

CHICO UNIFIED SCHOOL DISTRICT
1163 E. SEVENTH ST., CHICO, CA 95928

SCHOOL: _____ PHONE: _____ FAX: _____

Diabetes Protocol

Date: _____

Dear Parent or Guardian of _____:

To help facilitate the appropriate level of care for your student at school, specific recommendations for managing your student's diabetes will need to be addressed.

- A. An individualized **Diabetes Health Care Plan** will be developed and maintained yearly by a team composed of the parent(s)/guardian(s), the student's health care provider and school nurse. **A physician's order supersedes this protocol.** Please provide a copy of the physician's order for your student to the school nurse. The **Diabetes Health Care Plan** will address specific needs of the child and provide detailed written instructions for everyone to follow:
 1. Blood glucose monitoring, i.e. the frequency and circumstances requiring testing
 2. Insulin administration (if necessary), including doses/injection times based on blood glucose levels
 3. Meals and snacks including food amount calculations will be the responsibility of the parent/guardian or student deemed independent by his/her parent and health care provider.
 4. Specific guidelines to follow in treating either low blood sugar (Hypoglycemia) and/or high blood sugar levels (Hyperglycemia)
 5. Testing of ketones and appropriate action if ordered by physician
- B. Responsibilities of various care providers will be:
 1. When needed, parent/guardian will provide school personnel with:
 - a. All equipment for carrying out diabetic tasks.
 - b. Supplies to treat Hypoglycemia/Hyperglycemia and source of insulin if indicated in the **Diabetes Health Care Plan**
 - c. **Emergency phone numbers (these numbers must be kept current).**
 2. School site will provide:
 - a. Log to record blood glucose results .Results to be recorded by designated school staff.
 - b. Notification and training of appropriate school personnel who will be assisting student while at school
 - c. Immediate accessibility for the treatment of hypoglycemia
 - d. Appropriate designated location at school to perform testing and administration of insulin
 - e. Written individualized health care plan
 - f. Permission to use the bathroom as needed
 - g. Permission to have adequate fluids and snacks as necessary, to be provided by parent.
- C. Student Expectations: the extent of the student's ability to participate in his/her diabetes care will be agreed upon by the parent/guardian, health care provider, and the school nurse.
- D. A physician's order supersedes this protocol. Unless otherwise specified, the following protocols will be followed at school according to the blood sugar readings on the following page.

Diabetes Protocol (continued)

Monitor Reads "Lo" or if student is unresponsive and/ or confused	Reading Below 70	Reading Above 300	Reading Above 400	Monitor Reads "Hi"
<ul style="list-style-type: none"> • Assume blood sugar is below 20 • Give emergency source of glucose (i.e., gel or glucagon) • Call 911 • Notify parents • Notify school nurse 	<ul style="list-style-type: none"> • Give fast acting source of glucose (juice, tablets, starbursts, raisins, etc.) • Observe for 15 minutes • Retest blood sugar, if less than 70 repeat fast acting glucose source. Once over 70 give carbohydrate and protein snack (e.g. crackers and cheese) or if within one hour to next meal feed early. • When student's blood sugar is stabilized at 70 or above, student may return to class • Notify school nurse for two low blood sugars in one week. 	<ul style="list-style-type: none"> • Student - wash hands • Recheck for accuracy • Give water • Notify parent/ emergency contact • Student or designee will administer fast acting insulin per physician's orders or as directed by parent • If a correction dose of fast acting insulin has been administered, blood sugars will be rechecked in 60 minutes 	<ul style="list-style-type: none"> • Student - wash hands • Recheck for accuracy • Give water • Notify parent/ emergency contact • Contact school nurse • Student will administer fast acting insulin as directed by physician's orders or as directed by parents • If a correction dose of fast acting insulin has been administered, blood sugar will be rechecked in 60 minutes 	<ul style="list-style-type: none"> • Student - wash hands • Recheck for accuracy immediately • Give water • Notify parent/ emergency contact to pick up student from school immediately • Notify school nurse For further direction or guidance.

Your cooperation with your student's care at school is very much appreciated. I hope this information is of assistance to you. I will be contacting you to discuss your student's individual plan. Should you have any urgent questions, please contact my office at the number listed below at your earliest convenience.

School Nurse

Date

Phone

I hereby acknowledge receipt of the Diabetes Protocol and agree with the above for my student.

Parent/Guardian Signature

Date