

Diabetes Health Care Plan for Insulin Administration via Insulin Pump

School: _____

Start Date: _____ End Date: _____

| | | | |
|--|------------------|--------------|--------------------------|
| Name _____ Grade/ Homeroom _____ Teacher _____ | | | Student Photo |
| Parent/ Guardian Contact: Call in order of preference | | | |
| Name | Telephone Number | Relationship | |
| 1. _____ | _____ | _____ | |
| 2. _____ | _____ | _____ | |
| 3. _____ | _____ | _____ | |
| Prescriber Name _____ Phone _____ Fax _____ | | | |
| Blood Glucose Monitoring: Meter Location _____ Student permitted to carry meter <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Testing Time <input type="checkbox"/> Before Breakfast/Lunch <input type="checkbox"/> 1-2 hours after lunch <input type="checkbox"/> Before/after snack <input type="checkbox"/> Before/after exercise <input type="checkbox"/> Before recess <input type="checkbox"/> Before riding bus/walking home <input type="checkbox"/> Always check when student is feeling high, low and during illness <input type="checkbox"/> Other _____ | | | |
| Snacks <input type="checkbox"/> Please allow a _____ gram snack at _____ <input type="checkbox"/> before/after exercise Snacks are provided by parent /guardian and located in _____ | | | |

Treatment for Hypoglycemia/Low Blood Sugar

If student is showing signs of low blood sugar or if blood sugar is below _____ mg/dl

Treat with 10-15 grams of quick-acting glucose:

4oz juice or _____ glucose tablets or Glucose Gel or Other _____

Retest blood sugar every 15 minutes, repeat treatment until blood sugar level is above target _____ mg/dl

If no meal or snack within the hour give a 15 gram snack

If student unconscious or having a seizure: Give Glucagon Yes No

Amount of Glucagon to be administered: _____ mg(s) IM, SC, and call 911 and parents

Notify parent/guardian for blood sugar below _____ mg/dl

Signs of Low Blood Sugar

personality change, feels funny, irritability, inattentiveness, tingling sensations headache, hunger, clammy skin, dizziness, drowsiness, slurred speech, seeing double, pale face, shallow fast breathing, fainting

Treatment for Hyperglycemia /High Blood Sugar

If student showing signs of high blood sugar or if blood sugar is above _____ mg/dl

Allow free access to water and bathroom

Check ketones for blood sugar over _____ mg/dl Notify parent/guardian if ketones are **moderate to large**

Notify parent/guardian for blood sugar over _____ mg/dl

See insulin correction scale (next page)

Call 911 and parent/guardian for *hyperglycemia emergency*. Symptoms may include nausea & vomiting, heavy breathing, severe abdominal pain, chest pain, increased sleepiness or lethargy, or loss of consciousness.

Document all blood sugars and treatment

Name: _____

Orders for Insulin Administered via Pump

Brand/Model of pump _____ Type of insulin in pump _____
Can student manage Insulin Pump Independently: Yes No Needs supervision (describe) _____

Insulin to Carb Ratio: _____ units per _____ grams Correction Scale: _____ units per _____ over _____ mg/dl

Give lunch dose: before meals immediately after meals if blood sugar is less than 100mg/dl give after meals

Parents are authorized to adjust insulin dosage +/- by _____ units for the following reasons:

Increase/Decrease Carbohydrate Increase/Decrease Activity Parties Other _____

Student may: Use temporary rate Use extended bolus Suspend pump for activity/lows

If student is not able to perform above features on own, staff will only be able to suspend pump for severe lows.

For blood sugar greater than _____ mg/dl that has not decreased in _____ hours after correction, consider pump failure or infusion site failure and contact parents.

For infusion set failure, contact parent/guardian: Can student change own infusion set Yes No

Student/parent insert new infusion set

Administer insulin by pen or syringe using pump recommendation

For suspected pump failure suspend pump and contact parent/guardian

Administer insulin by syringe or pen using pump recommendation

Continuous Glucose Monitor (CGM)

Student not using CGM

Name of CGM _____

Alert for Low blood glucose _____ mg/dl Alert for High blood glucose _____ mg/dl

Verify all alarms with blood glucose finger stick before treatments

Do not disconnect CGM for sports of activities

If adhesive is peeling off reinforce with medical tape

If CGM falls off do not throw pieces away, place in a bag, contact and return to parents

Insulin injections should be at least 3 inches away from CGM device

Do not give Tylenol while using the CGM

Other instructions from MD regarding using CGM for insulin dosing Yes No

| Activities/Skills | Independent | |
|---------------------------------|-------------|----|
| Blood Glucose Monitoring | Yes | No |
| Carbohydrate Counting | Yes | No |
| Selection of snacks and meals | Yes | No |
| Treatment for mild hypoglycemia | Yes | No |
| Test urine/blood for ketones | Yes | No |
| Management of Insulin Pump | Yes | No |
| Management of CGM | Yes | No |

