

**TULSA PUBLIC SCHOOLS  
HEALTH SERVICES**

**HEALTH ASSESSMENT DATABASE: DIABETES**

Name _____	Grade _____	School _____	Medical Dx _____
Age _____	Teacher _____	Room _____	
Name of Parent/Legal Guardian or Person responsible for student's care _____			
Phone (H) _____	Phone(W) _____		
Address _____			
Name of Parent/Legal Guardian or Person responsible for student's care _____			
Phone (H) _____	Phone(W) _____		
Address _____			
Emergency Phone Contact #1 Name _____			
Relationship to Student _____	Phone _____		
Physician for this DX _____	Phone _____		
Other Physician(s) _____	Phone _____		

**\*NEVER SEND STUDENT TO THE CLINIC WITHOUT ADULT SUPERVISION**

1. DAILY MANAGEMENT PLAN

A. Identify the things which trigger an episode. Check all that apply to the student.

- \_\_\_\_\_ Exercise
- \_\_\_\_\_ Respiratory infections
- \_\_\_\_\_ Change in temperature of \_\_\_\_\_ degrees
- \_\_\_\_\_ Food (specify) \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

B. Control of School Environment

List any environmental control measures, pre-medications, and/or dietary restrictions the student needs to prevent an episode.

\_\_\_\_\_

C. Describe the episode (degree of severity, i.e. rests, takes medicines, sees doctor, visits emergency room, is hospitalized).

\_\_\_\_\_

D. How often does child have an episode? \_\_\_\_\_xs/week \_\_\_\_\_xs/month \_\_\_\_\_xs/year  
Time of day? \_\_\_\_\_am \_\_\_\_\_pm

- E.
1. Blood sugar range (if applicable) \_\_\_\_\_
  2. Monitoring time(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
  3. When blood sugar is below \_\_\_\_\_ do \_\_\_\_\_  
\_\_\_\_\_
  4. When blood sugar is above \_\_\_\_\_ do \_\_\_\_\_  
\_\_\_\_\_

2. SPECIAL EQUIPMENT

- A. Glucometer (time) \_\_\_\_\_
- B. Ketostix (time) \_\_\_\_\_
- C. Snacks (time, type) \_\_\_\_\_

\*If student maintains equipment, self-administration form must be completed. See Nurse.

3. EMERGENCY PLAN

- A. Emergency action is necessary when the student has symptoms such as \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ or has a blood sugar reading of \_\_\_\_\_.

- B. Steps to take during an attack
  - 1. Give medications as listed below.
  - 2. Have student return to class room if \_\_\_\_\_
  - 3. Contact parent/legal guardian or person responsible for student's care if \_\_\_\_\_
  - 4. Other: \_\_\_\_\_

- C. SEEK EMERGENCY MEDICAL CARE IMMEDIATELY IF THE STUDENT HAS ANY OF THE FOLLOWING:
  - \_\_\_\_\_ No improvement \_\_\_\_\_ minutes after initial treatment with medicine and the emergency contact cannot be reached
  - \_\_\_\_\_ Blood sugar of \_\_\_\_\_
  - \_\_\_\_\_ Other \_\_\_\_\_

D. EMERGENCY MEDICATIONS:

Name	Amount	When to Use
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

- E. PERSONS AUTHORIZED TO ADMINISTER GLUCOGON:
  - First Call: \_\_\_\_\_ Pager # \_\_\_\_\_
  - Second Call: \_\_\_\_\_

**EMSA should be called when glucogon is administered.**  
**Parent should be called when glucogon is administered or if student is vomiting.**

Comments/Special Instructions \_\_\_\_\_

Signature of Parent/Legal Guardian or Person responsible for student's care \_\_\_\_\_  
 Date \_\_\_\_\_  
 Physician Signature (if required) \_\_\_\_\_  
 Date \_\_\_\_\_  
 Nurse's Signature \_\_\_\_\_  
 Date \_\_\_\_\_  
 Teacher's Signature (if required) \_\_\_\_\_  
 Date \_\_\_\_\_

\*THIS PLAN MUST BE REVIEWED AND UPDATED EACH SCHOOL YEAR