



**Insert Student  
Photo Here**

## Diabetes Individual Health Plan (IHP)/504 Plan

**Date Plan Effective:**

**Parent to Complete**

Name:		Date of Birth:	
School / Grade:		Room / Teacher:	
Parent / Guardian:			
Mother's phone	Home:	Work:	Cell:
Father's phone	Home:	Work:	Cell:
Health Care Provider:		Phone:	Fax:
Brief history of diagnosis:			
Recent hospitalizations:			
Concurrent illness or disability:			

### Signs and Symptoms of abnormal Blood sugars

<b>Mental</b>	<b>Irritable, Anxious, Inappropriate, Dizzy, Headache, Sleepy, Fainting, Unconscious</b>
<b>Mouth</b>	<b>Dry--thirsty</b>
<b>Skin</b>	<b>Sweating, shaking</b>
<b>Gut</b>	<b>Hunger, stomach ache, nausea, vomiting</b>
<b>Eyes</b>	<b>Blurred Vision</b>
<b>Heart</b>	<b>Rapid heart rate</b>

**Severity of symptoms can change quickly, and rapidly progress to a life-threatening situation!  
NEVER SEND STUDENT WITH ANY SYMPTOMS ANYWHERE ALONE**

### Health Care Provider to Complete

**Treatment at School, unless otherwise indicated by Health Care Provider:**

<b>Low Blood Sugar: less than ____ conscious</b> <ul style="list-style-type: none"> <li>Give ½ cup juice, regular pop or 2-3 glucose tabs</li> <li>Wait 10 minutes</li> <li>Recheck blood sugar</li> <li>If still less than ____ give more sugar</li> <li>Recheck blood sugar</li> <li>When blood sugar ____ or more, give peanut butter crackers or cheese &amp; crackers</li> <li>Return student to class.</li> </ul>	<b>Low Blood Sugar: unconscious</b> <ul style="list-style-type: none"> <li>Give instant glucose (Place gel between cheek &amp; lower gum)</li> <li>Turn student on side</li> <li>Call 911</li> <li>Call parent</li> <li>Stay with student</li> <li>Other: _____</li> </ul>
<b>High Blood Sugar: more than ____.</b> <ul style="list-style-type: none"> <li>Give insulin per HCP orders:</li> <li>Call parent:</li> <li>Other:</li> </ul>	

(go to back of page)

**Level of Independence: (check all that apply)**

- Totally independent
  - Self-treats mild hypoglycemia
  - Monitors own snacks and meals
  - Tests and interprets own ketones
- Needs assistance with diabetic care (see below)

**Blood sugar testing: (check all that apply)**

- Student tests independently
- Parent or PDA assists student
- Student test with verification of number on meter by designated staff
- Student test with verification of number on meter by designated staff to be reviewed by school nurse
- Other – **with any symptoms or prior to recess or PE**

Time: \_\_\_\_\_ Location: \_\_\_\_\_ Procedure:  
\_\_\_\_\_

**Insulin administration: (check all that apply)**

- Parent or PDA assists student
- Student self injects with verification of number on insulin pen by designated staff
- Student is on an insulin pump with specialized orders as indicated on HCP & on file in health office.
- Other - **\*\*\*Parents may make insulin adjustments prn**

Time: \_\_\_\_\_ Location: \_\_\_\_\_ Procedure:  
\_\_\_\_\_

**Equipment and supplies provided by parent:**

- Blood sugar meter kit (includes all blood testing supplies for use at school)
- Fast acting carbohydrate drink
- Glucose tablets and glucose gel product
- 5-6 pre-packaged snacks (crackers and cheese or peanut butter, etc.) Storage location: \_\_\_\_\_

Disaster plan supplies include:

- Food supply for 3 days
- Low blood sugar supplies
- Medication and medical supplies
- Unique plans to include: \_\_\_\_\_

**Daily school routines:**

- Lunch time: \_\_\_\_\_ (regardless of schedule changes, field trips, disaster)
- Recess times (Elementary only): AM \_\_\_\_\_ Lunchtime \_\_\_\_\_ PM \_\_\_\_\_
- PE days – Elementary (Please circle): M T W Th F Time: \_\_\_\_\_  
Limitations: \_\_\_\_\_
- PE - Secondary:  All year  1<sup>st</sup> Semester  2<sup>nd</sup> Semester, Time: \_\_\_\_\_
- Limitations: \_\_\_\_\_

**Classroom Information/Accommodations:**

- Unlimited access to drinking water
- Unrestricted bathroom privileges
- Send child to office with staff/buddy if possible low blood sugar
- Blood sugar testing as needed Time: \_\_\_\_\_
- Regularly scheduled snacks, if applicable: AM \_\_\_\_\_ PM \_\_\_\_\_
- Re-take tests as needed for blood sugar imbalances
- Other –

**Extra snacks/ parties (check all that apply):**

- Child will eat treat
- Teacher/staff will notify parent prior to activity
- Treat will be replaced with parent-supplied alternative
- Modify the treat as follows: \_\_\_\_\_
- Schedule extra insulin per pre-arranged plan
- Other: \_\_\_\_\_

**Students who ride the bus (check all that apply):**

If a low blood sugar episode occurs 30 minutes or less prior to departure regardless if sugar returns to a normal reading, **the designated staff or School Nurse (if in the building) will:**

- Call parent to inform of episode
- Allow child to ride the bus home if blood sugar returns to normal
- Call parent to pick up child
- Other: \_\_\_\_\_

**Students who drive to school (high school only)**

If a low blood sugar episode occurs 30 minutes or less prior to departure **student will**

- Self treat mild hypoglycemia and drive home
- Call parent to inform of episode
- Call parent to pick up student if blood sugar does not return to normal.
- Other: \_\_\_\_\_

**School bus driver instructions:**

- Student to eat snack of bus if having signs of low blood sugar and able to swallow
- Driver to follow district plans for low blood sugar

**Field Trips** (all diabetic supplies are taken and care provided):

- Totally Independent
- Parent accompanies child on trip
- PDA accompanies child on trip
- Care according to high/low blood sugar school emergency plans

**Scheduled after-school/extra-curricular activities** (i.e. sports, school clubs):

- Totally Independent
- List activities: \_\_\_\_\_
- Notification of IHP details to staff in charge
- Parent accompanies child on above activities
- PDA accompanies child on above activities
- Other: \_\_\_\_\_

**Disaster Planning:**

Transport of emergency supplies will be handled per district/building plan

Health Care Provider Signature:	Date:
Parent Signature:	Date:
School Nurse Signature:	Date:

**Date Reviewed with Parent**

Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature