

# MEDICAL ALERT AND DIABETES DOCUMENTS

DOCUMENT	PAGE
1. Diabetes Support Plan & Medical Alert Information	2
2. Medical Alert Photo ID	5
3. Diabetes Medication Administration Form	6
4. Diabetes Related Medication Administration Record	7
5. Communication Log for Students Diagnosed with Diabetes	8
6. Public Health Nurses	10
7. Poster	13

RETIRE

## Diabetes Support Plan & Medical Alert Information

**Instructions:** This form is a communication tool for use by parents to share information with the school. Students who are receiving Nursing Support Services (NSS) Delegated Care do not need to complete page 3. This form does NOT need to be completed by Diabetes Clinic staff, Nursing Support Service Coordinators or Public Health Nurses.

<b>Name of Student:</b>		<b>Date of Birth:</b>		
<b>School:</b>	<b>Grade:</b>	<b>Teacher/Div:</b>		
<b>Care Card Number:</b>		<b>Date of Plan:</b>		
<b>CONTACT INFORMATION</b>				
<b>Parent/Guardian 1:</b>	Name:			<input type="checkbox"/> <b>Call First</b>
Phone Numbers:	Cell	Work	Home	Other
<b>Parent/Guardian 2:</b>	Name:			<input type="checkbox"/> <b>Call First</b>
Phone Numbers:	Cell:	Work:	Home:	Other:
<b>Other/Emergency:</b>	Name:		Relationship:	
	Able to advise on diabetes care: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone Numbers:	Cell:	Work:	Home:	Other:
Have emergency supplies been provided in the event of a natural disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, location of emergency supply of insulin: _____				
<b>STUDENTS RECEIVING NSS DELEGATED CARE</b>				
<b>NSS Coordinator:</b> _____		<b>Phone:</b> _____		
<b>School staff providing delegated care:</b>				
_____				
_____				
_____				

Parent Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICAL ALERT - TREATING MILD TO MODERATE LOW BLOOD GLUCOSE**

**NOTE: PROMPT ATTENTION CAN PREVENT SEVERE LOW BLOOD SUGAR**

SYMPTOMS	TREATMENT FOR STUDENTS NEEDING ASSISTANCE ( <u>anyone</u> can give sugar to a student):		
<input type="checkbox"/> Shaky, sweaty <input type="checkbox"/> Hungry <input type="checkbox"/> Pale <input type="checkbox"/> Dizzy <input type="checkbox"/> Irritable <input type="checkbox"/> Tired/sleepy <input type="checkbox"/> Blurry vision <input type="checkbox"/> Confused <input type="checkbox"/> Poor coordination <input type="checkbox"/> Difficulty speaking <input type="checkbox"/> Headache <input type="checkbox"/> Difficulty concentrating  Other:	<p><b>Location of fast acting sugar:</b> _____</p> <p>1. If student able to swallow, give one of the following fast acting sugars:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>10 grams</b>  <input type="checkbox"/> _____ glucose tablets  <input type="checkbox"/> 1/2 cup of juice or regular soft drink  <input type="checkbox"/> 2 teaspoons of honey  <input type="checkbox"/> 10 skittles  <input type="checkbox"/> 10 mL (2 teaspoons) or 2 packets of table sugar dissolved in water  <input type="checkbox"/> Other (ONLY if 10 grams are labelled on package):                             </td> <td style="width: 50%; vertical-align: top;"> <b>OR 15 grams</b>  <input type="checkbox"/> _____ glucose tablets  <input type="checkbox"/> 3/4 cup of juice or regular soft drink  <input type="checkbox"/> 1 tablespoon of honey  <input type="checkbox"/> 15 skittles  <input type="checkbox"/> 15 mL (1 tablespoon) or 3 packets of table sugar dissolved in water  <input type="checkbox"/> Other (ONLY if 15 grams are labelled on package):                             </td> </tr> </table> <p>2. Contact designated emergency school staff person</p> <p>3. Blood glucose should be retested in 15 minutes. Retreat as above if symptoms do not improve or if blood glucose remains below 4 mmol/L</p> <p>4. Do not leave student unattended until blood glucose 4 mmol/L or above</p> <p>5. Give an extra snack such as cheese and crackers if next planned meal/snack is not for 45 minutes.</p>	<b>10 grams</b> <input type="checkbox"/> _____ glucose tablets <input type="checkbox"/> 1/2 cup of juice or regular soft drink <input type="checkbox"/> 2 teaspoons of honey <input type="checkbox"/> 10 skittles <input type="checkbox"/> 10 mL (2 teaspoons) or 2 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 10 grams are labelled on package):	<b>OR 15 grams</b> <input type="checkbox"/> _____ glucose tablets <input type="checkbox"/> 3/4 cup of juice or regular soft drink <input type="checkbox"/> 1 tablespoon of honey <input type="checkbox"/> 15 skittles <input type="checkbox"/> 15 mL (1 tablespoon) or 3 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 15 grams are labelled on package):
<b>10 grams</b> <input type="checkbox"/> _____ glucose tablets <input type="checkbox"/> 1/2 cup of juice or regular soft drink <input type="checkbox"/> 2 teaspoons of honey <input type="checkbox"/> 10 skittles <input type="checkbox"/> 10 mL (2 teaspoons) or 2 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 10 grams are labelled on package):	<b>OR 15 grams</b> <input type="checkbox"/> _____ glucose tablets <input type="checkbox"/> 3/4 cup of juice or regular soft drink <input type="checkbox"/> 1 tablespoon of honey <input type="checkbox"/> 15 skittles <input type="checkbox"/> 15 mL (1 tablespoon) or 3 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 15 grams are labelled on package):		

