

SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**SUMMARY OF DIABETES CARE PLAN (NON-PUMP)**

STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE OF DIAGNOSIS: \_\_\_\_\_

PARENT: \_\_\_\_\_ DATE: \_\_\_\_\_ PHYSICIANS: \_\_\_\_\_

**Target range for blood sugar:**

**When to test blood sugar:**

1. Before each meal
2. Before snacks (for monitoring purposes – not to use sliding scale)
3. As needed.

**When to give insulin:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How to determine amount of insulin to be given – there are three steps in doing this:**

1. Current correction dose dated:

Order dated:

BLOOD GLUCOSE	NOVOLOG INSULIN – per insulin pen

2. Carbohydrate (carb) counting:

One serving of a carb = \_\_\_\_\_  
is allotted → grams for snacks  
→ grams for meals

**insulin to carb ratio:**

1 unit \_\_\_\_\_ insulin for every \_\_\_\_\_ grams of carbs consumed at meals. .  
Correction Dose

3. Add sliding scale insulin amount + # units per carbs consumed = total amount of insulin given

**INSULIN ACTION TIMES**

Insulin	Begins in	Peaks at	Ends After	Lows likely
Fast Acting	15-20 mins	1 ½ - 2 ½ hrs	4-5 hrs	2 to 5 hrs
Long Acting	1 hour	No peak	24 hours	-----

**When blood sugar is less than 70:**

1. Give 15 grams of carbohydrate (ex: 4 oz orange juice or 4 glucose tabs).
2. Retest blood glucose in 10-15 minutes.
3. If blood sugar is over 70, give a carbohydrate & protein snack (ex: glass of milk & crackers with cheese or peanut butter).
4. If blood sugar remains less than 70, re-treat per health care plan and notify school nurse.

**Any questions/concerns:** Call \_\_\_\_\_, RN, School Nurse Cell: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_