Student Insulin Plan (Insulin-to-Carb Ratio)

For Approved App, Dosing Chart, or Parent/Guardian Call for Dose

Student Name		DOB (MM/DD/YYYY)	
School		Class/Grade	

ROLES/RESPONSIBILITIES

a) **Parent/guardian:** Complete, sign, and date this plan and provide to the school. Review monthly with school staff and fill out a new Student Insulin Plan form if there are any changes.

b) **School personnel:**

- Only teacher assistants with training can supervise or give insulin. A second person must check the dose.
- Refer to this plan when supervising or giving insulin. Refer to the student's Plan of Care: Diabetes for more detailed information, such as regarding activity, guidance for students using glucose sensors, and student preferences.
- Review this insulin plan with the parent/guardian monthly. If there are no changes, check (✓) and initial below. If there are changes, the parent/guardian must fill out a new Student Insulin Plan form.

For School Personnel to Complete at Monthly Review

Reviewed with parent/guardian and NO CHANGES	Check	Oct ☐	Nov ☐	Dec ☐	Jan ☐	Feb ☐	Mar ☐	Apr ☐	May ☐	Jun ☐
	Initial									

Level of support needed:	**Sequence—check glucose first, then:**
☐ supervision of student self-injection	☐ give insulin before eating *(start eating within 15 mins)*
☐ school personnel to inject insulin	☐ eat first, then give insulin *(immediately after finished eating)*

Insulin type: ☐ Admelog® ☐ Apidra® ☐ Fiasp® ☐ Humalog® ☐ NovoRapid® ☐ Truapi® ☐ other: _____

Method to Determine Insulin Dose (check one only)

1. ☐ **Use app (from approved list) provided by parent/guardian.**
   - School personnel must enter glucose and carbohydrate amount daily.
   - Target glucose: _____ ICR: _____ ISF: _____

     ICR = insulin-to-carb ratio ISF = insulin sensitivity factor

2. ☐ **Use attached "BolusCalcLunch" dosing chart provided by the parent/guardian.**
   - The BC Children's BolusCalcLunch spreadsheet can be downloaded from the SHP Moodle site > Diabetes Management > Teaching Resources

3. ☐ **Call parent/guardian for dose.**
   - Check glucose and carbohydrate amount.
   - Ensure second check.

If planned activity in the afternoon (check one only):

☐ refer to Plan of Care: Diabetes for activity snack

☐ no changes for afternoon activity

(continued on next page)

NOVA SCOTIA

ADDITIONAL INSTRUCTIONS:

- Ensure timely documentation using specific forms approved for diabetes management in Nova Scotia schools.
- If the student does not eat all their lunch and insulin was given before eating, call their parent/guardian.
- Always refer to the student's Plan of Care: Diabetes if the student
  - has a low blood glucose (Once fast-acting carb is given to treat low, the student may eat lunch and recheck the glucose in 15 minutes to ensure it is above 4 mmol/L.
    After the student has eaten, give insulin using glucose of 4 mmol/L to determine the dose. Do not include the carbohydrate given to treat the low glucose.)
  - has increased thirst and frequent need for the washroom

I have reviewed this form and I hereby request, authorize, and empower my child's school personnel to administer the prescribed insulin medication as described herein to the student named above. I release any school personnel, staff member, the named school and its governing education entity, the Department of Education and Early Childhood Development, Nova Scotia Health, and the IWK Health Centre from any legal liability, claims, damages, actions, and causes of actions whatsoever that may result from the administration of the insulin medication or in the event insufficient insulin medication is available. I acknowledge and understand that as the student's parent/guardian I am responsible for ensuring the school has a sufficient amount of the insulin medication to meet the student's needs while at school. If there is insufficient insulin medication I will be contacted and arrange for the transport of medication to school or make alternative arrangements for my child for the remainder of the school day.

Parent/guardian signature:	Date (MM/DD/YYYY):
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