**MEDICAL ALERT – GIVING GLUCAGON FOR SEVERE LOW BLOOD GLUCOSE**

SYMPTOMS		PLAN OF ACTION
<ul style="list-style-type: none"> <li>• Unconsciousness</li> <li>• Having a seizure (or jerky movements)</li> <li>• So uncooperative that you cannot give juice or sugar by mouth</li> </ul>		<ul style="list-style-type: none"> <li>• Place on left side and maintain airway</li> <li>• Call 911, then notify parents</li> <li>• Manage a seizure: protect head, clear area of hard or sharp objects, guide arms and legs but do not forcibly restrain, do not put anything in mouth</li> <li>• Administer glucagon</li> </ul>
Medication	Dose & Route	Directions
Glucagon (GlucaGen or Lilly Glucagon)  Frequency: Emergency treatment for severe low blood glucose	0.5 mg = 0.5 ml. (for students 5 years of age and under)  OR 1.0 mg =1.0 mL (for students 6 years of age and over)  Give by injection: Intramuscular	<ul style="list-style-type: none"> <li>• Remove cap</li> <li>• Inject liquid from syringe into dry powder bottle</li> <li>• Roll bottle gently to dissolve powder</li> <li>• Draw fluid dose back into the syringe</li> <li>• Inject into outer mid-thigh (may go through clothing)</li> <li>• Once student is alert, give juice or fast acting sugar</li> </ul>

**LEVEL OF SUPPORT REQUIRED FOR STUDENTS NOT RECEIVING NSS DELEGATED CARE**

Requires checking that task is done (child is proficient in task):

- Blood glucose testing
- Carb counting/adding
- Administers insulin
- Eating on time if on NPH insulin
- Act based on BG result

Requires reminding to complete:

- Blood glucose testing
- Carb counting/adding
- Insulin administration
- Eating on time if on NPH insulin
- Act based on BG result

Student is completely independent

**MEAL PLANNING:** The maintenance of a proper balance of food, insulin and physical activity is important to achieving good blood glucose control in students with diabetes.

