



Jordan Elementary School
815 Sunset Drive
Jordan, Minnesota 55352
952-492-2336 main | 952-492-4446 fax

NICOLE LANGHEIM | RN, BSN, PHN, LSN
LAURA MENDEN | RN, BSN, PHN, LSN
District Nurse
jordannurse@isd717.org

Diabetes Care Plan

To assist your child in maintaining optimum health, it is necessary for the school to have current information regarding his/her diagnosis of diabetes. Written doctor's orders and parental permission is required each school year for the nurse to test your child's blood glucose level and to administer insulin.

Please be aware that:

1. A nurse may not always be available. If the school nurse is not available in a situation in which blood glucose testing and/or insulin administration is needed, the parents, designated staff or emergency medical assistance (911) will be notified depending on the situation .
2. All blood glucose testing supplies must be provided by the family including snacks and juice. .
3. The parent must notify the school nurse of any changes in the child's blood glucose monitoring and/or insulin orders that may occur during the school year. New orders must be written and signed by the ordering physician. .

Please complete the attached forms and return to the indicated school as soon as possible.

- _____ Jordan Elementary School
Address: 815 Sunset Drive, Jordan, MN 55352
Fax: 952-492-4446
- _____ Jordan Middle School
Address: 500 Sunset Drive, Jordan, MN 55352
Fax: 952-492-4450
- _____ Jordan High School
Address: 600 Sunset Drive, Jordan, MN 55352
Fax: 952-492-4425

Please contact us with any questions. We look forward to working with you and your child this coming school year!

Sincerely,

Laura Menden RN, LSN
Nicole Langheim RN, LSN
District Nurses (JES)
952-492-4278
jordannurse@isd717.org

Kelley Harmon LPN (JMS)
952-492-4232
kharmon@isd717.org

Kathy Dunham LPN (JHS)
952-492-4410
kdunham@isd717.org

OUR MISSION

Inspire a caring community to ignite learning, innovation, and success for all!

Diabetic Health History
Independent School District 717

Student Name _____ DOB _____

Grade _____ Teacher _____

Allergies _____

Date of diabetes diagnosis _____

Symptoms leading to diagnosis _____

What symptoms does your child experience with:

Hyperglycemia? _____

Hypoglycemia? _____

Has your child ever required Glucagon for severe hypoglycemia? Yes No

What symptoms did your child have before glucagon was given?

Will your child have Glucagon at school? Yes No

Current medications (other than insulin)

Medication Name	Dose	Route	Frequency

Current Insulin

Insulin name	Dose	Frequency

Please list the times you anticipate your child's blood glucose will need to be monitored at school:

Trained personnel who may conduct blood glucose monitoring, insulin, glucagon and treatment of hypoglycemia, hyperglycemia are: School Nurse Other _____

Field Trips

Parent/guardian or individual specified by parent will accompany student on all field trips to perform blood glucose testing and insulin dosing/administration.

Classroom snacks/birthday treats

If a birthday treat or classroom snack is given to all students, my child should:

- Eat the treat
- Test before eating the treat and take insulin as directed by physician orders
- Replace the treat with a parent supplied alternative
- Put in a baggie and take home with teacher note
- Do not eat snack

Bus transportation

- Blood sugar checked 30 minutes before boarding. If blood glucose less than _____mg/dL, give 15 gm carbohydrate snack and retest in 15 minutes.
- Blood test not required before boarding bus

Staff notification

The following personnel will be notified of my child's medical condition and participate in a Diabetes Basic Training Program:

- All School Personnel
- Cafeteria Staff
- School Personnel that have contact with my child
- Bus driver
- Other_____

Supplies

Snacks

- Daily snacks will be provided by parent
- Daily snacks will be provided by school snack cart

Hyperglycemia/Hypoglycemia

- Low blood glucose supplies (5 day supply): Fast acting carbohydrate (juice, soda, etc.), prepackaged snacks such as crackers with cheese or peanut butter, glucose tablets or gel
- High blood glucose supplies:
 - Ketone test strips
 - Urine cup
 - Water bottle
- Blood glucose meter, test strips, lancets: Glucose meter Brand/model_____

Insulin supplies

- Insulin pen
- Insulin and syringes
- Pre-filled syringes (labeled per dose)
- Insulin Pump with pump supplies:
 - Vial of insulin, syringes
 - Pump syringe
 - Pump tubing/needle
 - Batteries

Parent Signature_____ Date_____

Parent Name (printed)_____

School Nurse Signature_____ Date_____

**Diabetes School Care Plan and Physician Orders
Independent School District 717**

Student Name _____ DOB _____

Grade _____ Teacher _____

Diagnosis: Type I Diabetes Type II Diabetes

Physician's Order for Glucose Monitoring

Blood Glucose Target Range: _____ mg/dL - _____ mg/dL

For glucose monitoring student needs:

- Supervision Assistance No assistance, may test blood glucose independently
- Test blood sugar before each meal
- Other scheduled testing times at school: _____
- Test blood sugar if symptoms of hyperglycemia or hypoglycemia

Physician's Order for Insulin

For insulin dosing/injection student will need:

- Supervision Assistance No assistance; may dose and inject insulin independently

Insulin to be given at school: (circle one) Humalog Novolog
Insulin device to be used: (circle one) Insulin Pump Insulin Pen Syringes

Correction Dose

Inject _____ unit(s) subQ per _____ mg/dL when BG > _____ mg/dL

- Correction dose to be given with meals or every 2-3 hours as needed.
- If using insulin pump, allow pump to calculate insulin dose.

Carbohydrate Counting

- Inject _____ unit(s) subQ per 15 grams of carbohydrate
- PARENTS ARE AUTHORIZED TO ADJUST INSULIN DOSES AS NEEDED

Physician's Order for Hypoglycemia

- Hypoglycemia: If student has BG < _____ mg/dL, give 15 grams of fasting carbohydrate (ex: ½ c juice, 4 glucose tablets) and retest after 15 minutes to assure BG is > _____ mg/dL. If using an insulin pump, suspend pump until BG is > _____ mg/dL.
- Severe Hypoglycemia: If student is unconscious or having a seizure due to low BG immediately, administer _____ mg Glucagon injection subQ and call 911

Physician's Order for Hyperglycemia

- Hypoglycemia: If BG > _____ and feeling ill, check for ketones and/or call parent and encourage water intake and exercise if possible
- Give correction dose (see above for correction dose orders)

Physician signature: _____ Date: _____

Parent signature: _____ Date: _____

Parent name (printed): _____

(c) _____ (h) _____ (w) _____

School nurse signature: _____ Date: _____