

Downey Unified School District
Student Services

School Nurse Notified:
 Teacher (s)
 Office Staff
Office use only

**Type 2 Non-Insulin Dependent
Diabetic Care Plan**
(Must be completed annually)

Student Information

Name of student: _____ Date of Birth: _____

School: _____ Grade: _____

Emergency Information

Name of parent or guardian: _____

Mother's work phone: _____ Mother's home phone: _____

Father's work phone: _____ Father's home phone: _____

Physician's Name: _____ Physician's Telephone: _____

In case of emergency, contact:

1. Name _____ Phone # _____

2. Name _____ Phone # _____

3. Name _____ Phone # _____

Signs of a diabetic emergency:

Mild

Hunger
Stomach ache
Headache
Shaking
Sweating
Slurred speech
Tiredness

Moderate

Irritability
Dizziness
Confusion
Pallor
Crying
Poor concentration

Severe

Personality changes
Restlessness
Combativeness
Convulsions
Coma

Steps to take in the event of a diabetic emergency:

- Notify your school nurse at once
- See attached first aid procedure and follow the steps
- If student does not start to improve within 10-15 minutes, activate emergency medical system (call 911)
- Phone parent/guardian or physician for additional direction

DOWNEY UNIFIED SCHOOL DISTRICT
INDIVIDUAL HEALTH CARE PLAN

School Year _____

Student's Name: _____ D.O.B./ID# _____ School/Grade: _____

Emergency Information:

Emergency contact: _____ Relationship _____

Home Number _____ Work Number _____ Cell Number _____

Physician's name: _____ Physician's Number _____

TO BE COMPLETED BY PHYSICIAN

This is a child with (medical diagnosis):

Signs to watch for :

1. _____
2. _____
3. _____

Steps to be followed in an Emergency Situation:

1. _____
2. _____
3. _____

Special Directions or Limitations applying to the student while at school: (To be completed by Physician and Parent)

1. _____
2. _____
3. _____

Please Complete & Sign Next Page

**DOWNEY UNIFIED SCHOOL DISTRICT
INDIVIDUAL HEALTH CARE PLAN**

School Year _____

TO BE COMPLETED BY PHYSICIAN

ALL CURRENT MEDICATION(S):

MEDICATION TO BE GIVEN AT SCHOOL: (If Any):

Name of Medication	Dosage	Dose Form (HFA, Nebulizer, Tab, Liquid, Etc.)	Time

Is medication supply for **daily** administration necessary during school hours? Yes No

MEDICATION TO BE GIVEN AT SCHOOL (IF ANY):

List all additional Medications given at home:

Name of Medication	Dosage	Dose Form (HFA, Nebulizer, Tab, Liquid, Etc.)	Time

Is medication supply for use in the event of a “**DISASTER**” necessary for school use? Yes No

If yes, please provide a 72-hour supply of medication in a properly labeled container. This supply is ONLY to be used in the event of a natural disaster.

Parent/Guardian Signature Date

Physician Signature Date

FIRST AID FOR STUDENTS HAVING DIABETIC REACTIONS

HYPOGLYCEMIA (LOW BLOOD SUGAR)

If uncertain as to what is causing the diabetic student a problem (too much, or too little sugar) always begin by treating for hypoglycemia and follow these steps:

1. **If unable to reach school nurse do the following for the student who is conscious:**
Determine the presence of hypoglycemia either from 1) testing the student's blood if the student has blood testing strips or using blood testing machine 2) student symptoms.
2. **Give one (1) of the following fast acting carbohydrates:**
 - 4 oz (1/2 cup) apple juice or orange juice (or regular soda pop)
 - 4 glucose tablets (chewed thoroughly before swallowing)
 - Glucose Gel (i.e. 1/2 tube Insta-Glucose or 1 pkt. Monogel or Glutose)
 - 1/2 tube gel Cake mate (19 gm, mini-purse size.)
3. **Observe for 15 minutes, then check for improvement:**
 - Student states he feels better and appears better
 - Blood sugar over 70 after pupil retest
4. **If no improvement, repeat Steps 1 and 2 (second attempt)**
 - If still no improvement, repeat again (third attempt)
 - If still no improvement after third attempt, call school nurse and parent
5. **If student becomes unconscious follow these steps:**
 - Call the paramedics and school nurse
 - Place on side, ensuring drainage of secretions or vomitus
 - Squeeze instant glucose or 1/2 tube cake mate frosting (19mg, mini-purse size) between the gum and cheek or under the tongue and massage the area
 - Contact the parent for advisement
 - Perform CPR if the student stops breathing or has no pulse

OR

When improved, have student eat one of the following:

 - Prepackaged protein snack if lunch or snack time not due within the hour
 - Lunch or snack, whichever one is due within the hour
 - After eating lunch or snack, may resume classroom activities if feeling well; if not feeling well, office to call parent for assistance.

Always notify the parent about a reaction and ask for further direction even if the student seems okay following treatment. Record all reactions on the Student's Blood Sugar Levels Comments found with the student's Diabetic Care Plan.

All diabetic students must have a Diabetes Emergency Kit on campus. The following items should be included in the kit which is provided by his parent.

1. A source of sugar such as those listed above (sugar, honey, frosting tube, regular soda, juice, candy, crackers, and cheese).
2. Other items prescribed by a physician such as glucagon, blood testing equipment, other medication.
3. An individualized care plan as completed by the parent and physician.