

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Diabetes Questionnaire/Individual Health Plan**  
School Year \_\_\_\_\_

Please complete and return to the School Nurse. The following information is helpful in determining any special needs.

Person to contact:	Relationship:	Work Phone:	Home Phone:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
Family Physician:	Clinic:	Phone:	
_____	_____	_____	
Hospital:	Phone:	Health Insurance: _____ Yes _____ No	
_____	_____		

Child's age at diagnosis of diabetes \_\_\_\_\_

Please check all the early warning signs that indicate your child is having low blood sugar:

- \_\_\_\_\_ mood changes (circle the usual): irritability, crying, confusion, inappropriate responses  
\_\_\_\_\_ headache \_\_\_\_\_ shaky, nervous \_\_\_\_\_ loss of consciousness  
\_\_\_\_\_ dizziness \_\_\_\_\_ blurred vision \_\_\_\_\_ numbness, tingling lips/tongue  
\_\_\_\_\_ drowsiness, fatigue \_\_\_\_\_ unusually pale, moist/clammy skin  
\_\_\_\_\_ hunger \_\_\_\_\_ heart pounding  
\_\_\_\_\_ other: \_\_\_\_\_

Please check all the early warning signs that indicate your child is having high blood sugar:

- \_\_\_\_\_ excessive thirst \_\_\_\_\_ nausea \_\_\_\_\_ abdominal pain  
\_\_\_\_\_ frequent urination \_\_\_\_\_ vomiting \_\_\_\_\_ rapid breathing  
\_\_\_\_\_ hot/flushed skin \_\_\_\_\_ confusion \_\_\_\_\_ weakness  
\_\_\_\_\_ other: \_\_\_\_\_

Does your child recognize these symptoms? YES NO

Time of day reaction most likely to occur:

\_\_\_\_\_

In the past year, how often has your child been treated for diabetes in the emergency room? \_\_\_\_\_

overnight in the hospital? \_\_\_\_\_

What snacks will be provided to prevent/treat your child's low blood sugar? \_\_\_\_\_

\_\_\_\_\_

What action do you want school personnel to take if your child does not respond to treatment?  
\_\_\_\_\_

Do blood sugar tests need to be done at school? YES NO If YES, when: \_\_\_\_\_

When do you wish to be called? High reading \_\_\_\_\_ Low reading \_\_\_\_\_

**CONTINUED . . .**

**Please list any medications your child is taking for diabetes:**

Name of Medication	Amount Taken	How Taken	How Often
_____	_____	_____	_____
_____	_____	_____	_____

Please list any side effects of your child's medications: \_\_\_\_\_

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**Physician orders are required for blood glucose monitoring. If a medication is to be given at school, a medication form must be completed yearly. The medication must be in original labeled container. (When you get the prescription filled, please ask the pharmacist to put it into two containers so your child will have one for school and one for home use.)**

Are there any classroom or physical education accommodations needed for your child?

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**In an acute emergency the student will be transported by ambulance to the hospital. Transportation in a non-acute situation is the responsibility of the parent/guardian. Any charges incurred are the responsibility of the parent/guardian.**

Please add anything else you would like school personnel to know about your child's diabetes.

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**Interventions**

1. Treatment of Hypoglycemia:  
If blood glucose is below \_\_\_\_\_, then:
  - ◆ Give sugar or quick energy food immediately. (For example: fruit juice or non diet soft drink; 6-7 Life Savers; 2-3 glucose tablets.)
  - ◆ Wait 15 minutes. DO NOT LEAVE STUDENT.
  - ◆ If symptoms continue, repeat treatment with quick-acting sugar, recheck blood glucose as is indicated.
  - ◆ Wait 15 minutes. DO NOT LEAVE STUDENT.
  - ◆ If symptoms continue, call parent or doctor.
  - ◆ If student is not responding to sugar source or is very confused or becomes unconscious, call 911 and immediately contact parents.
2. Treatment of Hyperglycemia:
  - ◆ If blood sugar is above \_\_\_\_\_, notify parent.
  - ◆ Recheck blood glucose as indicated.
  - ◆ Follow existing medication order.

Nursing Diagnosis	Goal	Plan
1. Nutrition - alteration in body requirements.	Student will have appropriate caloric intake and exercise program.	◆Parent, student, and school nurse (SN) will review class schedule and plan appropriate timing for snack, lunch, and/or physical education classes.
2. Potential for alterations in blood glucose levels.	Student will have as few episodes of hypoglycemia and hyperglycemia as possible.	◆Parent, student and SN will work together to determine best time for daily blood glucose testing. ◆SN will provide information to student's teachers and health services personnel about diabetes, signs and symptoms of hypoglycemia and hyperglycemia.

♦Student will recognize own signs and symptoms of hypoglycemia and hyperglycemia will report to health room or request help from others as needed.

3. Potential for infection. Student will practice procedures to prevent infections.

♦Student will use good hand washing technique before glucose monitoring. Student will demonstrate appropriate technique for accurate glucose monitoring and/or insulin injection as appropriate.

4. Potential for alteration in attention and behavior. Student's diabetes will not interfere with learning.

♦SN will educate staff members on possible physical and behavior changes that may occur as a result of changes in blood glucose levels.

♦Staff members will report physical or behavior changes to health services personnel, who will notify parents and/or physician.

5. Potential for non-compliance regarding treatment of diabetes. Student will follow personal health maintenance plan.

♦SN, student and parents will discuss changes observed in student's eating and exercise pattern and/or poor compliance to blood glucose monitoring.

♦Student will demonstrate age appropriate understanding of diabetes management.

♦Parent will supply school with necessary supplies.

**Plan initiated:**

Date/Grade:

Signature:

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**Plan reviewed/updated:**

Date/Grade:

Signature:

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Date:

Copy Given To:

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School nurse may share this information with appropriate school personnel YES NO

I authorize reciprocal release of information related to diabetes between the school nurse and the health care provider.

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Parent/Guardian Signature

Date