



TYPE 1 DIABETES- SCHOOL COMMUNICATION AND TREATMENT AUTHORIZATION FORM



Hypoglycemia

Low Blood Glucose <= _____ mg/dl

- If able, check blood glucose
- **Immediately** treat with 15 gm of fast-acting carbohydrate ex: (4 oz. juice, 4 oz. REGULAR pop, 3-4 glucose tabs 8 oz. skim milk.) – in classroom
- Recheck blood glucose in 15 minutes and repeat 15 gm of carbohydrate if blood glucose remains low.
- If child will be participating in additional exercise or activity before the next meal provide an additional carbohydrate choice.
- Notify parent if BG is low more than 2x/week.
- If using an insulin pump, suspend pump until BG is > _____ mg/dl.
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Severe Hypoglycemia

If the child is unconscious or having seizures due to low blood glucose immediately administer injection of:

Glucagon _____ mg (glucagon emergency kit)

- Immediately after administering the Glucagon, turn the child onto their side. Vomiting is a common side effect of Glucagon.
- Notify parent and EMS per protocol

Hyperglycemia

- High blood glucose is generally not an emergency. If the student is feeling ill or has blood glucose levels >300mg/dl urine ketones should be checked.
- If ketones are present encourage water and notify parent
- Do not exercise to lower blood glucose if ketones are present.
- If child is vomiting notify parent.

- Ketostix at school for prn use.
- Unlimited bathroom pass.
- Notify parent immediately of blood glucose > _____

If using an insulin pump, refer to DKA Prevention Protocol for BG >300.

Exercise

Exercise improves insulin sensitivity and the duration and intensity of exercise will influence blood glucose levels. To avoid hypoglycemia the student may need to eat an additional carbohydrate snack before exercising. If a child will be exercising for more than 30-45 minutes they may need an additional carbohydrate before exercising. Do not exercise if ketones are present **Communicate with phy-ed teachers and coaches student's specific symptoms of hypoglycemia and plan for prevention, recognition and treatment of symptoms.**

Special Occasions

- Class parties: Notify parent of party ahead of time if possible. The child should be given the same food as everyone else and notify parent this occurred.
- Arrange for appropriate monitoring and access to supplies for all field trips.

Authorization for medications and diabetes procedures:

Date: _____ Authorized by: _____ MD/PNP

Parent Signature: _____

I give permission for the school health services staff to consult with my child's physician about questions regarding the listed medication/medical condition.

Diabetes management at school resources:

NDEP (National Diabetes Education Program) Guidelines: www.ndep.nih.gov
Minnesota Supplement: www.minnesotaschoolnurses.org

Toll free: 1-800-438-5383