



Diabetes Individualized Healthcare Plan (IHCP)

Student: _____ ID#: _____
 Grade: _____ DOB: _____ Teacher: _____
 Allergies: _____
 Student's Secondary Health Concerns: _____

Nursing Diagnosis: Knowledge Deficit Related to Disease Management & Prescribed Treatment Regimen (NANDA 00126)
 Risk for Allergy Response Related to History of Hypersensitivity to Allergen (NANDA 00217)
Student Goal: Student Will Demonstrate Understanding of the Disease Process and Management

Ratings: 1- No Knowledge, 2- Limited, 3- Moderate, 4- Substantial, 5- Extensive Knowledge, N/A- Not Applicable (Circle One)

Date: _____ Date: _____ Date: _____ Date: _____

Student Knowledge: Diabetes Self-Management

Able to describe disease process & knowledge about condition	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Able to Recognize signs and symptoms of hyperglycemia & hypoglycemia	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Identify possible cause of hyperglycemia & Hypoglycemia	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Demonstrates correct procedure for blood glucose testing	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Able to describe how to treat symptoms of hyperglycemia & hypoglycemia	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Able to describe symptoms of complications	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Knows When to Seek Medical Attention/Emergency Treatment	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A

Student Knowledge: Medication Administration

Student verbalizes understanding on when to use prescribed medication	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Demonstrates correct procedure for insulin administration	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Student knows to rotate injection sites	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Student knows importance of continual access to emergency medication	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Student able to verbalize medication side effects	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Student routinely monitors expiration date	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Student knows the proper disposal of syringes & needles	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A

Student Knowledge: Health Management

Student able to monitor calorie & dietary intake	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Student knows foods allowed and foods to avoid in diet	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Student knows to carry a simple carbohydrate at all times	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Student follows recommended activity level	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A

Ratings: 1- Severely Compromised, 2- Substantially, 3- Moderately, 4- Mildly, 5- Not Compromised, N/A- Not Applicable (Circle One)

RN Assessment of Student Health Status

Physical Health	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Mental Health	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
School Attendance	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Readiness to Learn	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Participation In Physical Activities	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Healthy Dietary Habits	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
	Completed by:	Completed by:	Completed by:	Completed by:
	Nurse's Signature:	Nurse's Signature:	Nurse's Signature:	Nurse's Signature:



School Health Program

Student Diabetes Checklist

Student Name: _____

School Nurse: _____

Date: _____

The student has demonstrated understanding and competency consistently:

SKILLS	YES	NO	COMMENTS
1. States signs and symptoms of hypoglycemia (low blood sugar)			
2. States appropriate treatments of low blood sugar			
3. States signs and symptoms of hyperglycemia (high blood sugar)			
4. States appropriate treatments of high blood sugar			
5. Knows how to test/monitor blood sugar			
6. Knows when snack is needed			
7. Knows when to administer medication			
8. States need to call 911			

The student agrees to follow the safety precautions with medication compliancy and to report any discomfort or distress.

Student Signature _____

Date: _____

Parent Name/Signature _____

Date _____

I hereby acknowledge that the student listed above has demonstrated all the above listed skills.

School Nurse Signature _____

Date _____

Review Dates: _____



**Florida Miami Dade DOH School Health Program
Roles & Responsibilities: Diabetes**

Student: _____ ID#: _____
 Grade: _____ DOB: _____ Teacher: _____
 Parent/Guardian Name(s) _____ School Year: _____

School Responsibilities/Agreements	Family Responsibilities/Agreements	Student Responsibilities/Agreements
1. Diabetes Medication & Supplies Kept: Circle below where applicable- Clinic Main Office Classroom Student Book Bag Other: _____ Biohazard collection equipment (sharps container, red bags, gloves)- Kept in Clinic	1. Provide medication, supplies & snacks for school site. Pick up and replace any expired medication. Med Name & Exp. Date: _____ Med Name & Exp. Date: _____	1. Report any signs/symptoms of hypoglycemia or hyperglycemia to school staff.
2. UAP to administer medications per MDCPS training (review action plan, recognize symptoms & respond): _____ _____	2. Keep school staff informed of any changes in student condition, medications and updated emergency contact information. Any change in medication regimen requires new medication forms.	2. Blood sugar testing as per Diabetes Medical Management Plan if applicable. Contact parent/guardian with results.
3. Blood sugar log kept in medication binder.	3. Available to accompany student on field trip and carry the diabetes medication, supplies & snacks.	3. If applicable, carry diabetes medication and supplies as directed by physician.
4. Call parent/guardian with blood sugar test result if low or high per Diabetes medical management plan.	4. If applicable, check student is carrying diabetes medication & supplies as directed by physician.	4. Wear a medical identification tag or jewelry.
5. Staff to contact 911/Parent/Guardian in case of an emergency: <u>Administration</u>	5. Pick up any unused medication at the end of the school year.	5. Demonstrate competence in the use of medication and blood sugar testing equipment.
6. Staff to direct EMS to the emergency: <u>Administration & Security</u>		
7. CPR certified staff: _____ _____		
8. Security/Teacher to carry school two-way radio and/or have emergency intercom access		
9. Substitute Teacher Instructions: <u>Copy of Action Plan on Lesson Plan</u>		

Parent/Guardian Signature

Date

Principal or School Administration Designee Name

Date

School Nurse

Date

Child-Specific Training for School Staff
August 20 - June 20_

School: _

Student: _

Date _

ID # _

DOB: _

Health Condition: _

Staff Name	Signature	Level 1	Level 2	Level 3

School Nurse: _