Diabetes Care/Action Plan

RIDGE HAVEN
BREVARD | CONO

Camper _____ DOB_____ Grade_____

Doctor _____ Phone _____ Diabetes Educator _____ Phone _____

Monitor Blood Glucose BEFORE ☐ Breakfast ☐ Lunch ☐ Dinner AFTER ☐ Breakfast ☐ Lunch ☐ Dinner
☐ Before exercise ☐ After exercise ☐ Before snack ☐ As needed for signs/symptoms of low or high blood glucose ☐ At bedtime
Blood glucose at which parent should be notified Low <_____mg/dl and High >_____ mg/dl.
Target range for blood glucose >_____ mg/dl to <_____mg/dl.

Hypoglycemia Camper should not be sent to nurse unaccompanied if symptomatic or BS less than 70 mg/dl.

- Check blood glucose - if blood glucose meters not available, treat symptoms.
- Blood glucose below _____ mg/dl and/or symptomatic Treat with 10 to 15 gram carbohydrate snack.
- Mild symptoms: Treat with juice, glucose tabs, etc. until above ____ mg/dl, then snack or lunch.
- Moderate symptoms if unable to drink juice: Administer glucose gel. Retreat until above ____ mg/dl, then snack or lunch.
- Severe symptoms which may include seizures, unconscious, unable or unwilling to take gel or juice:
  Administer Glucagon _____ mg(s) ☐ IM if trained staff available and call 911.

Hyperglycemia

☐ Check urine ketones if blood glucose is over 300 mg/dl or with symptoms of illness/vomiting. If ketones present, call parents, provide water and student should not exercise. Student may need insulin via injection.
☐ Use insulin orders (see below) when blood glucose is _____mg/dl.
√ Recommend student be released from school when ketones are moderate/large or symptoms of illness in order to be treated and monitored more closely by parent/guardian.

Medication

Student is on ☐ oral diabetes medication(s) Dose: _____ **Times to be given** _____.
Student is on ☐ insulin . Type: _____ Dose: _____ **Times to be given** _____.

Blood Glucose Correction and Insulin Dosage using (Rapid Acting) Insulin: _____

Blood Glucose Range _____ mg/dl Administer _____ units
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Carbohydrate counting _____ unit(s) of insulin per _____ grams of carbohydrate with lunch.

☐ Parent/guardian authorized to increase or decrease correction within the following range: +/- 2 units of insulin.

☐ Parent/guardian authorized to increase or decrease insulin to carbohydrate ratio within the following range: 1 unit per prescribed grams of carbohydrates +/- 5 grams of carbohydrates.

Student's Self Care (ability level to be determined by school nurse and parent with input from healthcare provider)

Totally independent management. (if independent, complete self-management agreement)	☐ Yes	☐ No	Self injects with trained staff supervision. Injections to be done by trained staff.	☐ Yes	☐ No
Needs verification of blood glucose by staff.	☐ Yes	☐ No	Self treats mild hypoglycemia.	☐ Yes	☐ No
Assist/testing to be done by trained staff.	☐ Yes	☐ No	Monitors own snacks and meals.	☐ Yes	☐ No
Administers insulin independently.	☐ Yes	☐ No	Independently counts carbohydrates.	☐ Yes	☐ No
Self injects with verification of dose.	☐ Yes	☐ No	Monitors and interprets urine/blood ketones.	☐ Yes	☐ No

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SIGNATURES

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

Physician _____ Date _____

Parent _____ Date _____