

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



**Oxford Community Schools  
Diabetes Medical Action Plan (MAP)**

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Child's  
picture

Page one of this MAP is to be completed, signed and dated by a parent/guardian.  
Page two of this MAP is to be completed, signed and dated by a physician/licensed prescriber.  
**Without signatures this MAP is not valid. The parent/guardian is responsible for supplying all medications ordered and any other supplies necessary to this plan of action.**

**CONTACT INFORMATION**

	<u>Call First</u>	<u>Try Second</u>
Parent/ Guardian:	Name: _____ Relationship: _____	Name: _____ Relationship: _____
Phone:	Home: _____ Cell: _____ Work: _____	Home: _____ Cell: _____ Work: _____

**Call Third** (If a parent /guardian cannot be reached)

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**HISTORY and MANAGEMENT**

Age when diabetes was diagnosed \_\_\_\_\_ Insulin dependent diabetes (Type I) YES NO

Can student perform their own blood glucose (BG) testing YES NO Please monitor/help YES NO

Will student have a glucometer for school use only YES NO

Routinely test BG: Before Snack Before Lunch Before Exercise After Exercise Other \_\_\_\_\_

Target BG range \_\_\_\_\_ to \_\_\_\_\_

Insulin will be given at school YES NO If YES, please circle: Syringe/vial Insulin pen Pump

Can student give their own insulin or insulin bolus, if on pump YES NO Please monitor/help YES NO

Please send a copy home of all BS readings, carbohydrate & correction calculations, with insulin given YES NO

If YES, please circle how often: Weekly Monthly Other \_\_\_\_\_

Accommodations as needed will be allowed. The details of supply location (such as office, locker, classroom, self-carry) are to be decided at each school. Consider the student's current ability, safety, ease of use and individual self-care preferences.

**Other considerations/instructions:**

I have received the attached information regarding Section 504 eligibility YES NO

I wish to be contacted regarding a 504 evaluation YES NO

I agree to have the information in this two page plan shared with staff needing to know. I understand that my child's name may appear on a list with other students having diabetes to better identify needs in an emergency. I give permission to use my child's picture on this plan (if I did not supply a photo.) I give permission for trained staff to help administer and/or monitor all the medication or testing required/ordered in this two page plan as needed for control of blood sugar and to contact the ordering prescriber for clarification of orders if needed.

Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

*Signature*

**Signs of Hypoglycemia or Low Blood Sugar (BS)**

- Hunger or dizzy
- Shakiness or weakness
- Sweating or pale
- Personality or behavior change
- Other \_\_\_\_\_
- Blood sugar under 65 or 80 with symptoms



**\*Common Causes\*** (can happen quickly)

- Too much insulin
- Missed or delayed food
- Intense Exercise

**ACTION**

- Stay with the student. Never send alone anywhere.
- Check blood sugar (BS) if possible. If not, treat for a low BS.
- Give 15 grams of fast acting carbohydrate (4oz juice, or chew 3-4 glucose tablets, or consume other sugar source.)
- Wait 15 minutes & re-check BS.
- Repeat treatment of 15 grams of carbohydrate if BS is under 65 or \_\_\_\_\_
- If more than one hour before the next meal or snack, give a snack of carbohydrate and protein now (i.e. cheese & crackers.)
- Notify parent/guardian. Be sure student feels okay before returning to normal activity.
- Other \_\_\_\_\_

**Signs of EMERGENCY**

- Loss of consciousness
- Seizure
- Inability to swallow



**ACTION**

- Call 911; Do Not give anything by mouth
- Trained person to give Glucagon (if ordered)
- Position on side (if possible); Stay with child
- Notify parent/guardian

**Signs of Hyperglycemia or High Blood Sugar (BS)**

- Thirst or Hunger
- Frequent urination
- Fatigue or Sleepiness
- Dry warm skin
- Blurred vision or Poor concentration
- Other \_\_\_\_\_
- Blood sugar over 300