Authorization for the Release of Information:

I hereby give permission for _____ (school) to exchange specific, confidential medical information with _____ (Diabetes healthcare provider) on my child _____, to develop more effective ways of providing for the healthcare needs of my child at school

Prescriber Signature _____ Date _____

Reviewed by Dr. Carly Wilbur April 2019

Parent Signature _____ Date _____





Solon City Schools
Administrative Offices
33800 Inwood Road
Solon, OH 44139
(440) 248-1600
fax: (440) 248-7665

Dear Parent/Guardian:

The American with Disabilities Act (ADA) is an anti-discrimination law that protects individuals with disabilities from disability-based discrimination. Originally passed in 1990, the ADA was amended in 2009. The amendments broadened the scope of the ADA's coverage in many ways. In short, under the amendments, more students in schools meet the ADA definition of an "individual with a disability" and are entitled to the protection by the ADA.

Section 504 of the Rehabilitation Act of 1973 (Section 504) is also an anti-discrimination law. Section 504 prohibits entities that accept federal funding such as public school districts, from discriminating against individuals with disabilities. The amendments broadening the scope of the ADA's coverage are also applicable to Section 504.

Because you are making the District aware that your child has a medical condition by completing a health action plan this letter is to inform you that he/she may be eligible for a Section 504 plan under the expanded definitions in Section 504.

In order to determine whether your child is eligible under Section 504, an evaluation must be conducted by a team of individuals from the District. Whether or not your child is evaluated is your choice and no evaluation will be completed without your written consent. Page 2 of this letter outlines the *Section 504 Parent/Child Rights and Procedural Safeguards*.

If you have questions about this information or would like to discuss an evaluation, please **contact the Guidance Counselor at your child's school.**

SECTION 504 PARENT/CHILD RIGHTS AND PROCEDURAL SAFEGUARDS

1. Your child has a right to take part in and receive benefits from public education programs without discrimination based on a disability.
2. You have the right to receive written notice prior to any action by the district in regard to the identification, evaluation, or placement of your child.
3. Your child has a right to an evaluation prior to the development of an initial § 504 plan and any subsequent significant change in placement. Your child is eligible for a free appropriate public education under § 504 of The Rehabilitation Act of 1973 if the § 504 Team determines that your child has a physical or mental impairment that substantially limits one or more major life activities, including the provision of regular or special education and related aids and services that are designed to meet the individual educational needs of the student as adequately as the needs of students without disabilities are met and that are based upon adherence to Section 504's procedural requirements. Major life activities include, but are not limited to, caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, communicating, working, and learning, or the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, or endocrine functions.
4. The district shall consider information from a variety of sources, including (as appropriate) but not limited to aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, adaptive behavior, medical reports, student grades, progress reports, parent observations, anecdotal reports, and test scores when making eligibility, educational, and placement decisions under § 504.
5. Eligibility decisions must be made by a group of persons knowledgeable about your child, the meaning of the evaluation data, and the placement options.
6. If eligible as disabled under § 504, your child has a right to periodic reevaluations, generally every three years, before your child's placement is terminated or significantly changed, and if otherwise determined to be necessary.
7. Your child has the right to a free appropriate public education ("FAPE"), meaning the provision of education and related services without cost to the person with a disability or his or her parents or guardians except for those fees that are imposed equally on non-disabled students or their parents.
8. Your child has a right to access facilities, services, and activities that are comparable to those provided for non-disabled students.
9. You have the right to examine educational records of your child and obtain copies at a reasonable cost.
10. With respect to actions regarding the identification, evaluation, or educational placement of your child under Section 504, you have the right to notice, an opportunity to examine relevant records, an impartial hearing with opportunity for participation by you and representation by counsel, and a review procedure.
11. If you wish to challenge the actions of the district's § 504 Team in regard to your child's identification, evaluation, or educational placement, you should file a written grievance with the district's § 504 Compliance Officer, Tebra Page, at Solon City School District, 33800 Inwood Road, Solon, Ohio 44139, within 10 calendar days from the time you received written notice of the § 504 Team's action(s). A hearing will be scheduled before an impartial hearing officer selected and appointed by the district and you will be notified in writing of the date, time, and place for the hearing.
12. If you disagree with the decision of the impartial hearing officer appointed by the district, you have a right to a review of that decision by a court of competent jurisdiction.
13. You have a right to file a complaint with the United States Department of Education Office for Civil Rights (OCR) at any time. OCR may be contacted at 600 Superior Avenue, East, Suite 750, Cleveland, Ohio 44114-2611.

Tebra Page

Name

33800 Inwood Road

Address

Solon, Ohio 44139

City, State, and Zip

Solon City

School District

Director of Pupil Services

Title

(440) 349-7293

Telephone

tebrapage@solonboe.org

E-mail