Public Health
Seattle & King County

Diabetes Care Plan Request Form

Child's name: _____

Child's date of birth: _____

The child listed above attends our program and we have been informed that they have been diagnosed with diabetes.

Child Care Program Director: _____

Child Care Program: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Healthcare Provider: As a licensed child care program, we are required to meet state licensing standards (WAC 110-300-0215 and 110-300-0300). Please complete the following Child Care Diabetes Medical Management Plan and, if necessary, a Medication Authorization Form. We need to know the child's target blood sugar range, specific times to test blood sugar, the type of insulin, when and how much insulin to give, symptoms of low and high blood sugar, specific food or diet recommendations, special considerations for illness and exercise, and steps to take in response to a diabetic emergency.

By signing below, I give permission to my child's healthcare provider to release the information requested above to my child care program.

Parent or Guardian Name (Printed)**:** _____

Parent or Guardian Signature: _____

Date: _____

Parent or Guardian Phone Number: _____

Child Care Diabetes Medical Management Plan

American Diabetes Association.
YOUR RIGHTS. ONE VOICE.℠

Name of Child: _____ DOB: _____ Dates Plan in Effect: _____

Parent or guardian Name(s)/Number(s): _____

Diabetes Care Provider Name/Number: _____

Diabetes Care Provider Signature: _____ Date: _____

Location of diabetes supplies at child care facility: _____

Blood Glucose Monitoring

Target range for blood glucose is: ☐ 80-180 ☐ Other _____

When to check blood glucose: ☐ before breakfast ☐ before lunch ☐ before dinner ☐ before snacks

When to do extra blood glucose checks: ☐ before exercise ☐ after exercise ☐ when showing signs of low blood glucose ☐ when showing signs of high blood glucose ☐ other _____

Insulin Plan: Please indicate which type of insulin regimen this child uses (check one):

☐ Insulin Pump ☐ Multiple Daily Injections ☐ Fixed Insulin Doses

Specific information related to each insulin regimen/plan is included below for this child.

Type of insulin used at child care (check all that apply): ☐ Regular ☐ Apidra ☐ Humalog ☐ Novolog ☐ NPH ☐ Lantus ☐ Levemir ☐ Mix ☐ Other _____

Plan A: Insulin Pump*

1. Always use the insulin pump bolus wizard: ☐ Yes ☐ No
   If no, use Insulin:Carbohydrate Ratio and Correction Factor dosage on Plan B.
2. Blood glucose must be checked before the child eats and will (check one):
   ☐ Be sent to the pump by the meter
   ☐ Need to be entered into the pump
3. The insulin pump will calculate the correction dose to be delivered **before** the meal/snack.
4. **After the meal/snack**, enter the total number of carbohydrates eaten at that meal/snack. The insulin pump will calculate the insulin dose for the meal.
5. Contact parent/guardian with any concerns.

For a list of definitions of terms used in this document, please see the *Diabetes Dictionary*.

***Providers should complete Insulin:Carbohydrate ratio and Correction dosage under Plan B section for ALL pump users.**

Plan B: Multiple Daily Injections

1. Child will receive a fixed dose of _____ long-acting insulin at _____ ☐ **Yes** ☐ **No**
2. Follow blood glucose monitoring plan above.
3. **Use _____ insulin for meals and snacks. Insulin dose for food is** _____ unit(s) for meals **OR** _____ unit(s) for every _____ grams carbohydrate.

Give injection after the child eats.

4. If blood glucose is above target, add correction dose to:
   ☐ **Breakfast** ☐ **Snack**
   ☐ **Lunch** ☐ **Snack**
   ☐ **Other:** _____

Use the following correction factor _____ or this scale:

_____ units if BG is _____ to _____
_____ units if BG is _____ to _____
_____ units if BG is _____ to _____
_____ units if BG is _____ to _____

Only add correction dose if it has been 3 hours since the last insulin administration.

C: Fixed Insulin Doses

1. Child will receive a fixed dose of long acting insulin? ☐ **Yes** ☐ **No**
   If yes, give child _____ units of _____ insulin at _____.
2. Insulin correction dose at child care (_____ insulin)?
   ☐ Yes ☐ No
3. If blood glucose is above target, add correction dose to:
   ☐ **Breakfast** ☐ **Snack**
   ☐ **Lunch** ☐ **Snack**
   ☐ **Other:** _____

Use the following correction factor _____ or the following scale:

_____ units if BG is _____ to _____
_____ units if BG is _____ to _____
_____ units if BG is _____ to _____
_____ units if BG is _____ to _____

Only add correction dose if it has been 3 hours since the last insulin administration.

Managing Very Low Blood Glucose

Hypoglycemia Plan for Blood Glucose less than _____ mg/dL

1. Give 15 grams of fast acting carbohydrate.
2. Recheck blood glucose in 15 minutes.
3. If still below 70 mg/dL, offer 15 grams of fast acting carbohydrate, check again in 15 minutes.
4. When the child's blood glucose is over 70, provide 15g of carbohydrate as snack. Do not give insulin with this snack.
5. **Contact the parent/guardian** any time blood glucose is less than _____ mg/dL at child care.