**\*Common Causes\*** (happens slowly, hours to days)

- Too little insulin
- Too much food
- Decreased activity
- Illness or stress (hormones)

**ACTION**

Check urine for ketones:

- 9 Ketones Moderate or Large (see EMERGENCY below)
- 9 Ketones Negative, Trace or Small, go to next bullet
- Give water or sugar free drink (8 oz every hour)
- For Small ketones, recheck after one hour or at next urination Notify parent/guardian
- No exercise if ketones are present
- If unable to test for ketones and student has no symptoms (feels ok but BS is >300) Offer water & call family
- May Return to class or rest per student's desires
- Recheck BS in one hour if unable to reach family
- If unable to test for ketones and student is having symptoms (feels bad with BS>300) Encourage water, rest and continue to monitor until parents can be reached.

**Signs of EMERGENCY**

- Moderate to Large Ketones
- Nausea or Vomiting or Abdominal pain
- Sweet, fruity breath
- Labored breathing
- Confused or Unconscious



**ACTION**

- Call 911 if student is unresponsive
- Call parent/guardian and encourage water
- Call 911 if abdominal pain, nausea, vomiting or lethargic AND parent/guardian can't be reached
- No water if vomiting
- No exercise

**Authorized Physician Order/Licensed Prescriber & Agreement with Protocol in this 2 page plan**

**Insulin** \_\_\_\_\_ Carb Ratio \_\_\_\_\_ Correction Factor \_\_\_\_\_ Target BS \_\_\_\_\_

Continuous Glucose Monitor (CGM)  YES  NO

Changes in insulin calculation to be determined by parent/guardian  YES  NO

**Glucagon**  YES  NO (please circle correct dose) **Dose** 1mg (entire vial) or **Dose** ½ mg (half of vial)

Give as injection (mix first) into leg muscle for severe hypoglycemia with unconsciousness, seizures, or inability to swallow.

**Other instructions/orders** \_\_\_\_\_

**Physician/Licensed Prescriber** \_\_\_\_\_ **Phone** \_\_\_\_\_ **FAX** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## **Notice of Section 504 Procedural Safeguards**

1. Have the District advise you of your rights under federal law;
2. Receive notice with respect to Section 504 identification, evaluation, educational program and/or placement of your child;
3. Have an evaluation, educational and placement decisions made for your child based upon information from a variety of sources and by a team of persons who are knowledgeable about the student, the meaning of evaluation data, and placement options;
4. Have your child receive a free appropriate public education, which is the provision of regular or special education and related aids and services that are designed to meet individual educational needs of your child as adequately as the needs of students without disabilities are met, if your child is Section 504 eligible;. If your child is Section 504 eligible, your child also has the right to have the District make reasonable accommodations to allow your child to an equal opportunity to participate in school and school-related activities;
5. Have your child be educated with non-disabled students to the maximum extent appropriate, if the child is Section 504 eligible;
6. Have your child take part in and receive benefits from the District's education programs without discrimination on the basis of disability;
7. Have your child educated in facilities and receive services comparable to those provided to non-disabled students;
8. Examine all relevant records of your child, including those relating to decisions about your child's Section 504 identification, evaluation, educational program, and placement; and obtain copies of those records at a reasonable cost, unless the fee would effectively deny you access to the records;
9. Receive a response from the District to reasonable requests for explanations and interpretations of your child's records;
10. Receive information in your native language and primary mode of communication;
11. Have a periodic re-evaluation of your child, including an evaluation before any significant change of placement;
12. Have your child given an equal opportunity to participate in nonacademic and extracurricular activities offered by the District;
13. Request and participate in an impartial due process hearing regarding the identification, evaluation, or placement of your child, including a right to be represented by counsel in that process and to appeal an adverse decision;
14. File a complaint in accordance with the District's grievance procedures or with the U.S. Department of Education, Office for Civil Rights.