



ACCESSIBILITY:

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Sample Type 1/Type 2 Diabetic Plan Of Care

Diabetic Plan of Care Alert - Draft					
Student Name	OEN	Board ID #	Grade	DOB	
School	School Family				
Additional Contact Information					
Created By	Created	Last Edit By	Last Edited	Status Draft	Finalized
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?					
DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT					
Yes <input type="radio"/> No <input type="radio"/> Student is able to manage their diabetes care independently and does not require any special care from the school.					
BLOOD GLUCOSE MONITORING					
ROUTINE			ACTION		
<input type="checkbox"/> Student requires trained individual to check BG/ read meter. <input type="checkbox"/> Student needs supervision to check BG/ read meter. <input type="checkbox"/> Student can independently check BG/ read meter. <input type="checkbox"/> Student has continuous glucose monitor (CGM)			Target Blood Glucose Range Time(s) to check BG: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		



	<p>Contact Parent(s)/Guardian(s) if BG is:</p> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <p>Parent(s)/Guardian(s) Responsibilities:</p> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <p>School Responsibilities:</p> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <p>Student Responsibilities:</p> <div style="border: 1px solid black; height: 40px;"></div>									
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<p>Student takes insulin at school by:</p> <p><input type="checkbox"/> Injection</p> <p><input type="checkbox"/> Pump</p> <p>Insulin is given by:</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Student with supervision</p> <p><input type="checkbox"/> Parent(s)/Guardian(s)</p> <p><input type="checkbox"/> Trained Individual</p> <p> </p> <p>* All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.</p>	<p>Location of insulin:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Required times for insulin:</p> <p><input type="checkbox"/> Before School:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p><input type="checkbox"/> Morning Break:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p><input type="checkbox"/> Lunch Break:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p><input type="checkbox"/> Afternoon Break:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p><input type="checkbox"/> Other (Specify):</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>School Responsibilities:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Student Responsibilities:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Special instructions for meal days/ special events:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
ACTIVITY PLAN	
<p style="text-align: center;">ROUTINE</p> <p>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.</p>	<p style="text-align: center;">ACTION</p> <p>Please indicate what this student must do prior to physical activity to help prevent low blood sugar:</p>



	<p>1. Before activity: <input style="width: 100%; height: 30px;" type="text"/></p> <p>2. During activity: <input style="width: 100%; height: 30px;" type="text"/></p> <p>3. After activity: <input style="width: 100%; height: 30px;" type="text"/></p> <p>School Responsibilities: <input style="width: 100%; height: 30px;" type="text"/></p> <p>Student Responsibilities: <input style="width: 100%; height: 30px;" type="text"/></p> <p>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)</p>											
DIABETES MANAGEMENT KIT												
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Comments:

EMERGENCY PROCEDURES

HYPOGLYCEMIA - LOW BLOOD GLUCOSE
(4 mmol/L or less)

DO NOT LEAVE STUDENT UNATTENDED

Usual symptoms of Hypoglycemia for my child are:

<input type="checkbox"/> Shaky	<input type="checkbox"/> Irritable/Grouchy	<input type="checkbox"/> Dizzy	<input type="checkbox"/> Trembling
<input type="checkbox"/> Blurred Vision	<input type="checkbox"/> Headache	<input type="checkbox"/> Hungry	<input type="checkbox"/> Weak/Fatigue
<input type="checkbox"/> Pale	<input type="checkbox"/> Confused		
<input type="checkbox"/> Other			

Steps to take for Mild Hypoglycemia (student is responsive)

1. Check blood glucose, give _____ grams of fast acting carbohydrate

List:
(e.g. 1/2 cup of juice, 15 skittles)

2. Re-check blood glucose in 15 minutes.
3. 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.
4. Other - Specify:

Steps for Severe Hypoglycemia (student is unresponsive)

1. Place the student on their side in the recovery position.
2. Call 9-1-1. Do not give food or drink (choking hazard). Supervise student until emergency medical personnel arrives.
3. Contact parent(s)/guardian(s) or emergency contact
4. Other - Specify:

HYPERGLYCEMIA - HIGH BLOOD GLUCOSE
(14 MMOL/L OR ABOVE)

Usual symptoms of hyperglycemia for my child are:

<input type="checkbox"/> Extreme Thirst	<input type="checkbox"/> Frequent Urination	<input type="checkbox"/> Headache	<input type="checkbox"/> Hungry
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- Abdominal Pain Irritability
 Other:

Steps to take for Mild Hyperglycemia

1. Allow student free use of bathroom
2. Encourage student to drink water only
3. Inform the parent/guardian if BG is above _____
4. Other - Specify:

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
2. Call parent(s)/guardian(s) or emergency contact
3. Other - Specify:

IDENTIFICATION AND EMERGENCY TREATMENT PLAN

Identification of Symptoms:

EMERGENCY TREATMENT PLAN:

When to call 911:

When to call home:



AUTHORIZATION/PLAN REVIEW	
STAFF MEMBERS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED _____ _____	OTHER INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED _____ _____
Other Individuals To Be Contacted Regarding Plan Of Care:	
Before-School Program Yes <input type="radio"/> No <input type="radio"/> _____	School Bus Driver/Route # (If Applicable) _____
After-School Program Yes <input type="radio"/> No <input type="radio"/> _____	Other: _____
<p>This plan remains in effect for the school year without change and will be reviewed on or before: .</p> <p>It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.</p> <p>The following will be shared with appropriate school staff and others, and/or posted:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student Plan of Care - on file in Office and with Classroom Teacher <input type="checkbox"/> Identification and Emergency Treatment Plan - posted in classroom <input type="checkbox"/> Identification and Emergency Treatment Plan (STSWR) - shared with Student Transportation Services of Waterloo (if applicable) <input type="checkbox"/> At-a-Glance - posted in Staff Room(s); Health Room; First Aid Room; Office (as applicable) 	
Parent(s)/Guardian(s)/Student 18+:	_____ <div style="display: flex; justify-content: space-around;"> Signature Date </div>
Student Over 16:	_____ <div style="display: flex; justify-content: space-around;"> Signature Date </div>
Principal:	_____ <div style="display: flex; justify-content: space-around;"> Signature Date </div>
<p>This information is collected pursuant to s. 170 and s.265(1)i) of the Education Act, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31, 32 and 33 of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M-56 and the Personal Health Information Protection Act, 2004, S.O. 2004, c.3, Sch. A.</p> <p>If you have any questions regarding your child's personal information, please contact the Principal of your child's school.</p>	