

**LOS ANGELES UNIFIED SCHOOL DISTRICT
Medical Services Division**

CONFIDENTIAL HEALTH INFORMATION FOR A STUDENT WITH DIABETES

To School Personnel: The information below has been completed by the school nurse from an authorization signed by the student's licensed Healthcare Provider. Please review this form and initial the appropriate column below.

Special considerations: Bathroom privileges and ability to drink water as needed. To access diabetes testing supplies for signs and symptoms of high or low blood glucose anytime.

Level of self-management:

- Total Care (all diabetes tasks are performed by licensed nurse or trained school personnel)
 Supervised (student is able to perform the tasks supervised by a licensed nurse or trained school personnel)
 Independent (self-care: the student is able to perform all tasks without adult supervision)

***Students who test independently are to notify the licensed nurse and/or trained school personnel for blood glucose below ____mg/dl or above ____mg/dl as indicated in the licensed Health Care Provider (HCP) order.**

BLOOD GLUCOSE MONITORING

(Normal range: ____mg/dL - ____mg/dL)

Monitoring Device: Continuous Glucose Monitor Glucometer Testing performed in: Health Office Classroom Other: _____
 Blood Glucose Testing: Before breakfast Mid-AM/recess/snacks Before Lunch Before PE End of School/before after School Program
 Signs and Symptoms of high or low blood glucose or feeling ill Other: _____

TREATMENT OF LOW BLOOD SUGAR (Hypoglycemia)

Student must never be alone when hypoglycemia is suspected and needs continuous adult supervision and assistance.

Symptoms of low blood sugar are headache, hunger, sweating, fatigue, trembling, personality changes, pale appearance, inability to concentrate, blurred vision, other: _____

Treatment for low blood sugar < ____mg/dL.

Treat with one of the following: ____ oz juice or regular soda, ____ glucose tabs, ____ glucose gel, ____ hard candy, ____ sugar, or ____ honey

•Recheck blood glucose in 15 minutes •Repeat treatment if blood glucose < ____mg/dL

***NOTE: If still experiencing low blood sugar after 3 treatments: CALL PARENT/GUARDIAN.**

If lunch or snack is more than an hour away post hypoglycemia treatment; Give ____gms complex carbs without insulin

Emergency Care for Severe Hypoglycemia. Symptoms: seizure, loss of consciousness, and unable to swallow. Call 911

Location of glucagon: _____ Glucagon IM ____mg into the arm or thigh Glucagon Autoinjector SQ (Gvoke) ____mg to the upper arm or thigh
 Glucagon NAS (Baqsimi) 3mg (one spray) into one nostril Glucagon not available/not ordered.

***NOTE: if glucagon is administered, turn student on their side, call 911, and contact parent/guardian**

CARE OF HIGH BLOOD SUGAR (Hyperglycemia)

Symptoms of high blood sugar are thirst, nausea, vomiting, abdominal pain, lethargy, rapid breathing, and dry flushed skin.

Student tests for urine ketones if: Feeling ill BG > ____mg/dL

*** Note: If urine ketone is moderate to large, call parent/guardian for pick up and offer 8 ounces of water to drink every 30 minutes.**

INSULIN DOSING

Insulin @ school via: Vial and syringe Insulin Pen Smartpen/in-pen Pump No insulin @ school

Insulin dosing at school: Before breakfast Mid-AM/recess/snacks Before Lunch Before End of School or before after school program
 Other: _____

PHYSICAL ACTIVITIES

Student may participate in sports: Yes No Activity Restrictions: None Other: _____

No exercise for positive urine ketones or if blood glucose < ____mg/dL

FIRST SEMESTER				SECOND SEMESTER			
Period	Teacher	Initial	Date	Period	Teacher	Initial	Date
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
Home Room				Home Room			
Administrator				Administrator			
Counselor				Counselor			
Other				Other			