

## Table 3

### Individualized Health Plan (IHP) for Student with Diabetes Using Insulin Pump

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Diabetes Educator: \_\_\_\_\_

Parent name(s) and phone number(s) \_\_\_\_\_

**WHEN TO CHECK BLOOD GLUCOSE:** *For provision of student safety while limiting disruption to learning*

**Always for signs & symptoms of low/high blood glucose, when does not feel well and/or behavior concerns**

- Before School Program     Before Snack     Mid-morning     After School Program/Extracurricular Activity  
 Before Lunch     After Lunch     Recess     Before PE     After PE  
 School Dismissal     Before riding bus/walking home     2 hrs after correction  
 Other: \_\_\_\_\_

**TARGET RANGE – Blood/CGM Glucose:**  \_\_\_\_\_ to  \_\_\_\_\_

- (suggested for < 6 y.o.)     (suggested for 6 – 17 y.o.)     (suggested for > 17 y.o.)  
70-150 mg/dL (3.9-8.3 mmol/L)    70-130 mg/dL (3.9-7.2 mmol/L)    70-130 mg/dL (3.9-7.2 mmol/L)

**Notification to Parents if blood/CGM glucose is less than \_\_\_\_\_ or greater than: \_\_\_\_\_**

The following devices may be used for blood glucose in place of finger stick:

*(See instructions in Table 1, Standards of Care, for instructions on when these may be used.)*

Dexcom G5/G6     Freestyle Libre     Other: \_\_\_\_\_

*The following two sections are discussed in more detail in the Standards of Care (Table 1)*

**HYPOGLYCEMIA:** See Standards of Care (Table 1) for more information.

Student should be accompanied to health office if symptomatic or blood/CGM glucose below \_\_\_\_\_.

- If symptomatic but glucose meter not available, treat as indicated for mild symptoms below.
- If blood glucose in range \_\_\_\_\_ - \_\_\_\_\_ but symptomatic, treat with 10 to 15 gm carbohydrate snack.
- If mild symptoms (e.g., shaky, hungry, pale) test BG and if below \_\_\_\_\_, treat with juice, glucose tabs, etc. every 10-15 min until BG above \_\_\_\_\_. Then give 10-15 gm carb snack or give lunch.
- Do not give insulin for glucose used to treat hypoglycemia. If at lunchtime, wait to give meal insulin until after the meal.
- If moderate symptoms (e.g., not thinking clearly), they may be unable to drink independently. Test BG and administer sugar drink or glucose gel. If unable to administer, may use intranasal glucagon (Baqsimi, 3 mg) if available. Re-test every 15 minutes until BG above \_\_\_\_\_. Then give a snack that includes 10-15 gm carbs, or lunch.
- If severe reaction (seizure, unconscious), test BG and administer glucagon \_\_\_\_\_ units (\_\_\_\_cc/mL) IM into thigh; or, if available, intranasal glucagon (Baqsimi, 3 mg) may be used instead. **Give nothing by mouth! SUSPEND OR DISCONNECT PUMP. CALL 911 AND PARENT.**
- Other: \_\_\_\_\_

