

School Year: _____



Lexington-Fayette County Health Department

School Health
650 Newtown Pike
Lexington, KY 40508-1197
(859) 288-2314
(859) 288-2313 Fax

EMERGENCY MEDICAL PLAN PARENT PACKET-DIABETES

Dear Parent/Guardian:

You have informed us that your student has a medical concern. Enclosed are forms, which need to be completed by the Parent/Guardian. These forms are necessary in order for the School Nurse or appropriately trained school personnel to perform or administer specific medical treatment or procedures. This information will help us work with your student to minimize unnecessary restrictions, feelings of being treated differently, and possibly absenteeism.

Please send a current picture of your student in order for the student to be easily identified. This information will be distributed to appropriate school personnel on a need-to-know basis and may include bus drivers, substitute teachers, cafeteria staff, and others who work with your student daily.

To help your student, please let us know of any changes in your student's medical condition or emergency daytime phone numbers.

The following need to be returned to the School Nurse before providing treatment for student:

- **Health Care Plan for Diabetes (Parent Packet, signed and dated by parent/guardian)**
- **Diabetes Medical Management Plan (DMMP- Medical Provider Plans, signed by provider)**

Please note: Effective July 15, 2014, KRS 158.838 was amended to require at least one school employee at each school who has met requirements of KRS 156.502 be on duty during the entire school day to **administer or assist with the self-administration of insulin.**

We are looking forward to meeting the medical needs of your student!

Please call the School Health Services program at 288-2314 if you have any questions

Note: This will be shared with the appropriate school personnel such as the Principal, student's teachers, cafeteria staff, and bus driver.

School Year: _____

Name: _____ Date: ___/___/___

DOB: ___/___/___ Grade: _____ School: _____

Allergies: _____

Bus # A.M. _____ Bus # P.M. _____ Walker _____ Car Rider _____

Please attach a current photo of your child here. ()

Emergency Contact Information:

Parent/Guardian: _____ Wk Phone: _____ Home: _____

Parent/Guardian: _____ Wk Phone: _____ Home: _____

Emergency Contact: _____ Phone: _____

Doctor: _____ Phone: _____ Hospital: _____

Location of Diabetic Snacks: _____

Locations of Glucose Meter: _____

GLUCAGON ORDERED (Includes Nasal or Injection)? _____ Yes _____ No **LOCATION OF GLUCAGON** _____

HOW TO TREAT LOW BLOOD SUGAR

SIGNS AND SYMPTOMS OF LOW BLOOD SUGAR (HYPOGLYCEMIA):

- The student complains about feeling "low"
- The student exhibits some or all of the following symptoms:
 - ▶ Hungry Weakness Other
 - ▶ Shaky Pale
 - ▶ Unable to Concentrate Poor Coordination
 - ▶ Lethargic Combative
 - ▶ Moist Skin, Sweating Dizzy

IF BLOOD SUGAR IS _____ or less OR if signs of low blood sugar are present:

1. Give one of the following fast-acting carbohydrates:
 - 4 oz. (1/2 cup) Apple or Orange Juice
 - 4 oz. Regular Soda- NOT diet
 - Honey Packet
 - Half Tube of Cake Icing
 - Or: _____
2. Contact the School Nurse: **DO NOT LEAVE THE STUDENT ALONE OR SEND TO OFFICE ALONE**
3. Observe the student for 10-15 minutes and check for improvement:
 - Student feels/appears OK and
 - Blood Sugar is > _____ when rechecked.
4. If student continues to feel poorly or Blood Sugar is LESS THAN _____, repeat steps 1 through 3 until Blood sugar is > _____ when rechecked.
5. If the student improves, have them eat one of the following:
 - Lunch or snack-whichever is due within the hour OR
 - Pre-packaged snack such as peanut butter crackers if lunch or snack is not scheduled within the hour.