In circumstances when treats or classroom food is provided but not labelled, the student is to:

- Call the parent for instructions
- Manage independently

**BLOOD GLUCOSE TESTING:** Students must be allowed to check blood glucose level and respond to the results in the classroom, at every school location or at any school activity. If preferred by the student, a private location to do blood glucose monitoring must be provided, unless low blood sugar is suspected.

Frequency of Testing:  midmorning  lunchtime  mid afternoon  before sport or exercise

- With symptoms of hyper/hypoglycemia
- Before leaving school

Location of equipment: With student \_\_\_\_\_ In classroom \_\_\_\_\_  
 In office \_\_\_\_\_ Other \_\_\_\_\_

Time of day when low blood glucose is most likely to occur: \_\_\_\_\_

Instructions if student takes school bus home:

**PHYSICAL ACTIVITY:** Physical exercise can lower the blood glucose level. A source of fast-acting sugar should be within reach of the student at all times (see page 2 for more details). Blood glucose monitoring is often performed prior to exercise. Extra carbohydrates may need to be eaten based on the blood glucose level and the expected intensity of the exercise.

**Comments:**

**INSULIN:** All students with type 1 diabetes use insulin. Some students require insulin during the school day, most commonly before meals.

Is insulin required at school on a daily basis? Yes No  
 Insulin delivery system:  Pump  Pen  Needle and syringe (at home or student fully independent)  
 Frequency of insulin administration:

Location of insulin: with student \_\_\_\_\_  
 In classroom \_\_\_\_\_ In office \_\_\_\_\_  
 Other \_\_\_\_\_

Insulin should never be stored in a locked cupboard.

# Medical Alert



Name: \_\_\_\_\_

Grade: \_\_\_\_\_  
Div./Rm # \_\_\_\_\_

Medical Alert Condition: \_\_\_\_\_

Action Required: \_\_\_\_\_

CONFIDENTIAL

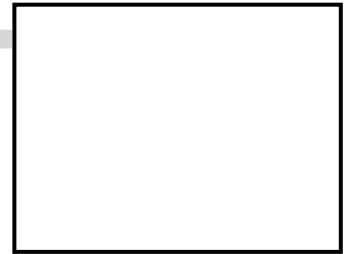
Where medication is located:

On student     Located in school    Location: \_\_\_\_\_

**Note: If medication is in student's locker please see Secretary or Administrator for further info.**

RETIRE

# Medical Alert



Name: \_\_\_\_\_

Grade: \_\_\_\_\_  
Div./Rm # \_\_\_\_\_

Medical Alert Condition: \_\_\_\_\_

Action Required: \_\_\_\_\_

CONFIDENTIAL

Where medication is located:

On student     Located in school    Location: \_\_\_\_\_

**Note: If medication is in student's locker please see Secretary or Administrator for further info.**

## Diabetes Medication Administration Form

Instructions: This form is updated annually to document physician approval regarding the following:

- Administration of glucagon by school staff
- Administration of insulin by school staff for a student not able to complete the task (NSS Delegated Care)
- Supervision by school staff of a student self-administering insulin who is not yet fully independent in the task (NSS Delegated Care)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Care Card Number: \_\_\_\_\_

