

ALASKA INDIVIDUALIZED HEALTHCARE PLAN – DIABETES WITH INJECTION OR WITH PUMP

Instructions

Purposes:

This healthcare plan is for all students with diabetes that monitor blood glucose at school and/or are on insulin or other hypoglycemic medication and/or have a glucagon prescription.

1. Healthcare providers should use it to prescribe a particular treatment regimen including medication(s) for school (HEALTHCARE PROVIDER ORDERS pages)
 - a. It documents the ability level of the student to self-manage their diabetes.
 - b. It provides the medical parameters for management of an individual student's diabetes in the school setting.
2. It describes the standard of care for school staff to follow based on blood glucose test results and is the *Emergency Care Plan* for students with diabetes. (ALGORITHMS FOR BLOOD GLUCOSE RESULTS page) NOTE: The standard of care represents the care to follow in most cases; any individualization of clinical care for the student will be reflected in the HEALTHCARE PROVIDER ORDERS.
3. School nurses and parents should use it to plan and implement individualized health interventions in the school setting, based on the Healthcare Provider Orders page. (SCHOOL AND PARENT PART pages)
 - a. To support quality assurance of school health services.
 - b. To document parental wishes for diabetes management-related contact by school staff.
 - c. To document diabetes supplies needed at school, their locations and parental responsibility for maintaining certain supplies at school.
 - d. To facilitate a safe process for the delegation of diabetes-management tasks to trained unlicensed school staff, as needed.
4. School nurses and parents *may* use it to identify times when the school nurse will not be available to provide diabetes management assistance and plan for coverage by trained school staff. (SCHOOL NURSE AND PARENT-AUTHORIZED TRAINED STAFF COVERAGE WORKSHEET)

While current, this form should be kept in the school health office or with the staff member who is assisting with the health management of the student.

Process:

1. Healthcare provider completes either the WITH INJECTION or the WITH PUMP page of the form to describe anticipated medications/treatment needs for the entire school year, and sends it to the school nurse (if known) and/or the student's parent to bring into the school.
 - a. If medications and/or treatment change during the school year, a new form should be completed. Fax only the page with new orders to the school.
 - b. Most categories are self-explanatory. On either form, check all boxes that apply and add information as appropriate.

DIABETES WITH INJECTION notes:

- In the *Routine Daily Insulin Injection* box, there are three options for Type. NPH and Lantis are examples of "other." The relevant doses/times for these injections would be listed in the "Standard daily insulin injection" table.
- Instructions in the *Correction insulin dose for high blood glucose* box are for a routine day as correction dosing is generally given at mealtime, which means that:
 - Action directed by the algorithm page supersedes "before lunch only" when it is checked because it is based on the student's symptoms and blood glucose levels.

- The “Do not give insulin correction dosing more often than every 2 to 3 hours” statement applies to symptomatic treatment based on blood glucose levels in most instances.
 - In the *Parent/Guardian Authority to Adjust Insulin Dose* box, parental authority to adjust the dose up to 20% higher or lower allows the parent to recommend dose adjustments to the nurse which the nurse could follow without contacting the health care provider **if the dose is within 20% of the range ordered by the provider**. If the dose recommended by the parent falls outside of the range, either higher or lower, the nurse would need to contact the health care provider to verify the dose.
- c. Healthcare provider signs and dates the WITH INJECTION or WITH PUMP page and faxes or sends the orders to the school.
2. While meeting with the school nurse, the parent uses the boxes at the top of the ALGORITHMS page to indicate which of the symptoms of low and high blood sugar generally occur for their child.
 3. Together, the school nurse, parent and the student, if student is self-managing his/her diabetes, complete the SCHOOL AND PARENT PART of the form.
 - a. Most categories are self-explanatory. Check all boxes that apply and add information as appropriate.
 - In the *Student Diabetes Self-Management Plan* box:
 - The repeated skills list (from the healthcare provider section) allows parent input and school nurse assessment of the student skill level and the level of supervision or assistance needed. If the student skill level increases during the school year, this section allows the school nurse and parent to adjust the self-management plan accordingly.
 - “Trained staff” (right-side column) in this instance includes the school nurse.
 - For “Change infusion set” under “Trained staff will provide care”, the school nurse is typically **the only** trained staff changing the infusion set for a student on a pump. Add this comment when needed.
 - The SUPPLY LIST is intended to promote best practice. Generally, it should be interpreted by the nurse and the parent as a guide.
 - If the parent is unable to provide urine ketone test strips, contact the American Diabetes Association (907 272-1424). They will send some.
 - b. Parents and School Nurse sign and date the SCHOOL AND PARENT PART. If student will be self-managing, student signs the STUDENT SELF-MANAGEMENT AGREEMENT.
 - c. Update as needed and/or on a yearly basis.
 4. The school nurse may use the WORKSHEET page to identify times when he/she will regularly be unavailable to assist the student with diabetes management and plan for coverage by trained school staff.
 5. File the entire document with student’s health record at the end of the year or upon student withdrawal.