

Phoenix Union High School District
DIABETES HEALTH CARE ACTION PLAN AND PHYSICIAN ORDERS
DIABETES PLAN DE ACCIÓN DE ATENCIÓN MÉDICA Y PEDIDOS MÉDICOS

Student Name: _____ School Year: _____

STUDENT MEDICAL DIAGNOSIS: _____

DAILY CARB COUNTING AND RAPID ACTING INSULIN CORRECTION/COVERAGE

Blood glucose testing is ordered to be done: Before breakfast Before lunch Other: _____

Target Blood Sugar= _____ Insulin Sensitivity Factor= _____ Carb Ratio = _____

MEDICATION ADMINISTRATION AND PHYSICIAN ORDERS

SEE MEDICAL DOCUMENTS/ORDERS ATTACHED

Must include name of medication, dose, route, administration time, or as needed. Medications brought to the school by the parent/guardian must be in the original labeled container dispensed by the pharmacy and must include a current pharmacy label with physician instructions and student's name.

TYPE OF INSULIN DOES NOT Require Refrigeration Requires Refrigeration

HYPOGLYCEMIA (LOW BLOOD SUGAR) PHYSICIAN ORDERS

If blood sugar is below: _____ mg/dL and/or student is presenting with signs and symptoms of low blood sugar and student is awake, perform first aid measures for the treatment of low blood sugar.

If unconscious, administer Glucagon _____ mg intramuscular, protect the airway, and CALL 911 IMMEDIATELY.

HYPERGLYCEMIA (HIGH BLOOD SUGAR) PHYSICIAN ORDERS

If blood sugar is above _____ mg/dL provide free access to water and restroom, notify parent/guardian and/or treating physician. If parent/guardian have provided urine ketone strips check for ketones. If ketones are _____ or greater; notify parent/guardian and/or treating physician, and/or CALL 911 immediately in emergent situations.

PHYSICIAN OR HEALTHCARE PROVIDER SIGNATURE REQUIRED BY THE SCHOOL

A school nurse is NOT always available on the school campus but trains authorized unlicensed assisted personnel (UAP) to care for ill and injured students, administer medications as ordered by the physician/healthcare provider and perform first aid rescue measures as needed.

Student has been instructed and is **ALLOWED** to self-carry appropriate medications, monitoring equipment, and self-administer medications prescribed for the care of diabetes. The student is be able to practice proper safety precautions for the handling and disposal of the equipment and medications that the student is authorized to use. Student misuse of medication being self-administered may result in seizure of medications and disciplinary action by the school.

Student is **NOT ALLOWED** to self-carry, use and self-administer medication/s and will require assistance by authorized trained school personnel.

Physician/Healthcare Provider Printed Name: _____

Physician/ Healthcare Provider Signature: _____ Date: _____

Telephone Number: _____ Fax Number: _____

Reviewed by School Nurse Date: _____ Signature: _____