

**Individual Health Plan - Diabetic Management** \_\_\_\_\_ **Date of IHP** \_\_\_\_\_

Student Name \_\_\_\_\_ ID# \_\_\_\_\_ HR/Team \_\_\_\_\_ Bus #/Car \_\_\_\_\_

Diabetes Type 1 \_\_\_ Diabetes Type II \_\_\_ Age at diagnosis \_\_\_\_\_ Insulin Type? Humalog \_\_\_ Novolog \_\_\_ Lantus Y \_\_\_ N \_\_\_

Time of Day \_\_\_\_\_ Target BG \_\_\_\_\_ Carbohydrate ratio \_\_\_ Correction factor \_\_\_ Treats BG as low at: \_\_\_ Tests ketones if BG is: \_\_\_

Time of Day \_\_\_\_\_ Target BG \_\_\_\_\_ Carbohydrate ratio \_\_\_ Correction factor \_\_\_ Treats BG as low at: \_\_\_ Tests ketones if BG is: \_\_\_

**Insulin Delivery:** Pump \_\_\_ Pen \_\_\_ Syringe \_\_\_ Date Rec. \_\_\_\_\_ Expiration (if applicable) \_\_\_\_\_

**Continuous Glucose Monitor (CGM):** Daily wear \_\_\_\_\_ Intermittent wear \_\_\_\_\_ Dexcom App \_\_\_\_\_ Other \_\_\_\_\_

**Altered Blood Sugar Response:** Glucagon provided? Y \_\_\_ N \_\_\_ Expires \_\_\_\_\_ Location \_\_\_\_\_

Ketostix provided? Y \_\_\_ N \_\_\_ Expire \_\_\_\_\_ Location \_\_\_\_\_

**Blood sugar monitoring:** Independent \_\_\_ Assistance/Observation required \_\_\_ Dependent \_\_\_ CGM \_\_\_\_\_

**Carbohydrate calculation:** Independent \_\_\_ Assistance/Observation required \_\_\_ Dependent \_\_\_ Provided by parent \_\_\_

**Insulin dosage calculation:** Independent \_\_\_ Assistance/Observation required \_\_\_ Dependent \_\_\_

**Insulin administration:** Independent \_\_\_ Assistance/Observation required \_\_\_ Dependent \_\_\_

**Insulin pump site change will be completed by:** Student \_\_\_ Parent \_\_\_ Site change supplies stored in clinic? Y \_\_\_ N \_\_\_

**Student manages diabetes:** Only in clinic \_\_\_ In both clinic and classroom \_\_\_ Only in classroom \_\_\_

**Student checks BG:** At meals \_\_\_ Prior to PE \_\_\_ Following PE \_\_\_ End of school day \_\_\_ When symptomatic \_\_\_ Other \_\_\_\_\_

**School hour BG/Insulin intake reported to parent by:** Student \_\_\_ Pump \_\_\_ CGM \_\_\_ Nurse \_\_\_ (Email \_\_\_ Phone \_\_\_ Note \_\_\_)

**Student's primary symptoms of Hypoglycemia (LOW BLOOD SUGAR) usually include: (circle all that apply)**

Shaky	Sweaty	Dizzy	Anxious	Hungry	Other:
Blurry Vision	Weakness	Headache	Irritability	Tachycardia	Other:

**Student's primary symptoms of Hyperglycemia (HIGH BLOOD SUGAR) usually include: (circle all that apply)**

Extreme Thirst	Frequent urination	Hungry	Drowsy	Blurry Vision	Skin Dryness	Other:
----------------	--------------------	--------	--------	---------------	--------------	--------

**Signature of person completing form:** \_\_\_\_\_ **Date** \_\_\_\_\_

**CLINIC USE ONLY: To be filled out by clinic RN**

Physician orders received Y \_\_\_ N \_\_\_ Date \_\_\_\_\_ Parent/Guardian notified of 504 Eligibility \_\_\_ Date \_\_\_\_\_

Testing supplies (glucometer, strips, lancets, alcohol swabs, batteries, pump replacement tubing /site changes)

Supplies received: Date \_\_\_\_\_ Exp dates: \_\_\_\_\_ Location(s) \_\_\_\_\_

Transportation notified/IHP sent	Date:	Initials:
Food service Notified	Date:	Initials:
Teachers/Appropriate staff/IHP sent	Date:	Initials:

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_