



HEALTH SERVICES Diabetes Self Care Form

MELISSA SCHOOLS "A Special Time in a Special Place"

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:	
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Delivery Type:	Time:	
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Correction dose: Y/N per DMMP	Student self adjust insulin: Y/N	
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Nursing Diagnoses	Interventions and Activities	Date Implemented	Outcome Indicator	Date Evaluated
Risk for unstable blood glucose	Establish and document student's routine for maintaining blood glucose within goal range including while at school: Blood Glucose Monitoring • When to check Blood Glucose <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: <input type="checkbox"/> Classroom <input type="checkbox"/> Lunch room <input type="checkbox"/> UIL activities <input type="checkbox"/> Other _____ • Student Self-Care Skills: <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Full assistance • _____		Student will demonstrate increasing knowledge and self-management skill with diabetes at school Met: <input type="checkbox"/> Not Met: <input type="checkbox"/> Met: <input type="checkbox"/> Not Met: <input type="checkbox"/> Met: <input type="checkbox"/> Not Met: <input type="checkbox"/> Met: <input type="checkbox"/> Not Met: <input type="checkbox"/>	

<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 • Have snacks as advised by physician and/or parent 		<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>Met: <input type="checkbox"/> Not Met: <input type="checkbox"/></p>	
<p>Other</p>				
<p>Parent Signature: _____ Date: _____</p> <p>Nurse Signature: _____ Date: _____</p>				