**HYPERGLYCEMIA AND KETONE TESTING:** (see **Pump Insulin Dosing** orders below):

- If BG (by fingerstick or CGM) is above the target range, and it has been over 3 hours since the last dose of insulin, provide insulin for BG correction as indicated in the Correction Bolus orders below. If at lunchtime, include the insulin to cover the meal carbohydrates, as in the Insulin to Carbohydrate orders below.
- The school nurse should take into consideration upcoming activities, including PE, lunch dosing, walking home, after-school activities, etc., when giving insulin corrections for high BG (for both injections and pumps). *If the correction factor is not available, or there is not a sliding scale for insulin dosage, contact the diabetes care-provider for a one-time order.*
- If BG greater than 300 mg/dL (16.7 mmol/L) after two consecutive checks ( $\approx$  1-2 hours apart), or if illness, such as nausea/vomiting, TEST KETONES. Check one:  blood  urine
  - ◇ If no method to check ketones is available, call parents to come to do the ketone check or to take student home to monitor and treat.
  - ◇ If ketones are below moderate in urine or 1.0 mmol/L in blood, student may require insulin injection. First, contact parent. If parents are not available, call diabetes care-provider for further instructions.
  - ◇ Recommend student be released to parents when ketones are moderate or large in urine or above 1.0 mmol/L in blood, **or** if student has symptoms of illness (e.g., nausea, vomiting), in order to be treated and monitored more closely by parent/guardian.
  - ◇ If ketones present, provide water and keep student from exercise.
- **Potential pump malfunction:** The concern for a student on a pump with prolonged hyperglycemia is the possibility of blocked insulin tubing and the risk of going into Diabetic Ketoacidosis (DKA). This can happen after 2 or 3 hours without insulin. Unlicensed assistive personnel should contact school nurse or diabetes care-provider for further instructions regarding insulin by injection or new infusion set by parent or independent student.
- Other: \_\_\_\_\_

**PUMP INSULIN DOSING ORDERS (Insulin-to-Carb Ratios Plus the High BG Correction):** Enter BG and approximate grams of carbs to be eaten. A suggested insulin dose will appear. Then just press “accept” or “enter” to give bolus.

**Insulin Pump:** (Type of pump: \_\_\_\_\_; type of insulin in pump: \_\_\_\_\_)

- Pump settings are established by the student’s healthcare-provider and should not be changed by the school staff. All setting changes to be made at home or by student authorized to provide self-care.
- Parents will set alarms for pumps and CGMs sparingly to avoid unnecessary disruption of school activities (i.e., set alarms for blood glucose levels that require immediate action). Parents will notify school nurse of the parameters (e.g., alarm set for BG below 70 mg/dL [3.9 mmol/L]).
- Alarms set for this student : Lower limit \_\_\_\_\_ High glucose alarm: \_\_\_\_\_

**Correction Bolus:**

- Provide correction bolus per pump calculator. Corrections should not be given more frequently than every 2 hours. The blood/CGM glucose level should be entered into the pump for calculation of pump-calculated correction bolus. Press “enter” or “accept” to give the bolus. See below if pump not working.



**PUMP MALFUNCTIONS:** Disconnect pump when malfunctioning (usually due to plugged pump tubing).

- Check ketones if needed (see Hyperglycemia and Ketone Testing section above)
- If ketones are moderate/large (urine) or greater than 1.0 mmol/L (blood), follow instructions in Hyperglycemia and Ketone Testing section above.
- If pump calculator is operational, the insulin dosing should be calculated by using the pump bolus calculator and then insulin given by injection.
- If pump calculator is not operational, give insulin by injection using Insulin to Carbohydrate Ratio and Correction Factor above.

**Student’s Self Care:** (Ability level determined by school nurse and parent with input by healthcare-provider)

- |  |                              |   |
|--|------------------------------|---|
| Independently monitors blood/CGM glucose | <input type="checkbox"/> Yes | <input type="checkbox"/> No   |
| Independently treats mild hypoglycemia   | <input type="checkbox"/> Yes | <input type="checkbox"/> No   |
| Independently counts carbohydrates       | <input type="checkbox"/> Yes | <input type="checkbox"/> No   |
| Independently tests urine/blood ketones  | <input type="checkbox"/> Yes | <input type="checkbox"/> No   |
| Independently manages pump boluses       | <input type="checkbox"/> Yes | <input type="checkbox"/> No   |
| Self-injects with verification of dosage | <input type="checkbox"/> Yes | <input type="checkbox"/> No, injections to be done by trained staff |
| Independently inserts infusion sets      | <input type="checkbox"/> Yes | <input type="checkbox"/> No   |
| Troubleshoots all alarms                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No   |

**Additional Information/Comments:**

**Signatures:**

My signature below provides authorization for the written orders above and exchange of health information to assist the school nurse. I understand that all procedures will be implemented in accordance with state laws and regulations and may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This order is for a maximum of one year.

Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_