Reviewed by: _____ Nurse Date: ___/___/___

IF STUDENT IS UNABLE TO PARTICIPATE IN CARE:

1. If student is having symptoms such as:
 Unable to Swallow Uncooperative Combative Unconsciousness Seizures
 Place student on their side and have someone else call Parent/Guardian and 911.
2. GIVE **GLUCAGON** (Injection or Nasal Powder) per Physician order.
3. Observe and monitor until EMS arrives.
4. When improved, give REGULAR soda, juice or other fast-acting carbohydrates as tolerated.

HOW TO TREAT HIGH BLOOD SUGAR

SIGNS AND SYMPTOMS OF HIGH BLOOD SUGAR (HYPERGLYCEMIA):

- If student exhibits some or all of the following symptoms, check the student’s Blood Glucose:
 - ▶ Excessive thirst Nausea Inability to Concentrate
 - ▶ Frequent urination Blurry Vision Other: _____
 - ▶ Personality/Behavior Change Fatigue

IF BLOOD GLUCOSE IS HIGHER THAN _____, OR THE ABOVE SYMPTOMS ARE PRESENT:

- Encourage the student to drink water
- Allow free access to the restroom
- **Notify School Nurse**
- The School Nurse or trained diabetes personnel should check for urine ketones if ordered by Physician. (If ketones are elevated, contact Parent/guardian for direction)
- If the student is **VOMITING** or **LETHARGIC**, call the Parent/Guardian OR call for medical assistance if Parent/Guardian or emergency contact be reached.

PARENT/GUARDIAN STATEMENT

I, the undersigned Parent/Guardian of _____, **authorize a School Nurse or “trained staff member” to administer** medication to my student as prescribed in the DMMP. I agree to furnish the necessary prescribed medication, supplies, and agree to notify the School Nurse immediately of any changes. I agree to pick up any unused medication within two weeks of the last day of school, or it shall be destroyed. The school nurse is not always in the building and trains non-medical school staff to administer or assist with the self-administration of insulin. Additionally, the undersigned agrees to hold the school personnel harmless for any injuries resulting from the emergency care unless the injury was caused by the volunteer’s negligence.

I, the undersigned Parent/Guardian of _____ give consent for **my student to self-administer** the above medication(s). I understand the Fayette County Board of Education Medication Policies & Procedures (09.2241) are readily available for me to read. I hereby agree to release and hold the school staff free and harmless for any claims, demands, or suits for damages from any injury or complication that may result from such treatment. I have read this Consent and understand all its terms. I sign it voluntarily and with full knowledge of its significance.

I agree to notify the School Nurse immediately if there is any change in my student’s status or Physician’s orders. The School Nurse reserves the right to monitor the student periodically throughout the year.

X _____ /_____/_____
 (Parent/Guardian Signature) Date

Reviewed by: _____ RN Date: _____

ROLES & RESPONSIBILITIES IN THE MANAGEMENT OF STUDENTS WITH DIABETES

The School Nurse will work with the student, family, student's Physician, and school system personnel as a team to help the diabetic student achieve his or her optimal level of health. The following are responsibilities of each party:

PARENTS/GUARDIANS

1. Provide all necessary equipment for the management of their child's diabetes such as glucose-testing equipment, urine ketone test strips, insulin administration equipment, a used sharps container, and glucagon. A record book may also be provided by the parent/guardian in which blood sugar, carbohydrate counts, and insulin can be recorded for home use, but the School Nurse will also record this information on Fayette County Health Department flow sheets which will be kept in the student's permanent chart.
2. Provide snacks to be kept at school.
3. If ordered by the physician, ensure prescribed Glucagon is taken to the front office at the beginning of the school year or when the child is newly diagnosed as diabetic. The prescribed Glucagon should be picked up by the parent/guardian at the end of the school year.
4. Effective treatment for hypoglycemic episodes should be available at school (e.g., glucose tablets, juice).
5. Complete Healthcare Plan for Diabetes packet and return as soon as possible to the School Nurse.
6. Inform the School Nurse immediately if any changes are made to the Healthcare Plan for Diabetes by the student's health care team.
7. Maintain current telephone numbers where they can be reached in an emergency.