Parent/Guardians' Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Injectable Glucagon (GlucaGen® or Lilly Glucagon™)	Intranasal Glucagon (Baqsimi®)
For severe low blood glucose, give by intramuscular injection: 0.5 mg = 0.5 ml for students 5 years of age and under 1.0 mg = 1.0 ml for students 6 years of age and over	For severe low blood glucose, give by intranasal route: Baqsimi® 3 mg (if available)
Insulin (rapid acting insulin only)	
Insulin delivery device:    insulin pump    insulin pen Note: The following cannot be accommodated when insulin administration is being delegated to a school staff person via pump or pen: <ul style="list-style-type: none"> <li>• Overriding the calculated dose</li> <li>• Entering an altered carbohydrate count for foods in order to change the insulin dose</li> <li>• Changing the settings on the pump</li> <li>• Deviating from the NSS Delegated Care Plan</li> </ul>	
<p><b>For students using an insulin pen, insulin may be administered at lunchtime only (due to the inability to accurately calculate insulin on board). The method of calculating the dose is as follows:</b></p> <p style="padding-left: 20px;">Bolus Calculator Sheet                      Variable dose insulin scale for blood glucose for consistent carbohydrates consumed                      InsuLinx® Meter                      Fixed Amount/Dose<sup>1</sup>: _____ units (include insulin name and amount)</p> <p>Parent/guardian authority to adjust insulin dose for bolus calculator sheet or sliding scale:    Yes    No</p> <p><b>For students using an insulin pump, insulin can be given if needed at recess, lunch and two hours after lunch (as there is an ability to know the insulin on board).</b></p> <p style="text-align: center; margin-top: 20px;">I agree the student's diabetes can be safely managed at school within the above parameters.</p>	

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Clinic Phone Number: \_\_\_\_\_

Reference:

Fillable document created from Ministries of Health, Education and Children and Family Development (March, 2015; page 16). *Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting (pg. 16)*. Vancouver, BC: Author.

<sup>1</sup> NSS addition July 2019 to integrate a specific Physician order (as needed).    006

## Diabetes Related Medication Administration Record

**\*\*\*STAFF MEMBER ADMINISTERING MEDICATION MUST BE TRAINED BY A PUBLIC HEALTH NURSE\*\*\***

STUDENT NAME (PRINT)	
PEN #	
GRADE	
SCHOOL	
DATE OF BIRTH (DMY)	

RETIRED

NAME OF MEDICATION	DATE D/M/Y	TIME	DOSE	PRINT NAME OF TRAINED STAFF ADMINISTERING MEDICATION	INITIALS

NAME OF MEDICATION	DATE D/M/Y	TIME	DOSE	PRINT NAME OF TRAINED STAFF ADMINISTERING MEDICATION	INITIALS

COMMUNICATION LOG  
BETWEEN SCHOOL AND PARENTS/GUARDIANS OF STUDENTS DIAGNOSED WITH DIABETES  
DEMOGRAPHICS

STUDENT NAME (PRINT)	
PEN #	
GRADE	
SCHOOL	
DATE OF BIRTH (DMY)	

PARENT/GUARDIAN (1) (PRINT)	
HOME PHONE NUMBER	
CELL NUMBER	
WORK NUMBER	
EMAIL	

PARENT/GUARDIAN (2) (PRINT)	
HOME PHONE NUMBER	
CELL NUMBER	
WORK NUMBER	
EMAIL	

OTHER (3) (PRINT) MUST HAVE LEGAL GUARDIANSHIP	
HOME PHONE NUMBER	
CELL NUMBER	
WORK NUMBER	
EMAIL	



### COMMUNICATION ATTEMPTS

Date (D/M/Y)	Staff Personnel	☑ Method(s) Tried		☑ Made Contact With P/G (1) or (2) or Other (3)		No Contact Made	Notes
		Call		P/G (1)			
		Email		P/G (2)			
		Note Home		Other (3)			
		Spoke in Person					

Date (D/M/Y)	Staff Personnel	☑ Method(s) Tried		☑ Made Contact With P/G (1) or (2) or Other (3)		No Contact Made	Notes
		Call		P/G (1)			
		Email		P/G (2)			
		Note Home		Other (3)			
		Spoke in Person					

Date (D/M/Y)	Staff Personnel	☑ Method(s) Tried		☑ Made Contact With P/G (1) or (2) or Other (3)		No Contact Made	Notes
		Call		P/G (1)			
		Email		P/G (2)			
		Note Home		Other (3)			
		Spoke in Person					

Date (D/M/Y)	Staff Personnel	☑ Method(s) Tried		☑ Made Contact With P/G (1) or (2) or Other (3)		No Contact Made	Notes
		Call		P/G (1)			
		Email		P/G (2)			
		Note Home		Other (3)			
		Spoke in Person					

