

SAMPLE DIABETIC CARE PLAN

American Diabetic Association (ADA) and the Disability Rights Education and Defense Fund, Inc. (DREDF)

Effective Dates: _____ to _____

To be completed by parents and the student's health care team. This document should be reviewed with necessary school staff and kept with the student's school records and where easily accessible by staff in emergencies.

Student's Name: _____ DOB _____

Homeroom Teacher/Grade: _____

CONTACT INFORMATION:

Parent/guardian #1:

Name: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Parent/guardian # 2:

Name: _____

Address: (if not the same) _____

Telephone: Home: _____ Work: _____ Cell: _____

Student's Doctor/Health Care Providers:

Doctor: _____

Address: _____

Telephone number: _____

Other Emergency Contacts:

Name: _____

Relationship: _____

Telephone: Home: _____ Work: _____ Cell: _____

Notify parent/guardian or emergency contact in the following situations: _____

BLOOD GLUCOSE MONITORING

Target range for blood glucose is _____ mg/dl to _____ mg/dl

Usual times to test blood glucose: _____

Times to do extra blood glucose tests (check all that apply)

_____ before exercise

_____ after exercise

_____ when student exhibits symptoms of hyperglycemia

_____ when student exhibits symptoms of hypoglycemia

_____ other (explain): _____

Can student perform own blood glucose tests? Yes _____ No _____

Exceptions: _____

Type of blood glucose meter student uses: _____

School personnel trained to monitor blood glucose level and dates of training: _____

INSULIN

Types, times, and dosages of insulin injections to be given during school:
Time /Type(s) / Dosage

School personnel trained to assist with insulin injection and dates of training: _____

Can student give own injections? Yes _____ No _____

Can student determine correct amount of insulin? Yes _____ No _____

Can student draw correct dose of insulin? Yes _____ No _____

FOR STUDENTS WITH INSULIN PUMPS

Type of pump: _____ Basal rates: _____

Insulin/carbohydrate ratio: _____ Correction factor: _____

Is student competent regarding pump? Yes _____ No _____

Can student effectively troubleshoot problems (e.g., ketosis, pump malfunction)? Yes _____ No _____

Comments: _____

MEALS AND SNACKS EATEN AT SCHOOL

The carbohydrate content of the food is important in maintaining a stable blood glucose level.

Meal/Snack Time Food content/amount

Breakfast _____

Lunch _____

Mid-afternoon snack _____

Snack before exercise? Yes _____ No _____

Snack after exercise? Yes _____ No _____

Other times to give snacks and content/amount: _____

A source of glucose such as _____
and should be readily available at all times.