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Understanding 504 Plans: Sample 504 Plan

For general reference, here is a sample 504 from one of JDRF's volunteers. This particular plan is for a child in 7th grade on insulin pump therapy, but even within your child's specific age group and general care regimen, his or her individual needs may vary greatly from those of other students.

504 ACCOMMODATION PLAN for SCHOOL YEAR 2000-2001

(Grade 7, Child on insulin pump therapy)

Children with diabetes require medical care to remain healthy. The need for medical care does not end while the child is at school. Thus, while at school, **(NAME)** must be allowed to:

- Do blood glucose/sugar checks at her desk or current location as needed.
- Receive insulin through his/her pump when necessary.
- Follow his/her diabetes management plan as outlined in this 504 Accommodation Plan.

Diabetic Supplies

- Dispose of used supplies in his/her medical pouch or in a sharps container.
- Carry the diabetic kit, including the glucagon kit, during field trips. Blood glucose testing and pump therapy will be done at regular intervals and as needed.
- A back-up medical supply including glucagon kit will be located in his/her classroom.
- Provision school provides: sharp containers
- Provisions parents provide: diabetic supplies, emergency glucose, insulin vial kept refrigerated (not in freezer), carbohydrates

Pump Therapy

- (NAME) will receive insulin through his/her pump for meals, snacks, and hyperglycemia.
- Have assistance from school staff, call parent, or contact medical team as situations arise using pump.
- Test for ketones as outlined by his/her medical team.
- BG's over 100: (NAME) will adjust blood glucose with a bolus calculated by subtracting 100 (goal) from the current BG and dividing the difference by 100. The number determined is the amount bolused. The 100 divider is a current number subject to change as she develops.
- Further accommodations may need to be made for optimum pump therapy.

Hypoglycemia (low blood sugar)

Treat hypoglycemia with emergency sugar and snacks.

Left untreated, hypoglycemia can lead to loss of consciousness, convulsions, or coma. (NAME) must not remain alone in classroom. The time of hypoglycemia is not predictable.

Eat snacks or glucose whenever and wherever necessary.

Have assistance with blood glucose monitoring where appropriate.

Moderate Reaction: (Possible symptoms: hands visibly shaking, very confused, spacy, weak, ready to pass out, headaches, lethargy, unable to chew glucose, does not respond to questions or instructions as expected). School staff will offer and insist upon consuming carbohydrates such as 4 ounces of juice, carton of milk, 4 ounces of regular (non-diet) soda. If (NAME's) blood sugar has not risen about 70 after 15 minutes, repeat with carbohydrates. Seating situation in the classroom should be in such a manner that (NAME) is facing the teacher. If (NAME) does not recognize hypoglycemia, he/she will be visible for the teacher to intervene. At this point (NAME) will be given carbohydrates first and test second.

Severe Reaction: School will either give a glucagon injection and/or call 911 for severe reaction. A parent will be called as soon as possible.

Hyperglycemia (high blood sugar)

Have free and unrestricted access to water and the bathroom.

(NAME) may have a water bottle in the classroom.

Recognizing the Danger of diabetic ketoacidosis (DKA): If blood glucose is above 240, problem solve.

Situation 1: Check pump to see that bolus was given for last consumption of carbohydrates. If not, bolus.

Situation 2: Check pump connections to see if an immediate change of infusion set is needed followed by bolus. Test for Ketones. Recheck BG within 1 to 2 hours verifying blood glucose is dropping.

Situation 3: Cannot determine problem...take a high blood glucose bolus via the pump and check urine for ketones. Check blood glucose again in 2 hours and if it is still above 240, take an injection by syringe and then change the infusion set.

Situation 4: If nausea or vomiting develops with high blood glucose (above 240), take an injection by syringe and call parents (emergency situation). Adjust blood glucose calculated by subtracting 100 (goal) from the current BG and dividing the difference by 100. The number determined is the amount of insulin units administered through syringe. Test for Ketones.

Call parents as soon as possible for each situation except Situation 1.

(NAME) should be able to gradually return to class work and will be able to comprehend some of the class work happening as he/she recovers.

Intercom system could be used to notify office to call parent(s) and again to notify (NAME) if he/she needs to receive insulin for hyperglycemia. He/she would lose no class time.

Nutrition (Food Intake)

- Anytime within 30 minutes before lunch, he/she will test his/her blood glucose and log the results in the classroom. He/She will adjust a BG over 100 with a bolus. He/She will adjust a BG under 70 with carbohydrates. When his/her lunch is before him/her, he/she will activate insulin pump to receive bolus for the meal. This action is the same logical order he/she does all meals. His/Her home diabetes management will be equivalent to his/her school's.
- Eat lunch at an appropriate time and have enough time to finish the meal.
- If teacher finds helpful, she will wear an alarm watch to be notified when to test blood sugar prior to lunch.
- *Parties and Snacks:* Count his/her carbohydrates, receive insulin from his/her pump, and make his/her food choices from the party foods. Candy, regular as opposed to sugar-free popsicles, foods that have an undetermined carbohydrate count, and sugar drinks are to be given to (NAME) only during hypoglycemia. While they are not off-limits with pump therapy, they are considered fast-acting causing rapid rise in blood glucose and should be saved for hypoglycemia.

Exercise (PE and physical activities)

- Participate fully in physical education and other extracurricular activities, including field trips.
- Test blood sugar prior to PE. (NAME) will be making use of the card system to inform PE teacher whether or not he/she can participate. He/She will take a green card if she is able to immediately participate, and a red card if he/she is not able to participate or delay participation.
- Green card If blood glucose is less than 100, have glucose/sugar prior to the activity. Carbohydrates during and after may become necessary for hypoglycemia.
- Red card If blood glucose is greater than 240, (NAME) will follow instructions under hyperglycemia with added situation of asking if high is due to consuming meal within last two hours. In that case, he/she may require a small bolus and waiting 15 minutes before activity.

Illness

- If he/she is feeling ill, he/she must have someone accompany him/her when leaving the room.
- Be out sick more often than the traditional limit.
- Establish a procedure for getting the daily work to child.
- Have no penalties for standardized testing when interrupted with diabetes management. For example: If he/she takes out 10 minutes for diabetes management, 10 minutes of make-up time will be given.
- Make-up work missed due to time used managing diabetes. If tutoring is necessary in order to comprehend the work, the school will provide and recommend.

Training and Education

- School staff must be inserviced about diabetes and trained by a qualified health care professional. This training will include types of insulin reactions, their symptoms and signs and treatment for different reactions. The staff will also read provided material on the use of the Glucagon Emergency Kit.
- During an emergency it will be the school's discretion whether to use the glucagon kit. 911 will be called.
- Substitutes will be provided a folder of information to make them aware that there is a diabetic child in the classroom.
- It will be suggested to the district that all substitutes receive training on children with diabetes each fall.
- Bus driver(s) must be informed about diabetes and permit glucose/sugar snacks on the way to and from school. School will notify parent immediately if he/she is to remain after school or misses bus. Glucose may need to be given.
- School will introduce diabetes in the classroom to foster acceptance and understanding.
- This teaching will reduce the curiosity and natural questions children ask.
- On the playground, classmates could help recognize hypoglycemia and seek help.
- School nurse can be consulted and provide supervision when she is available.

Summary

(NAME) will be re-evaluated on a regular basis and on an "as needed" basis.

Diabetes management is a learning experience. New devices and procedures are always being introduced.

A priority is to keep (NAME) mainstreamed in the classroom absorbing as much as possible while having quality management of his/her diabetes. Also his/her diabetes management at school should be as consistent as possible to all other times.