Forms	Date Form Sent Home (D/M/Y)	Date Received (D/M/Y)
Diabetes Support Plan & Medical Alert Info.		
Diabetes Medication Administration Form		

## Central Okanagan SD 23

School District Number	School	Nurse	Contact Phone Number
23	A.S. Matheson Elementary	Maria Macasso	250-469-7070 Ext 70675
23	Aberdeen Hall Preparatory School	Nicole Millard	250-980-4825
23	Anne McClymont Elementary	Maria Macasso	250-469-7070 Ext.70566
23	Bankhead Elementary	Donna Christison	250-469-7070 Ext.12117
23	Belgo	Monaco Fedow	250-980-4825
?	Big White Community School	Tanya Derksen	250-980-4825
23	Black Mountain Elementary	Tanya Derksen	250-980-4825
23	Canyon Falls Middle School	Rebekah Rissling	250-469-7070 Ext 70660
23	Casorso Elementary	Virginia Courtney	250-469-7070 Ext.70598
23	Central School Programs	Sheena Velasco	250-469-7070 Ext.70740
23	Chief Tomat	Daina Servi	250-980-5150
23	Chute Lake Elementary	Donna Christison	250-460-7070 Ext.12117
23	Constable Neil Bruce Middle School	Katie Morgan	250-980-5150
23	Davidson Road Elementary	Monaco Fedow	250-980-4825
23	Dorothea Walker	Rebekah Rissling	250-469-7070 Ext.70660
23	Dr. Knox Middle School	Alyssa Hope	250-469-7070 Ext.70726
23	Okanagan Montessori Elementary & Preschool (independent)	Virginia Courtney	250-469-7070 Ext.70598
23	Ecole d l'Anse Sable	Heidi Morrison( Heidi away until Sept 23, please call Sheena Velasco until she is back 250-469-7070 Ext. 70740	250-469-7070 Ext.13184
23	Ellison Elementary	Patti Myroniuk	250-980-4825
23	George Elliott Secondary	Barb Paton	250-980-4825
23	George Pringle Elementary	Kathryn Carmichael	250-980-5150
23	Glenmore Elementary/Ecole Glenmore	Alyssa Hope	250-469-7070 Ext. 70726
23	Glenrosa Elementary School	Janelle Wallace	250-980-5150
23	Glenrosa Middle School	Janelle Wallace	250-980-5150
23	Helen Gorman Elementary	Kathryn Carmichael	250-980-5150
23	Heritage Christian (Independent)	Tavia Cahill	250-980-4825

23	Home School	Tavia Cahill	250-980-4825
23	Hudson Road Elementary	Daina Servi	250-980-5150
23	Immaculata Regional High School (independant)	Sheena Velasco	250-469-7070 Ext.70740
23	Kelowna Christian School – Elementary (independent)	Joey Willis	250-469-7070 Ext.12877
23	Kelowna Christian School – Middle/High (independent)	Joey Willis	250-469-7070 Ext.12877
23	Kleos Open Learning	Joey Willis	250-469-7070 Ext.12877
23	KLO Middle School	Maria Macasso	250-469-7070 Ext.70675
23	Kelowna Secondary	Sheena Velasco	250-469-7070 Ext.70740
23	Mar Jok Elementary School	Daina Servi	250-980-5150
23	Mt. Boucherie Senior Secondary	Janice Sorestad & Kathryn Carmichael (IMMS only)	250-980-5150
23	North Glenmore Elementary	Marissa Pineau	250-469-7070 Ext.70726
23	OK Christian School (independent) K-12 – new name <i>OK Adventist – old name</i>	Atoosa Yazdani	250-980-4825
23	Okanagan Mission Secondary	Donna Christison	250-469-7070 Ext.12117
23	Our Lady of Lourdes (Independent)	Kathryn Carmichael	250-980-5150
23	Oyama	Monaco Fedow	250-980-4825
23	Peachland Elementary	Janelle Wallace	250-980-5150
23	Pearson Road Elementary		250-980-4825
23	Peter Greer Elementary	Kalicia Schmidt	250-980-4825
23	Pursuit of Excellence Hockey School (Independent)		
23	Quigley	Nicole Millard	250-980-4825
23	Raymer Elementary	Heidi Morrison	250-469-7070 Ext.13184
23	Rose Valley Elementary	Katie Morgan	250-980-5150
23	Rutland Elementary	Candace McCartney	250-980-4825
23	Rutland Middle School	Candace McCartney	250-980-4825
23	Rutland Senior Secondary	Patti Myroniuk	250-980-4825
23	Sensisuysten House of Learning	Shauna Moir (WFN)	250-768-0227
23	Shannon Lake Elementary	Janice Sorestad	250-980-5150
23	South Kelowna Elementary	Virginia Courtney	250-469-7070 Ext.70598
23	South Rutland Elementary	Tavia Cahill	250-980-4825
23	Springvalley Elementary	Kalicia Schmidt	250-980-4825
23	Springvalley Middle School	Tanya Derksen	250-980-4825
23	St. Joseph Elementary School (Independent)	Marissa Pineau	250-469-7070 Ext.70675
23	Storefront: Rutland	Patti Myroniuk	250-980-4825

