Board Logo

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| **PREVALENT MEDICAL CONDITION — TYPE 1 DIABETES** Plan of Care (Sample) | | |
| **STUDENT INFORMATION** | | |
|  | | Student Photo (optional) |
| Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ontario Ed. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Teacher(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **EMERGENCY CONTACTS (LIST IN PRIORITY)** | | | |
| NAME | RELATIONSHIP | DAYTIME PHONE | ALTERNATE PHONE |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

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| **TYPE 1 DIABETES SUPPORTS** | |
|  | |
| Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |
| Method of home-school communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
| Any other medical condition or allergy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT** | | | | |
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| Student is able to manage their diabetes care independently and does not require any special care from the school. | | | | |
| ❒ Yes | ❒ No | |  | |
| ❒ If Yes, go directly to page five (5) — Emergency Procedures | | | | |
| **ROUTINE** | | **ACTION** | | |
| **BLOOD GLUCOSE MONITORING** | | Target Blood Glucose Range \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  | |  |
| ❒ Student requires trained individual to check BG/ read meter. | | Time(s) to check BG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  | |  |
| ❒ Student needs supervision to check BG/ read meter. | | Contact Parent(s)/Guardian(s) if BG is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  | |  |
| ❒ Student can independently check BG/ read meter. | | Parent(s)/Guardian(s) Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| ❒ Student has continuous glucose monitor (CGM) | |  | |  |
| School Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  |
| 🟏 Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy. | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  |
| Student Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |
| **NUTRITION BREAKS** | | Recommended time(s) for meals/snacks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  | | |
| ❒ Student requires supervision during meal times to ensure completion. | | Parent(s)/Guardian(s) Responsibilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  | | |
| ❒ Student can independently manage his/her food intake. | | School Responsibilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |
|  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 🟏 Reasonable accommodation must be made to allow student to eat all of the provided meals and snacks on time. Students  should not trade or share food/snacks with other students. | |  | | |
| Student Responsibilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |
| Special instructions for meal days/ special events:\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **ROUTINE** | **ACTION (CONTINUED)** | |
|  |  |  |
| **INSULIN** | Location of insulin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  |
| ❒ Student does not take insulin at school. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Required times for insulin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ❒ Student takes insulin at school by: |  | |
| ❒ Injection | ❒ Before school: | ❒ Morning Break: |
| ❒ Pump |  |  |
|  | ❒ Lunch Break: | ❒ Afternoon Break: |
| ❒ Insulin is given by: |  | |
| ❒ Student | ❒ Other (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ❒ Student with |  |  |
| supervision | Parent(s)/Guardian(s) responsibilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ❒ Parent(s)/Guardian(s) |  |  |
| ❒ Trained Individual | School Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 🟏 All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks. |  |  |
| Student Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |
| Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **ACTIVITY PLAN** |  |  |
| Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity.  A source of fast-acting sugar must always be within students’ reach. | Please indicate what this student must do prior to physical activity to help prevent low blood sugar: | |
|  |  |
| 1. Before activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |
| 1. During activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |
| 1. After activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |
| Parent(s)/Guardian(s) Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  |
|  | School Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  |
|  | Student Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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|  | For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run) | |
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| **ROUTINE** | **ACTION (CONTINUED)** | |
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| **DIABETES MANAGEMENT KIT** | Kits will be available in different locations but will include: | |
|  |  |  |
| Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low. | ❒ Blood Glucose meter, BG test strips, and lancets | |
|  |  |
| ❒ Insulin and insulin pen and supplies. | |
|  |  |
| ❒ Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) |  |
|  |  |
|  | ❒ Carbohydrate containing snacks | |
|  |  |  |
|  | ❒ Other (Please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | |
|  | Location of Kit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **SPECIAL NEEDS** | Comments: | |
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| A student with special considerations may require more assistance than outlined in this plan. |
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| **EMERGENCY PROCEDURES** | | | | | |
| **HYPOGLYCEMIA – LOW BLOOD GLUCOSE** | | | | | |
| **( 4 mmol/L or less)** | | | | | |
| **DO NOT LEAVE STUDENT UNATTENDED** | | | | | |
| Usual symptoms of Hypoglycemia for my child are: | | | | | |
|  | | | | | |
| ❒ Shaky | ❒ Irritable/Grouchy | | ❒ Dizzy | | ❒ Trembling |
| ❒ Blurred Vision | ❒ Headache | | ❒ Hungry | | ❒ Weak/Fatigue |
| ❒ Pale | ❒ Confused | | ❒ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  | |  | |  |
| Steps to take for Mild Hypoglycemia (student is responsive) | | | | | |
| 1. Check blood glucose, give \_\_\_\_\_\_grams of fast acting carbohydrate (e.g. ½ cup of juice, 15 skittles) | | | | | |
| 1. Re-check blood glucose in 15 minutes. | | | | | |
| 1. If still below 4 mmol/L, repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack if next meal/snack is more than one (1) hour away. | | | | | |
|  | | | | | |
| Steps for Severe Hypoglycemia (student is unresponsive) | | | | | |
| 1. Place the student on their side in the recovery position. | | | | | |
| 1. Call 9-1-1. Do not give food or drink (choking hazard). Supervise student until emergency medical personnel arrives. | | | | | |
| 1. Contact parent(s)/guardian(s) or emergency contact | | | | | |
| **HYPERGLYCEMIA — HIGH BLOOD GLOCOSE** | | | | | |
| **(14 MMOL/L OR ABOVE)** | | | | | |
|  | | | | | |
| Usual symptoms of hyperglycemia for my child are: | | | | | |
|  | | | | | |
| ❒ Extreme Thirst | | ❒ Frequent Urination | | ❒ Headache | |
| ❒ Hungry | | ❒ Abdominal Pain | | ❒ Blurred Vision | |
| ❒ Warm, Flushed Skin | | ❒ Irritability | | ❒ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | | | | |
| Steps to take for Mild Hyperglycemia | | | | | |
| 1. Allow student free use of bathroom | | | | | |
| 1. Encourage student to drink water only | | | | | |
| 1. Inform the parent/guardian if BG is above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | |
| Symptoms of Severe Hyperglycemia (Notify parent(s)/guardian(s) immediately) | | | | | |
| ❒ Rapid, Shallow Breathing | | ❒ Vomiting | | ❒ Fruity Breath | |
|  | | | | | |
| Steps to take for Severe Hyperglycemia | | | | | |
| 1. If possible, confirm hyperglycemia by testing blood glucose | | | | | |
| 1. Call parent(s)/guardian(s) or emergency contact | | | | | |
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| **HEALTHCARE PROVIDER INFORMATION (OPTIONAL)** | |
| **Healthcare provider may include**: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.  Healthcare Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
| Profession/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | |
| Special Instructions/Notes/Prescription Labels: | |
|  | |
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| If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.  🟏This information may remain on file if there are no changes to the student’s medical condition. | |

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| **AUTHORIZATION/PLAN REVIEW** | | | |
| INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED | | | |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  | |
| 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Other individuals to be contacted regarding Plan Of Care: | | | |
| Before-School Program | ❒Yes ❒ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  | |
| After-School Program | ❒ Yes ❒ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  | |
| School Bus Driver/Route # (If Applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  | |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| **This plan remains in effect for the 20\_\_\_— 20\_\_\_ school year without change and will be reviewed on or before:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year.) | | | |
|  | | |  |
| Parent(s)/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Signature | |  |
|  |  | |  |
| Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Signature | |  |
|  |  | |  |
| Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Signature | |  |