

**210-AG-1. USE OF MEDICATIONS Guideline from  
Self Management of Diabetic Care**

The Unionville-Chadds Ford School District recognizes that the American Diabetic Association advocates for students to be independent with self management of diabetic care. With independence comes responsibility. The following statements serve as a guideline when determining if a student has demonstrated consistent responsibility for his/her care and it is felt to be in the student's best interest to monitor and manage blood sugar levels independent of the health room staff.

- Any student new to the Unionville-Chadds Ford School District or newly diagnosed shall perform blood glucose testing in the health room unless other arrangements have been made.
- It will be the responsibility of the medical practitioner to assess the capability of independent self management of diabetes care. The medical practitioner's orders need to state that the student is independently able to check his/her own blood sugar; independently assess own blood sugar, and determine appropriate treatment, if necessary; independently administer own insulin; independently dispose of diabetes supplies appropriately.
- It will be the responsibility of the certified school nurse to assess the self-management skills of each student with diabetes requesting the self-care option. He/she will make the ultimate decision as to whether the student has demonstrated the appropriate level of responsibility and knowledge.
- Students will be allowed to carry all diabetic equipment, as need, including, but not limited to: glucometer, testing strips, insulin, syringes, ketone strips, glucose tablets, snacks, and water at all times. Extra supplies will be kept in the health room.
- Students will be allowed unlimited access to a bathroom.
- Glucose testing and insulin administration must be performed within a safe environment, as deemed appropriate by the educational team.
- Ketone testing (supplied by parent) will be performed in the health room.
- Any insulin administration involving a syringe may only be administered in the health room, unless the educational team determines otherwise.
- Universal precautions shall be strictly adhered to when testing blood glucose levels and injecting/administering insulin. Failure to do so will result in disciplinary action.
- Lancets and syringes are to be kept with the student in a biohazard Sharps container or disposed of in the health room. Improper disposal or use of a lancet for any purpose other than the intended use will result in discipline action as per Policy 218.1 (Weapons).
- Students must check in with the nurse at least once a month.
- Current physician orders and parent permission will be on file in the health room and must be provided upon entry into school. Orders must be renewed at the beginning of each school year or as orders from a medical practitioner change.

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

\_\_\_\_\_ Student \_\_\_\_\_ Date

**Unionville-Chadds Ford School District  
Authorization for Self Management of Diabetic Care**

**PHYSICIAN/PRESCRIBING HEALTH CARE PROVIDER CHECKLIST**

- \_\_\_\_\_ Orders attached (Orders must be attached)
- \_\_\_\_\_ Treatment hyperglycemia \_\_\_\_\_
- \_\_\_\_\_ Treatment of hypoglycemia \_\_\_\_\_
- \_\_\_\_\_ Glucagon order \_\_\_\_\_
- \_\_\_\_\_ Carb-Insulin ratio (if applicable) \_\_\_\_\_
- \_\_\_\_\_ Insulin Sliding Scale (if applicable) \_\_\_\_\_
- \_\_\_\_\_ Independently able to check his/her own blood sugar
- \_\_\_\_\_ Independently assess own blood sugar and determine appropriate treatment, if necessary
- \_\_\_\_\_ Independently administer own insulin
- \_\_\_\_\_ Independently dispose of diabetes supplies appropriately

\_\_\_\_\_ **Medical Practitioner's Signature**

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

\_\_\_\_\_ **Phone Number**

In my opinion, this student shows the capability of independent self management of diabetic care while at school or school events.

**PARENT/GUARDIAN AUTHORIZATION**

I request that my child, named about, be permitted to self manage diabetic care independent of the school health room. I am aware that a daily log of blood glucose numbers will not be kept in the health room and the nurse may not see my child on a daily basis. I take responsibility for this permission.

\_\_\_\_\_ **Parent/Guardian Signature**

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

**STUDENT CONTRACT**

Responsibility for self management of diabetic care:

- \_\_\_\_\_ Verbalized knowledge of physician orders.
- \_\_\_\_\_ Verbalized knowledge of hypo and hyperglycemia and treatment of both.
- \_\_\_\_\_ Demonstrates blood glucose testing and insulin calculations & administrations as indicated.
- \_\_\_\_\_ Verbalized knowledge of universal precautions and proper disposal of all insulin supplies
- \_\_\_\_\_ Extra supplies in health room.
- \_\_\_\_\_ Agrees to make contact with nurse at least once a month.
- \_\_\_\_\_ Agrees to come to health room if blood sugar does not respond to insulin as expected or with any other concerns/problems.

\_\_\_\_\_ **Student Signature**

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

We accept the parent request and physician statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or if there is a safety risk. We will contact parent/guardian as soon as possible in this event.

\_\_\_\_\_ **Nurse Signature**

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

\_\_\_\_\_ **Principal Signature**

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