

Diabetes Management Questionnaire

Foothill Horizons Outdoor School

This form is for students who will be attending Foothill Horizons with a Nurse or a Shadow who is less familiar with the students' care (if a parent is attending with your child you do not need to complete this form).

Please return the form to the Foothill Horizons Health Office no later than 2 weeks before your student's attendance at Outdoor Education, and give a copy of this form to the Nurse or Shadow who will be accompanying your child.

Phone: (209) 532-6673 Fax: (209)532-0019 email: blarsen@stancoe.org

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Contact Information:

Parent/Guardian #1 Name: _____ Cell Phone #: _____

Home #: _____ Work #: _____

Parent/Guardian #2 Name: _____ Cell Phone #: _____

Home #: _____ Work #: _____

Student's Diabetes Physician Name: _____

Clinic Name: _____ Phone #: _____

Diabetes History and Skills:

Student's age at diagnosis of diabetes: _____

How is the student's diabetes managed? insulin pump insulin pens syringes
 other _____

How long have they been monitoring their own blood glucose level? _____

How independent is the student when managing his/her diabetes? What tasks will they need help with? ***Students must be able to independently test their blood glucose levels and administer their own insulin.*** _____

Blood Glucose, Signs, and Symptoms:

What is the student’s target blood glucose range? Low: _____ High: _____

What should the student’s blood glucose be above at bedtime? 100 120 other _____

Does this student need to be woken up during the night to check blood glucose? yes no
Is this every night or only under certain circumstances? Explain: _____

Low Blood Glucose

How often does the student typically experience low blood glucose? daily weekly monthly

What times of day does the student typically experience low blood glucose? after exercise
 mid a.m. before lunch afternoon before dinner bedtime other _____

What are the student’s usual signs/symptoms of **low** blood glucose? _____

Does he/she recognize these signs/symptoms? yes no other _____

High Blood Glucose

What are the student’s usual signs/symptoms of **high** blood glucose? _____

Does he/she recognize these signs/symptoms? yes no other _____

The student checks for ketones at: 250 300 350 other _____

How does the student test for ketones? blood urine

Does the student know how to test for ketones independently? yes no

In the past year, how often has this student been treated for severe high blood glucose or ketoacidosis? At home/school: _____ At the hospital: _____

Treatment:

If using a pump, how often does the student change their site? every 2 days every 3 days
 other _____

Can the student change their site independently? yes no – (if no, please instruct shadow on how to assist)

Does the student count carbs? yes no If yes: independently with adult help

Does the student use an insulin to carbohydrate ratio at meals? yes no Ratio: _____

Does the student use a correction factor for high blood glucose at meals or at other times?

yes no Correction factor: _____

Is the student independent when using the above to calculate their insulin dose? yes no

If no, please explain: _____

Does the student have specific times they must eat snacks, if so, what times? _____

(Please send your student with their preferred fast acting and long acting carb snacks)

Which of the following will your student bring? glucose tabs glucose gel glucagon kit

****Note: at Foothill Horizons students carry their own glucagon kit and other emergency response staff are trained to know where the medication is kept. This ensures that if your child had a medical emergency, the life-saving medication would be with the child and easily accessible to responders****

How often would you like the Nurse/Shadow to contact you throughout the week? Check all that apply:

- When blood glucose is out of target range At each meal to confirm numbers
Once a day to check in; what time & phone # is best? _____
Other _____

Please add anything else that you would like our health office staff to know about the student's diabetes (or other health conditions). _____

REQUIREMENTS FOR FOOTHILL HORIZONS:

1. Student must bring a backpack or fanny pack that includes at minimum a glucose testing kit, glucagon, fast acting and longer acting snacks and an extra supply of necessary items to keep in the health office or with the Nurse/Shadow.
2. Fax (209-532-0019) or email (blarsen@stancoe.org) this questionnaire, the Shadow Contract (if the Shadow is a family member), and diabetes careplan two weeks before arrival to the Foothill Horizons health office and give a copy of these documents to your child's school nurse.
3. Please ensure that the Nurse or Shadow who will be attending with your child has all of the necessary doctor's orders for insulin, glucagon, keytone strips, etc. and a detailed 24 hours careplan.
4. We strongly recommend at least one meeting to go over your child's care; ideally the Nurse or Shadow will take some time to practice checking blood glucose, counting carbs, changing pump site, etc. so your child and the adult both feel comfortable working together.

WHAT TO EXPECT DURING THE WEEK:

The Nurse/Shadow and your child will receive a tour on the first day. During the week they will always have access to the following resources:

- Our health office space
- Private restrooms
- Locked cabinets to store medication
- Refrigeration for medication and extra snacks
- A carb list for all meals served throughout the week
- Juice, fruit, and protein snacks if your child needs extra
- Radios for communicating with staff during the day and night
- Maps and activity schedules for the week
- A landline for checking in with home or calling doctors as needed*
- Our wifi password for the adult to use if necessary; students cannot have access to this number. (If your child uses his/her phone at school to check and communicate blood glucose numbers please contact us to get special permission for cell phone use at Foothill).

*Verizon is the only cell provider that works on our site

Our staff is CPR, First Aid, and Glucagon trained and are always prepared to assist students in case of an emergency. The Nurse or Shadow who attends with your child is responsible for all blood glucose testing, insulin administration, and other care. We do not have extra diabetes medical supplies such as test and keytone stripes, so please refer to our "Supply Checklist" to make sure your child brings everything they will need during this week.

Because Foothill Horizons is a new environment, your child will be eating different foods, and outdoor education involves much more rigorous activities than a regular school day, students tend to experience more lows at our program. We recommend that students test their blood glucose levels halfway through each hike to make sure they are staying in range.

If you have any questions, our health office staff is available by phone (209-532-6673) and email (blarsen@stancoe.org). Please contact us!

Thank you!