SCHOOL NURSE

1. Identify and maintain current list at school of diabetic students.
2. Send out Diabetic packet prior to the start of the school year for known diabetics and encourage prompt return from the parent/guardian.
3. Develop an Individual Health Plan for each diabetic in the school, which will be reviewed at least annually and as needed to keep current with the Physician's orders.
4. Maintain communication with health care team as needed to revise health care plan.
5. Maintain proper documentation.
6. Maintain skills so that they are up to date with the current trends in diabetic management.
7. Train the appropriate staff within the building about diabetes management and ensure they are fully aware of their role.
8. Perform and/or oversee blood glucose checks and/or insulin administration to students who cannot perform these tasks independently.
9. Work with the student and team to help the pupil achieve the greatest level of independence as appropriate.
10. Notify parent/guardian when supplies are low – (e.g., lancets, Insulin, blood glucose strips, alcohol pads).
11. Ensure Insulin and any prescribed Glucagon medications have not expired.

HEALTH-CARE TEAM (PHYSICIAN, DIABETES NURSE EDUCATOR, DIETICIAN, SOCIAL WORKER, ETC.)

1. Complete Diabetic Health sheet, which will provide the orders needed for the School Nurse to develop the Diabetic Care Plan.
2. Maintain communication with School Nurse as needed to maintain and revise the Healthcare Plan for Diabetes.

STUDENT

1. Adhere to meal plan.
2. Perform blood glucose tests and record in appropriate log if able.
3. Be available for School Nurse to administer treatment – blood glucose check and/or insulin injection.
4. Be an active participant in the health care plan.
5. IF ABLE - Notify a teacher or School Nurse immediately if symptoms of hyperglycemia or hypoglycemia are present.
6. Have a source of carbohydrate to correct hypoglycemia readily available.

7. Participate in school activities without unnecessary restrictions as deemed appropriate by the student and health care team.
8. Participate in caring for his or her diabetes equipment in a responsible manner.
1. Participate in the development of the health care plan as appropriate.
2. Be aware of the symptoms of hypoglycemia and hyperglycemia and act appropriately.
3. Attend training offered by the School Nurse at the beginning of the school year or when a student is newly diagnosed with diabetes.
4. Allow student free access to bathroom and water when blood sugar is >200 .
5. Provide information for any substitute teacher regarding the health care plan of a student with diabetes.
6. Notify School Nurse of upcoming field trips.
7. If the student is prescribed a Glucagon product (Injection or nasal), ensure that it accompanies him or her on ALL field trips.
8. Help the student comply with meal and snack requirements.
9. Accompany student to School Nurse's office or front office if feeling hyperglycemic or hypoglycemic.

PRINCIPALS/ADMINISTRATORS

1. Attend training for all emergency Glucagon products offered by the School Nurse at the beginning of the school year if school has known diabetics OR when a student is newly diagnosed as diabetic
2. Be aware of students who have diabetes in the school and where their healthcare plan is located

FOOD SERVICE STAFF

1. Be informed about the management of diabetes and the roles of foods and snacks.
2. Know the symptoms of hyperglycemia and hypoglycemia and appropriate treatment for hypoglycemia.
3. Be able to provide School Nurse with carbohydrate count of school menu offerings.
4. Be aware of a student's diabetes health care plan as it relates to food and snacks and accommodate the medical needs of the pupil.

SPECIAL AREA TEACHERS AND COACHES

1. Be aware of the student's health care plan and attend training offered by the School Nurse.
2. Know the symptoms of hyperglycemia and hypoglycemia and how to treat as outlined by the healthcare plan.
3. Be aware of the student's healthcare plan as it relates to sports and exercise and follow accordingly.
4. Encourage the student to participate in physical activities.

BUS DRIVERS

1. Be aware of students who have diabetes on the bus.
2. Know the symptoms of hyperglycemia and hypoglycemia and have a source of carbohydrates on the bus at all times such as hard candy or crackers.
3. Be aware of the student's health care plan as it relates to emergency situations and know how to react in the event of an emergency, especially hypoglycemia.
4. *If a student complains of feeling hypoglycemic, ensure someone can meet him or her at the bus stop – DO NOT allow student to go home alone.