

LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES DIVISION

DIABETES MANAGEMENT

Information for Trained School Personnel

(To be attached to Form 33.02 (7/09) Confidential Health Information for a Student with Diabetes)

Student First Name:		Last Name:		Birth date:	
School:		Grade:	Room:	Track:	
Father's name:		Father's home phone:	Father's work phone:	Father's cell/pager:	
Mother's name:		Mother's home phone:	Mother's work phone:	Mother's cell/pager:	
Guardian's name:		Guardian's home phone:	Guardian's work phone:	Guardian's cell/pager:	
Other:					

Physician name:		Clinic:	Address:	
Contact person:		Phone:	Fax:	

Trained Personnel:	BGT	Gluc	BGT	Gluc	
Name/Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	Name/Title: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name/Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	Name/Title: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name/Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	Name/Title: _____	<input type="checkbox"/>	<input type="checkbox"/>

Blood Glucose Testing (BGT)

Testing Equipment:

Student carries his/her blood glucose testing equipment

◆ Location of the blood glucose testing equipment: _____

◆ Location of the cupboard/storage area keys: _____

Low Blood Sugar

If the blood glucose is less than _____ mg, treat for low blood sugar per LAUSD protocol.

(Student with moderate to severe low blood sugar will require help treating his/her symptoms.)

Student carries fast acting carbohydrate.

◆ The student's usual symptoms of low blood sugar are: _____

◆ Location of fast acting carbohydrate: _____

Glucagon (Gluc)

Student carries Glucagon Emergency Kit.

◆ Location of the Glucagon Emergency Kit: _____

◆ Location of the cupboard/storage area keys: _____

High Blood Sugar (for blood sugar greater than _____)

Notify school nurse of blood sugar greater than _____

Insulin orders (**Note: Insulin is only given by a licensed health care provider or parent/parent designee**)

Student self-administers his/her insulin. (With written authorization by the parent and health care provider)

For correction of high blood sugar greater than _____

Notify Local District Nursing Administrator's Office of blood sugar results if the School Nurse is not on site.

Nursing Administrator: _____

Local District: ____ Phone: _____

Bolus or carb counting Insulin dose

Student uses Insulin Pump

Student has order to test for **ketones** if blood sugar is greater than _____

Diet - School lunch, snacks, classroom party treats:

Carb counting

May be eaten by the student. Comments: _____

May not be eaten. Parent will supply food or snacks.

Physical activities/sports guidelines: _____

Documentation regarding testing and treatment of signs/symptoms will be done on Welligent by the School Nurse and the Nursing Protocol Log by the student or supervising/trained personnel. The School Nurse will document on the Welligent health record as necessary.

School Nurse: _____

Date: _____