DIABETES - Individualized Healthcare Plan (IHP) School Year:				Picture	
Utah Department of Health					
STUDENT INFORMATION					
Student:	DOB:	Grade:	School:	DMMO □Yes □No	
Parent:	Phone:		Email:		
Physician:	Phone:		Fax or Email:		
School Nurse:	School Phone:		Fax or Email:		
☐ Type I ☐ Type II ☐ Age at diagnosis:					
BLOOD GLUCOSE MONITORING ☐ Student is independent ☐ Student needs assistance ☐ Student needs supervision ☐ Student has a Continuous Glucose Monitoring System (CGMS readings are for trends only, ALWAYS verify with blood glucose before any dosing, unless using Dexcom G5 – must have parent signature on DMMO)					
Always test if student is showing signs/symptoms of high or low blood glucose!					
INSULIN DELIVERY (per instructions from PCH, correction doses can be given at mealtime only, unless on a pump)					
Method of insulin delivery: □Pump □Insulin Pen □Syringe/vial □Student is independent □Student needs supervision □Student needs assistance (attach training documentation if applicable)					
High Blood Glucose Correction Dose for PUMP only: If BG overmg/dl, give correction per pump calculation					
Lunch: Student will typically eat: ☐ School Lunch (staff can help with carb counts) ☐ Home Lunch (parent must provide carb counts)					
HYPOglycemia-Low Blood Glucos	e HYPER glycemia-High	Blood Glucose	ADDITIONAL INFORMATION		
Emergency situations may occur with low blood sugar! Symptoms: shaky, feels low, feels hungry, confused, other (specify):	 Student must always be allow access to fast-acting sugar. Student is allowed to carry a water bottle and have unrestricted bathroom privileges. 				
☐ Student needs treatment when	□ Student needs treatment when blood glucose is over mg/dl □ If blood sugar is over mg/dl contact parent □ Allow unrestricted bathroom privileges □ Encourage student to drink water or sugar-free drinks			.	
blood glucose is below mg/dl or if symptomatic	☐ Student needs trea blood glucose is over ☐ If blood sugar is own mg/dl contact parent ☐ Allow unrestricted privileges ☐ Encourage student or sugar-free drinks	mg/dl er bathroom to drink water	 Student is allowed to his/her blood glucose when/where needed Substitute teachers naware of the student situation, but still resprivacy CALL 911 IF: Glucagon is administed Student is unable to design the student of the student	enust be 's health pecting ered cooperate	
mg/dl or if symptomatic If treated outside the classroom, a responsible person MUST accompany student to the office If blood glucose is below mg/dl give After 15 minutes recheck blood	☐ Student needs trea blood glucose is over ☐ If blood sugar is own mg/dl contact parent ☐ Allow unrestricted privileges ☐ Encourage student or sugar-free drinks	mg/dl er bathroom to drink water	 Student is allowed to his/her blood glucose when/where needed Substitute teachers naware of the student situation, but still resprivacy CALL 911 IF: Glucagon is administed Student is unable to design the student of the student	enust be 's health pecting ered cooperate ng	
mg/dl or if symptomatic If treated outside the classroom, a responsible person MUST accompany student to the office If blood glucose is below mg/dl give After 15 minutes recheck blood sugar Repeat until blood glucose is over mg/dl	☐ Student needs trea blood glucose is over ☐ If blood sugar is over mg/dl contact parent ☐ Allow unrestricted privileges ☐ Encourage student or sugar-free drinks If vomiting call parent	mg/dl er mg/dl bathroom to drink water immediately!	 Student is allowed to his/her blood glucose when/where needed Substitute teachers naware of the student situation, but still resprivacy CALL 911 IF: Glucagon is administed to eat or drink anythi Decreasing alertness consciousness Seizure 	nust be 's health pecting ered cooperate ng or loss of	

		_			
Student:	DOB:				
SPECIAL CONSIDERATIONS (Academic testing, Snacks, PE, School Parties, Field Trips)					
	PE: ☐ Check BG before PE ☐ Do not exercise if BG is below mg/dl or above mg/dl				
☐ 15 gram carb (free) snack before PE ☐ Other (specify):					
SPECIAL CONSIDERATIONS AND PRECAU					
School Parties: No coverage for part		re snack home			
☐ Parent will provide alternate snack	☐ Other (specify):				
Field Trips:					
ACADEMIC TECTING					
ACADEMIC TESTING:		and always to below			
Student may reschedule academic te	esting with teacher, as needed, if bi	ood glucose is below or over			
Other (specify):					
EMERGENCY MEDICATION (See DM	IMO)				
Person to give Glucagon : ☐ School Nur	se □ Parent □ EMS □ Volu	nteer(s) (Specify):			
Attach volunteer(s) training documentation if applicable.					
Location of Glucagon:					
SIGNATURES					
As parent/guardian of the above named	d student. I give permission for my	child's healthcare provider to share			
information with the school nurse for the completion of this plan. I understand the information contained in					
this plan will be shared with school staf					
parent/guardian to notify the School Nu					
order. If medication is ordered I authorize school staff to administer medication described below to my child.					
If prescription is changed a new prescriber order must be completed before the school staff can administer the					
medication. Parents/Guardian are responsible for maintaining necessary supplies, medications and					
equipment.					
Parent:	Signature:	Date:			
Emergency Contact:	Relationship:	Phone:			
SCHOOL NURSE					
Diabetes medication and supplies are kept: □Student carries □Backpack □Classroom □Health Office					
☐Front office ☐Other (specify):					
IHP (this form) distributed to 'need to know' staff: □Teacher(s) □Lunchroom					
\square PE teacher(s) \square Transportation \square Front office/admin \square Other (specify):					
School Nurse Signature:		Date:			

Addendum: