



2017-2018 School Plan Instructions – NEW SYSTEM

Our Team will be using an electronic form that is part of your Electronic Health Record. The electronic form will include:

- Your child's specific Medical Management Orders in a yearly format
- Another form will be used to renew your insulin changes throughout the year.
- Your School Nurse will use the medical orders with the NEW CHW Diabetes Management School Protocols to care for your child at school.

We will start this new process on June 1st, 2017. We will no longer be using paper or electronically entered forms from home. If you have a summer appointment, please bring the completed **"School Plan Worksheet"**. We will need the following to complete your school orders:

- A visit within the last 12 months
- Current insulin dosing information
- Grade level
- Name of the school
- Fax number for the school
- Phone number for the school

Your steps for setting up your child/teen's school plan:

1. Complete the **"School Plan Worksheet"** at the clinic or mail a completed copy to the clinic. Please allow 1 week for the clinic to FAX your school plan to the school.
2. The clinic will Fax the medical orders to your child's school.
3. You need to meet with your school nurse to finalize your child's management at school
4. All forms, school materials and instructions are located at <http://www.chw.org/medical-care/diabetes-program/resources-for-schools/> for your reference.

If you have any questions or concerns about your child's care at school

Please call:

CHW Diabetes Clinic – Main Campus at 414-266-3380

CHW Diabetes Clinic – Fox Valley/De Pere Campus at 920-969-7970

Name: _____

Birthdate: _____

Name of School (Include School District) and Grade: _____

Phone Number for School: (____) - ____ - ____

Fax Number for School: (____) - ____ - ____ . (MUST PROVIDE)

Mark the Type of Diabetes: Type 1 Diabetes Type 2 Diabetes Other Type _____

What blood sugar do you treat a low blood sugar at school? Under _____mg/dL

- How many grams of carbohydrate do you use to treat a low blood sugar at school? ____ - ____ grams

Does your child wear a CGM device at school? Yes No

- If yes, what type? Dexcom Libre Medtronic

Does your child take any other diabetes medication at school? Yes No

- If yes, provide the name of the medication, dose and time to be given.

Name: _____ Dose: _____ Time: _____

Does your child use insulin at school? No Yes

Pen Syringe Pump/Type: _____

- If your child attends high school, will supervision be needed? Yes No
- Does your child give their own insulin injection? Yes No

Does your child know how to do any of the following skills, mark the skills they can do:

No skills Count Carbohydrates Calculate insulin dose Set up own pen or syringe

If your child uses a pump, mark the skills they can do:

No skills Bolus correct amount Change infusion set/prepare reservoir tubing
 Insert new set Disconnect pump Reconnect pump Perform temp basal Trouble shoot alarms
 For pump failure: Draw up insulin and inject Disconnect for: ____ Vigorous sports ____ Showers

Mark the meals that your child receives at school: Breakfast Lunch Dinner

- Does your child dose snacks at school? Yes No
- Do they dose insulin before or after eating meal or snack? Before After

INSULIN DOSING

Complete the current dosing for meals and snacks at school- mark only the ones dosed at school:

Breakfast: 1.0 unit for _____ grams AM Snack: 1.0 unit for _____ grams Lunch: 1.0 unit for _____ grams

PM Snack: 1.0 unit for _____ grams Dinner: 1.0 unit for _____ grams

Select how you determine a meal time correction dose at school:

- Correction calculation at a meal:
 - What blood sugar level at a meal do you give the extra insulin? Over _____mg/dL
 - Your calculation is: Blood sugar minus _____ divide by _____mg/dL
- Dosing chart Dosing APP: Name of APP _____

What blood sugar level should a correction dose of insulin be given outside of meal time at school? _____mg/dl

How do you determine the amount? Calculated correction dose Pump bolus calculator

First column of dose chart Dose APP identified by parent

For Office Use Only:

Last provider: _____ Glucagon: 0.5 or 1.0 Changes: Yes/No Range: _____ Verified: _____