

**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			