



Parents must complete and submit the DIABETES ACTION PLAN in order to authorize Lexington Christian Academy (LCA) personnel. Parents must update the form prior to each year the student is attending LCA. For your reference, LCA's Medical Guidelines can be found on the back of this Diabetes Action Plan.

STUDENT INFORMATION

FAMILY INFORMATION

Name: _____

Parents'/Guardians' Names: _____

DOB: _____ Grade: _____

Mother Cell#: _____ Father Cell #: _____

Emergency Contact: _____

Emergency Contact Cell Phone #: _____

STUDENT SELF-CARE - PLEASE SELECT ALL THAT APPLY:

- ___ Totally independent management ___ Self-injects with verification of dose ___ Self-injects with trained staff supervision
___ Test blood sugar independently ___ Self-injects mild hypoglycemia ___ Injections to be done by trained staff
___ Tests and interprets urine/blood ketones ___ Monitors own snacks and meals
___ Administers insulin independently ___ Counts carbohydrates independently

I authorize LCA to notify me via the following methods: ___ voicemail or text to cell phone #: _____ ___ Email at: _____

PARENT SIGNATURE: _____

DATE: _____

MEDICAL INFORMATION TO BE COMPLETED BY PHYSICIAN

#1 - BLOOD SUGAR CHECKS

Target Blood Sugar Range _____ to _____

Select one: ___ Student can perform checks independently OR ___ Requires school nurse assistance

Check all that apply for time to check BG:

- ___ Before lunch ___ After snack ___ As needed for signs of low or high blood sugar
___ After lunch ___ Before P.E. ___ Other: _____
___ Before snack ___ After P.E.

___ If checked, use Dexcom G6/G5 readings to dose insulin.
If signs/symptoms do not match Dexcom readings, perform finger stick blood sugar test.
Glucometer Type / Brand: _____
Supplies/glucometer will be kept: ___ In the nurse's office ___ With the student

#2 - INSULIN ADMINISTRATION

Insulin administered by: ___ Pen ___ Syringe ___ Pump

Type of Insulin: ___ Humalog ___ Novolog ___ Regular ___ Other: _____

Meals and snacks: ___ units for every ___ grams of carbohydrates eaten

Correction Dose? ___ NO
___ Yes please select one of the following:
___ Units for every ___ mg/dl points above ___mg/dl
___ BOLUS per pump recommendations

#3 - HYPOGLCEMIA - BLOOD SUGAR LESS THAN ___ MG/DL

Symptoms of hypoglycemia: dizziness, shaking, anxiety, hunger, blurry vision, weakness/fatigue, headache, behavior changes, pallor, loss of consciousness, seizure.

This student may also exhibit: _____

If student presents with symptoms check BG. If BG level is below _____, treat with _____ grams of fast acting sugar (glucose tabs, juice or snack provided by the school nurse.) Recheck BG in 15 minutes; treat again until BG is greater than _____.

SEVERE HYPOGLYCEMIA: BG BELOW ___ Indications for use of Glucagon: unconsciousness, drowsy, inability to swallow by mouth. Administer GLUCAGON: _____ mg/IM/SQ/Intranasal. CALL 911 and notify parent.

#4 - HYPERGLYCEMIA - BLOOD SUGAR GREAT THAN ___ MG/DL

Symptoms of hyperglycemia: increased thirst, frequent urination, hunger, fatigue, irritability, double vision, nausea/vomiting, abdominal pain.

This student may also exhibit: _____

If student presents with symptoms check BG. If BG level is over _____ mg/DL and it has been greater than _____ hours since the last insulin dose.

- * Give insulin per sliding scale/BOLUS per pump recommendations.
* Give 8-16 oz. of water per hour.
* Recheck BG in two hours and treat with sliding scale insulin as needed.
* When having symptoms of nausea/vomiting, student will be released from school to parent/guardian.

Check ketones if BG is over _____ mg/DL for _____ hours. If ketones are present, notify the parent/guardian.

When student has insulin pump:

*Blood sugar greater than 300mg/DL with ketones or two consecutive unexplained blood sugars greater than 300mg/DL (with or without ketones,) may indicate a malfunction with the pump.
*Student may require insulin via injection and/or new infusion site. PARENTS MUST BE NOTIFIED.

Physician's Name: _____ Physician's Signature: _____ Date: _____

Physician's Phone #: _____

ALL MEDICATION WILL BE DISCARDED IF NOT PICKED UP BY MAY 27 2022. THE ABOVE MEDICATION ORDER IS VALID FOR ONE YEAR FROM THE DATE SIGNED BY THE PHYSICIAN.

MEDICATION GUIDELINES



The administration of medication to students shall be done only in exceptional circumstances where the student's health may be jeopardized without it. Whenever possible, administration of medication should be done at home. (Medication prescribed three times per day can be given before school, after school, and at bedtime.) If a new medication is started, the first dose must be given at home, unless it is a rescue medication.

The school will adhere to the following guidelines as it pertains to medication:

1) Administration of prescription medication by school personnel must only be done according to the written order of a physician / licensed prescriber and written authorization of parent / guardian and Licensed School Nurse, regardless of the student's age.

- Mixed dosages in a single container will not be accepted for administration at school.
- If a half tablet is required for a correct dosage, it is the parent's / guardian's responsibility to provide pre-cut tablets for administration at school.
- Altered forms of medication will not be accepted or administered at school.
- Narcotics / medical cannabis will not be administered at school.
- Aspirin-containing products will not be administered at school.
- Only FDA approved treatments will be provided at school.

2) All medication (prescription and non-prescription) must be brought to and from school by a parent / guardian in its original container. The following information must be on the prescribed container label:

- Student's full name
- Name and dosage of medication
- Time and directions for administration at school
- Physician / licensed prescriber's name
- Date (must be current)

3) New consent forms with licensed health care provider and parent / guardian signatures must be received each school year.

4) A new medication consent form is required when the medication dosage or time of administration is changed.

5) When a long term daily medication is stopped, a written physician / licensed prescriber's order is requested.

6) Medication will be kept in a locked cabinet in the Nurse's Office unless authorized by the Licensed School Nurse, and must not be carried by the student.