23	SD 23 Distributed Learning School	Joey Willis	250-469-7070 Ext. 12877
23	Storefront: Central (Kelowna)	Sheena Velasco	250-469-7070 Ext.70740
23	Storefront: West Kelowna	Daina Servi	250-980-5150
23	Studio 9 (Independent 3-12)	Atoosa Yazdani	250-980-4825
23	Lakeside (Independent - formerly Kelowna Waldorf)	Maria Macasso	250-469-7070 Ext.70675
23	Venture Academy (alternate school)	Nicole Millard	250-980-4825
23	Watson Rd	Sheena Velasco	250-469-7070 Ext. 13179
23	Willowstone Academy	Heidi Morrison	250-469-7070 Ext.13184

Updated Sept 15, 2020

RETIRE

## What it is and what to do

When blood sugar is below 4 mmol/L, you must act **IMMEDIATELY**.  
Do not leave a student alone if you think blood sugar is low.

Low blood sugar is also called **hypoglycemia**. It can be caused by:

- Too much insulin, and not enough food
- Delaying or missing a meal or a snack
- Not enough food before an activity
- Unplanned activity, without adjusting food or insulin

**Some of the most common symptoms of low blood sugar are:**



**Shakiness**



**Irritability/grouchiness**



**Dizziness**



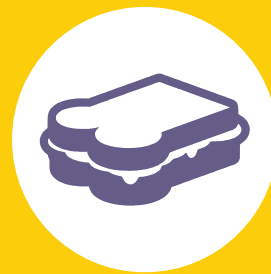
