



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:** \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Mother/Guardian Cell #:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_

**Emergency Contact Cell Phone #:** \_\_\_\_\_

**Father/Guardian Cell #:** \_\_\_\_\_

**STUDENT SELF-CARE – PLEASE SELECT ALL THAT APPLY:**

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

**I authorize LCA to notify me via the following methods:**

**Voice mail 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. Glucometer Type / Brand: \_\_\_\_\_

If signs/symptoms do not match Dexcom readings, perform finger stick blood sugar test. Supplies/glucometer will be kept:  In the nurse's office  With the student

**# 3 – HYPOGLCEMIA – BLOOD SUGAR LESS THAN \_\_\_\_\_ MG/DL**

**#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



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:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

ALL MEDICATION WILL BE DISCARDED IF NOT PICKED UP BY **JUNE 2, 2023**. 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 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. (No essential oils)

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
- Licensed prescriber's name
- Date (must be current)

3) New consent from a 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.