Usual symptoms of hypoglycemia for this child include:

☐ Shaky ☐ Fast heartbeat ☐ Sweating
☐ Anxious ☐ Hungry ☐ Weakness/Fatigue
☐ Headache ☐ Blurry vision ☐ Irritable/Grouchy
☐ Dizzy ☐ Other _____

1. If you suspect low blood glucose, check blood glucose!
2. If blood glucose is below _____, follow the plan above.
3. If the child is unconscious, having a seizure (convulsion) or unable to swallow:
   - Give glucagon. Mix liquid and powder and draw up to the first hash mark on the syringe. Then inject into the thigh. Turn child on side as vomiting may occur.
   - If glucagon is required, administer it promptly. Then, call 911 (or other emergency assistance). After calling 911, contact the parents/guardian. If unable to reach parent, contact diabetes care provider.

Managing Very High Blood Glucose

Hyperglycemia Plan for Blood Glucose higher than _____ mg/dL

Usual symptoms of hyperglycemia for this child include:

☐ Extreme thirst ☐ Very wet diapers, accidents
☐ Hungry ☐ Warm, dry, flushed skin ☐ Tired or drowsy
☐ Headache ☐ Blurry vision ☐ Vomiting**
☐ Fruity breath ☐ Rapid, shallow breathing
☐ Abdominal pain ☐ Unsteady walk (more than typical)
**If child is vomiting, contact parents immediately

Treatment of hyperglycemia/very high blood glucose:

1. Check for ketones in the:
   ☐ urine ☐ blood (parent will provide training)
2. **If ketones are moderate or large**, contact parent. If unable to reach parent, contact diabetes care provider for additional instructions.
   Contact parent if ketones are trace or small: ☐ Yes ☐ No
3. Children with high blood glucose will require additional insulin **if the last dose of insulin was given 3 or more hours earlier**. Consult the insulin plan above for instructions. If still uncertain how to manage high blood glucose, contact the parent.
4. Provide sugar free fluids as tolerated.
5. You may also:
   ☐ Provide carbohydrate free snacks if hungry
   ☐ Delay exercise
   ☐ Change diapers frequently/give frequent access to the bathroom
   ☐ Stay with the child

Diabetes Dictionary

Blood glucose - The main sugar found in the blood and the body's main source of energy. Also called blood sugar. The **blood glucose level** is the amount of glucose in a given amount of blood. It is noted in milligrams in a deciliter, or mg/dL.

Bolus - An extra amount of insulin taken to lower the blood glucose or cover a meal or snack.

Bolus calculator – A feature of the insulin pump that uses input from a pump user to calculate the insulin dose. The user inputs the blood glucose and amount of carbohydrate to be consumed, and the pump calculates the dose that can be approved by the user.

Correction Factor – The drop in blood glucose level, measured in milligrams per deciliter (mg/dl), caused by each unit of insulin taken. Also called **insulin sensitivity factor**.

Diabetic Ketoacidosis (DKA) – An emergency condition caused by a severe lack of insulin, that results in the breakdown of body fat for energy and an accumulation of ketones in the blood and urine. Signs of DKA are nausea and vomiting, stomach pain, fruity breath odor and rapid breathing. Untreated DKA can lead to coma and death.

Fixed dose regimen – Children with diabetes who use a fixed dose regimen take the same "fixed" doses of insulin at specific times each day. They may also take additional insulin to correct **hyperglycemia**.

Glucagon – A hormone produced in the pancreas that raises blood glucose. An injectable form of glucagon, available by prescription, is used to treat severe hypoglycemia or severely low blood glucose.

Hyperglycemia - Excessive blood glucose, greater than 240 mg/dL for children using and insulin pump and greater than 300 mg/dL for children on insulin injections. If untreated, the patient is at risk for **diabetic ketoacidosis (DKA)**.

Hypoglycemia - A condition that occurs when the blood glucose is lower than normal, usually less than 70 mg/dL. Signs include hunger, nervousness, shakiness, perspiration, dizziness or light-headedness, sleepiness, and confusion. If left untreated, hypoglycemia may lead to unconsciousness.

Insulin - A hormone that helps the body use glucose for energy. The beta cells of the pancreas make insulin. When the body cannot make enough insulin, it is taken by injection or through use of an insulin pump.

Insulin Pump - An insulin-delivering device about the size of a deck of cards that can be worn on a belt or kept in a pocket. An insulin pump connects to narrow, flexible plastic tubing that ends with a needle inserted just under the skin. Pump users program the pump to give a steady trickle or constant (basal) amount of insulin continuously throughout the day. Then, users set the pump to release bolus doses of insulin at meals and at times when blood glucose is expected to be higher. This is based on programming done by the user.

Ketones - A chemical produced when there is a shortage of insulin in the blood and the body breaks down body fat for energy. High levels of ketones can lead to **diabetic ketoacidosis** and coma.

Multiple Daily Injection Regimen - Multiple daily insulin regimens typically include a basal, or long acting, insulin given once per day. A short acting insulin is given by injection with meals and to correct hyperglycemia, or elevated blood glucose, multiple times each day.

Type 1 Diabetes - Occurs when the body's immune system attacks the insulin-producing beta cells in the pancreas and destroys them. The pancreas then produces little or no insulin. Type 1 diabetes develops most often in young people but can appear in adults. It is one of the most common chronic diseases diagnosed in childhood.

_____

Physician Signature

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