**Sweating**



**Blurry vision**



**Headache**



**Hunger**



**Weakness/Fatigue**



**Pale skin**



**Confusion**

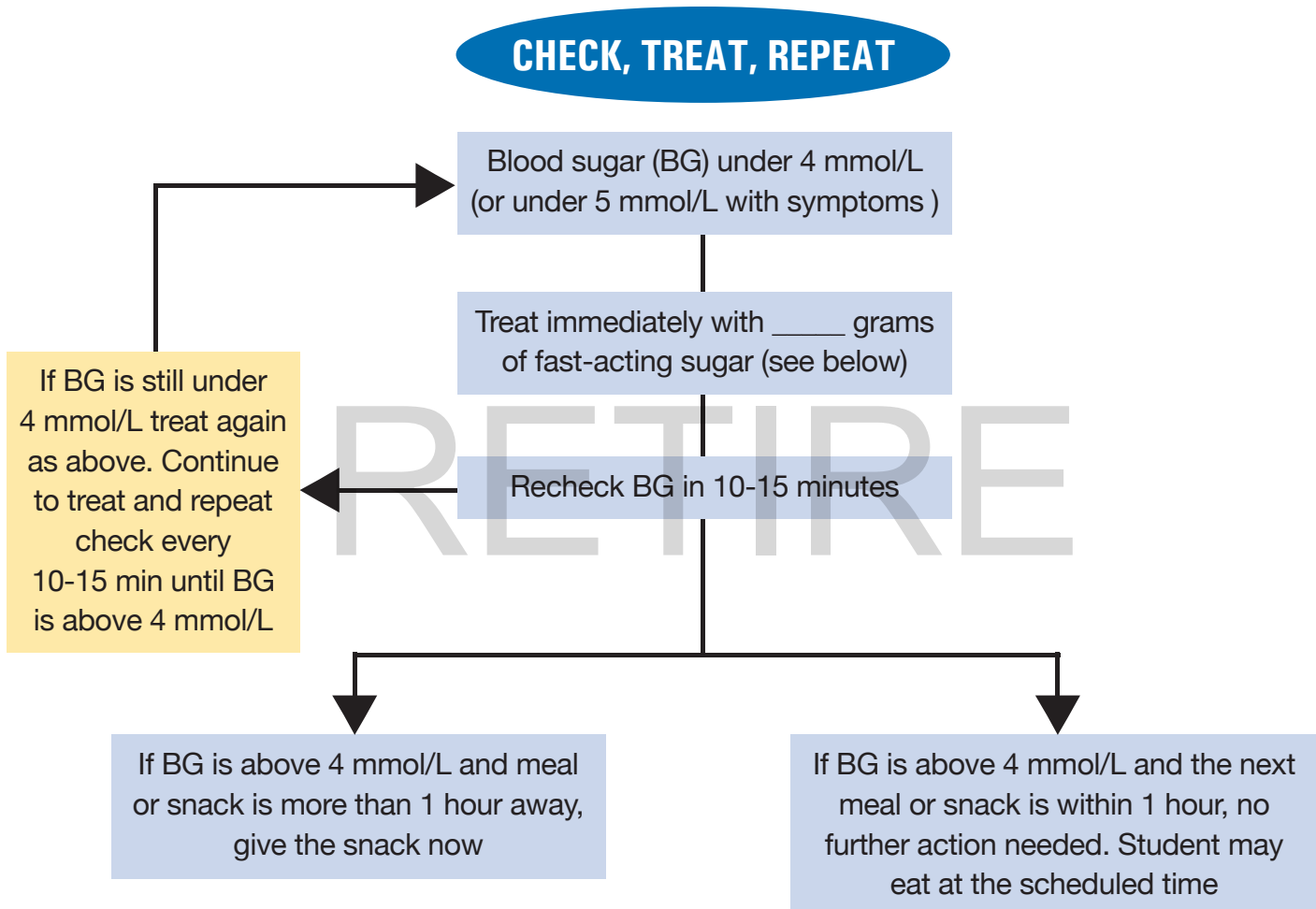
See other side for steps to take when you suspect a student has low blood sugar.

# How to treat low blood sugar

## Remember:

1. Low blood sugar must be treated **IMMEDIATELY**
2. **DO NOT** leave a student alone if you suspect low blood sugar
3. Treat the low blood sugar **WHERE IT OCCURS**. Do not bring the student to another location. Walking may make blood sugar go even lower.
4. Even students who are independent **may need help** when their blood sugar is low

## CHECK, TREAT, REPEAT



**Give fast-acting sugar according to the student's care plan: either 10 g or 15 g**

Amount of fast-acting sugar to give		
	10 g	15 g
Glucose tablets	2 tablets	4 tablets
Juice/pop	½ cup	¾ cup
Skittles	10 pieces	15 pieces
Rockets candy	1 pkg = 7 g	2 pkgs = 14 g
Table sugar	2 tsp / 2 pkgs	1 Tbsp / 3 pkgs