

**Individualized Healthcare Plan
Flora Community Unit School District #35**

Student's Name: _____ Birth Date: _____ Grade: _____ Condition: **Diabetes**

| What | When | Why | By Whom |
|--|---|--|----------------|
| Blood Sugar monitoring in office | Before lunch ____ : ____ Before recess ____ : ____ Before PE ____ : ____ Any time feels "low" Any time feels "high" | Glucose or insulin per order (see MD Order) May need juice, snack, glucose or blood sugar recheck Will recognize signs of low and high blood sugar (see below) | Self/All staff |
| Allow to use bathroom and get drinks as often as needed | As requested. Need is higher in students with diabetes | Condition requires good hydration and more frequent urination | All staff |
| Juice/snack/glucose Student carries and/or office has available | As needed, including in class Before PE | Low/high blood sugar can be life-threatening | Self/All staff |
| Allow snack and/or send to office accompanied by another student | Any time student states "feeling low" | Low/ high blood sugar affects mental and physical functioning | All staff |
| Staff aware of signs of low and high blood sugar (see below) | At all times, especially when active or ill | Activity will lower blood sugar, illness may change food intake or blood sugar. Student to monitor ketones if blood sugar above ____ | All staff |
| Academic considerations | As needed, if applies see 504 plan | Low /high blood sugar may affect academic performance | All staff |
| Care on field trips, take all supplies | Before lunch or any time student needs | Blood sugar and/or ketone monitoring May need juice, snack, glucose or insulin, etc. | Self/All staff |

| Signs of low blood sugar | Signs of high blood sugar | Emergency Symptoms |
|---|--|--|
| <ul style="list-style-type: none"> • Headache • Sweating • Pale, moist skin • Cold and clammy • Extreme/sudden hunger • Weakness/Dizziness • Shakiness • Fatigue/tiredness • Rapid pulse rate • Blurred/double vision • Shallow breathing • Confusion/inattention • Loss of coordination | <ul style="list-style-type: none"> • Extreme thirst • Frequent urination • Drowsiness, lethargy • Dry, hot skin • Lack of appetite • Fruity, sweet, or wine-like odor on breath • Heavy, labored breathing • Stupor, unconsciousness | <ul style="list-style-type: none"> • Seizure • Loss of consciousness <p>If seizure and/or loss of consciousness call 911, nurse, parent, Glucagon ____ mg. IM injection to be given, other measures:</p> <hr/> <p>Emergency Phone Numbers EMS: 911 Nurses: 662-4820, 662-2226, 676-5148, 676-5149 Parent:</p> |

Additional Care Notes: _____
Is student able to self-administer insulin? _____ Time of snack ____ : ____, snack type _____

The information set forth in this IHP may be disclosed to administrators, certified staff, employees and agents of FCUSD #35 as deemed necessary and appropriate at the discretion of the district nurses.

Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____