



Student: _____
 Grade: _____
 Dates: _____
 School Year: _____
 IHP Completed by and Date: _____
 IHP Review Dates: _____
 Nursing Assessment Completed by and Date: _____
 Nursing Assessment Review: _____

Self Management:

Meal Plan: Carb counting: Y / N Scheduled Snacks: Y / N Time: _____ Other: _____

Blood Glucose Meter Type: _____ Testing independently: Y/N

Monitoring: Extra carbs for PE/Althetic days: Y/N

Exercise Plan:

Current Medications:

Insulin Type: _____ Dose: _____

Delivery Type: _____ Time: _____

Correction dose: Y/N per DMMP Student self adjust insulin: Y/N

Nursing Diagnoses	Interventions and Activities	Date Implemented	Outcome Indicator	Date Evaluated
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<p>Risk for unstable blood glucose</p>	<p>Establish and document student's routine for maintaining blood glucose within goal range including while at school:</p> <p>Blood Glucose Monitoring</p> <ul style="list-style-type: none"> • When to check Blood Glucose <ul style="list-style-type: none"> <input type="checkbox"/> AM _____ <input type="checkbox"/> Before lunch <input type="checkbox"/> PM _____ <input type="checkbox"/> As needed <input type="checkbox"/> Other _____ • Where to check blood glucose: <ul style="list-style-type: none"> <input type="checkbox"/> Classroom <input type="checkbox"/> Lunch room <input type="checkbox"/> UIL activities <input type="checkbox"/> Other _____ • Student Self-Care Skills: <ul style="list-style-type: none"> <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Full assistance • 		<p>Student will demonstrate increasing knowledge and self-management skill with diabetes at school</p> <p>Met: <input type="checkbox"/> Not Met: <input type="checkbox"/></p> <p>Met: <input type="checkbox"/> Not Met: <input type="checkbox"/></p> <p>Met: <input type="checkbox"/> Not Met: <input type="checkbox"/></p> <p>Met: <input type="checkbox"/> Not Met: <input type="checkbox"/></p>	
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<p>Risk for ineffective therapeutic regimen management</p>	<p style="text-align: center;">Hypoglycemia Management</p> <p>STUDENT WILL :</p> <ul style="list-style-type: none"> • Check blood glucose when hypoglycemia suspected • Treat hypoglycemia according to the Diabetes Management Plan • Take action following a hypoglycemia episode: • Keep quick-acting glucose product to treat on hand Type: <u>candy, juice, gel, tabs</u> Location: <u>on person and in clinic</u> • Routinely monitor hypoglycemia trends r/t class schedule (e.g., time of PE, scheduled lunch, recess) and insulin dosing • Report and consult with parents/guardian, school nurse, HCP, and school personnel as appropriate • 		<p>Met: <input type="checkbox"/> Not Met: <input type="checkbox"/></p> <p>Met: <input type="checkbox"/> Not Met: <input type="checkbox"/></p> <p>Met: <input type="checkbox"/> Not Met: <input type="checkbox"/></p> <p>Met: <input type="checkbox"/> Not Met: <input type="checkbox"/></p> <p>Met: <input type="checkbox"/> Not Met: <input type="checkbox"/></p> <p>Met: <input type="checkbox"/> Not Met: <input type="checkbox"/></p>	
<p>Parent Signature: _____ Date: _____</p> <p>Nurse Signature: _____ Date: _____</p>				