

Student Insulin Plan (Insulin-to-Carb Ratio)

For Correction Scale

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 <input type="checkbox"/>	Nov <input type="checkbox"/>	Dec <input type="checkbox"/>	Jan <input type="checkbox"/>	Feb <input type="checkbox"/>	Mar <input type="checkbox"/>	Apr <input type="checkbox"/>	May <input type="checkbox"/>	Jun <input type="checkbox"/>
	Initial									

Level of support needed:

☐ supervision of student self-injection

☐ school personnel to inject insulin

Sequence—check glucose first, then:

☐ give insulin before eating (*start eating within 15 mins*)

☐ eat first, then give insulin (*immediately after finished eating*)

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

Step 1 Insulin for carbs: 1 unit per _____ grams of carb (ratio)

Daily Calculation:

Lunch carbs ÷ ratio = insulin for carbs

Step 2 Scale for Correction Amount

Glucose (mmol/L)	Correction Amount
_____ to _____	No correction required
_____ to _____	Add _____ units
_____ to _____	Add _____ units
_____ to _____	Add _____ units
_____ to _____	Add _____ units
Over _____	Add _____ units

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

☐ refer to Plan of Care: Diabetes for activity snack

☐ no changes for afternoon activity

Step 3: Total Dose = Insulin for carbs + Correction Amount

(continued on next page)

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 given to treat low, student may eat lunch and recheck the glucose in 15 minutes to ensure it is above 4 mmol/L. **After student has eaten, give only the insulin for carb in the lunch. Do not include the carbohydrate given to treat the low glucose. Do not add any additional insulin.**)
 - 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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