurse, healthcare provider, diabetes educator as needed</p> <p>Student/School Nurse/Staff</p>

# DIABETES

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_  
 School Nurse: \_\_\_\_\_ Date of IHP: \_\_\_\_\_

Nursing Diagnosis/Concern	Educational Goal	Plan of Action	By Whom/When																
<p><b>Physiological injury due to:</b>            development of acute complications related to hypoglycemia (insulin shock) or ketoacidosis.</p>	<p>Student (parent) will recognize and treat early signs of insulin shock appropriately and know how to recognize and respond to early signs of ketoacidosis</p>	<p>Parent will be notified if there are any concerns regarding the medications which might require medical follow-up.</p> <p>All LLS procedures/policies will be followed for administration of medication.</p> <p>Student is on the following medications being taken at home:  <b>Medication(s)                      Dose                      Time</b></p> <p>Student will be reminded to come to nurse's office for medication if the student does not report within _____ minutes of scheduled time.</p> <p>Monitor diet adherence, reinforce and instruct as appropriate.            A. Arrange dietary consult when needed.</p> <p>Provide praise and reinforcement for self-management skills.</p> <p>A. Provide referral and access to youth diabetes group.            B. Promote verbalization of feeling re: illness.            C. Monitor and support behaviors of positive adaptation</p> <p>Provide opportunities for student to become more self-sufficient in self-care.</p> <p>Instruct teachers/staff on signs and symptoms of hypoglycemia / insulin reaction (low blood sugar):</p> <table border="0"> <tr> <td><input type="checkbox"/> headache</td> <td><input type="checkbox"/> Feels "low" or not well</td> </tr> <tr> <td><input type="checkbox"/> moist skin, sweating</td> <td><input type="checkbox"/> Loss of coordination and slurred speech</td> </tr> <tr> <td><input type="checkbox"/> pale skin</td> <td><input type="checkbox"/> Confusion, progressing to seizure or unconsciousness</td> </tr> <tr> <td><input type="checkbox"/> shakiness</td> <td><input type="checkbox"/> weakness</td> </tr> <tr> <td><input type="checkbox"/> dizziness</td> <td></td> </tr> <tr> <td><input type="checkbox"/> sudden hunger</td> <td></td> </tr> <tr> <td><input type="checkbox"/> droopy eyelids</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change in behavior (inability to concentrate, short temper, irritability, out of control crying or laughter, etc)</td> <td></td> </tr> </table> <p><b>***Follow Individual Emergency Health Plan for Student</b></p>	<input type="checkbox"/> headache	<input type="checkbox"/> Feels "low" or not well	<input type="checkbox"/> moist skin, sweating	<input type="checkbox"/> Loss of coordination and slurred speech	<input type="checkbox"/> pale skin	<input type="checkbox"/> Confusion, progressing to seizure or unconsciousness	<input type="checkbox"/> shakiness	<input type="checkbox"/> weakness	<input type="checkbox"/> dizziness		<input type="checkbox"/> sudden hunger		<input type="checkbox"/> droopy eyelids		<input type="checkbox"/> Change in behavior (inability to concentrate, short temper, irritability, out of control crying or laughter, etc)		<p>School Nurse</p> <p>Teacher/Staff/School Nurse-ongoing basis</p> <p>School Nurse</p>
<input type="checkbox"/> headache	<input type="checkbox"/> Feels "low" or not well																		
<input type="checkbox"/> moist skin, sweating	<input type="checkbox"/> Loss of coordination and slurred speech																		
<input type="checkbox"/> pale skin	<input type="checkbox"/> Confusion, progressing to seizure or unconsciousness																		
<input type="checkbox"/> shakiness	<input type="checkbox"/> weakness																		
<input type="checkbox"/> dizziness																			
<input type="checkbox"/> sudden hunger																			
<input type="checkbox"/> droopy eyelids																			
<input type="checkbox"/> Change in behavior (inability to concentrate, short temper, irritability, out of control crying or laughter, etc)																			



# DIABETES

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_  
 School Nurse: \_\_\_\_\_ Date of IHP: \_\_\_\_\_

Nursing Diagnosis/Concern	Educational Goal	Plan of Action	By Whom/When
<p><b>Potential for infection due to:</b> high glucose levels providing medium for bacterial or fungal growth; depression of leukocyte function associated with high glucose levels; delayed healing due to fluid imbalance and high glucose; knowledge deficit related to prevention; knowledge deficit related to early intervention.</p> <p><b>Potential for change in medical status</b></p>	<p>Student will not develop infections and will self-treat (as able) minor illnesses and injuries appropriately</p> <p>Student/family will collaborate with members of the health team to facilitate optimum health and safety necessary for learning</p>	<p>Instruct student in good skin care techniques.</p> <p>Instruct students and parents in signs and symptoms of upper respiratory and urinary tract infections.</p> <p>A. Instruct students and parents in early treatment activities and need for physician evaluation.</p> <p>Instruct students and parents in early treatment of skin injuries and signs requiring physician evaluation.</p> <p>Parents/guardians will provide school nurse with a copy of current medical report or doctor's statement annually or when a change in status occurs.</p> <p>The school nurse will call the physician to obtain current information verbally when necessary to enable management of the student's condition at school.</p> <p><b>Physician:</b> _____ <b>Phone:</b> _____</p> <p>The Individual Health Plan (IHP) will be reviewed annually with the parent/guardian as well as appropriate to ensure the most current treatment modalities for the student. The school nurse (in collaboration with parent/guardian as well as appropriate staff members. This plan may be revised/updated as appropriate to ensure the most current treatment modalities for the student. The school nurse (in collaboration with parent/guardian will train (or arrange for training) and supervise all non-medically licensed school personnel who are delegated responsibility for implementing any portion of this plan as appropriate.</p>	<p>School Nurse Diabetes educator Physician</p> <p>Parent/guardian annually</p> <p>School Nurse</p>