St. Thomas More School Individualized Diabetes Health Plan

Student Name: _			Date:			
Parent Name: _			Hm	Cell	Wk	
-			Hm	Cell	Wk	
Diabetes Medica Insulin dosag Target glucos	ge	□ Field trip	•	□ Emerge	ormation (please check): ncy action plan	
_	_	• .			ucose, prior to physical activity or inic.	
=	check Blood Glucos	se:				
	Morning Before Lunch	Call Daront Voc	No			
				f Carbohydrate if B	Blood Glucose <	
		Target Bloo	d Glucose			
	low blood sugar (c y, Irritable, Headacl	he, Sweaty, Shaky,	Weak, Anxiou	•		
		Management of Lo	ow Blood Glucos	se (nypogiycemia)		
The student v	will never be left alor	ne, or sent anywher	e alone when ex	kperiencing hypogl	ycemia.	
	ose < Gi eatment is needed. (est in 15 minutes. Call parent	
• Thirsty,	High Blood Sugar (Fatigue, Nausea, uth, Fruity breath,	Hunger, Vomiting	, Stomach pain	s, Blurred vision		
	Ma	anagement of Hig	h Blood Glucos	se (hyperglycemi	a)	
If Blood Gluco	ose > 240 check keto	ones. If ketones are	present call par	ent. Encourage stu	udent to drink water.	
	Important C	Considerations wh	en Managing	a Diabetes Healt	h Care Plan	
Parents bus.	ices or snacks will be will notify the Trans	e kept in the health sportation Dept. of t	clinic, classroom heir child's diab	n and student's bac etes and provide f		
	re any restrictions to					
•	ll be given to comple		••	•	ed and in those cases extended o make up or complete	
	viewed with the follo	owing team membe	rs:			
	/		/		/	
Name	Date	Name	Da	te Name	Date	
	/		/			

Date

Name

Name

Name