

Student  
Photo

## Diabetes Health Care Plan for Continuous Glucose Monitoring

School: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name: \_\_\_\_\_ Grade/ Homeroom: \_\_\_\_\_ Teacher: \_\_\_\_\_

1. Sensor Glucose (SG) is the value displayed on the sensor and Blood Glucose (BG) is the value obtained from a fingerstick.
2. School personnel and/or student should always check that the sensor is fully attached to the body.
3. School personnel are not expected to follow on Dexcom Share or Medtronic Connect.
4. Do not disconnect CGM for sports or activities.
5. If adhesive is peeling off, reinforce with medical tape.
6. If CGM falls off, do not throw pieces away, place in a bag, and contact and return to parents.
7. Insulin injections should be at least 3 inches away from CGM device.
8. Do not give Tylenol while using the Dexcom G5 CGM. Tylenol is OK with Dexcom G6, Libre or Medtronic.
9. **Do not use SG to determine if student has been adequately treated for a low. This should be determined with BG.**

### Student Information

TYPE OF CGM:  Dexcom G5/G6  Freestyle Libre

Medtronic Guardian with Threshold Suspend  On  Off

Medtronic 670G (see attached)

Tandem Basal IQ with Dexcom G6 – if basal suspended at mealtime, ok to resume insulin prior to bolus

CGM Instructions (In addition to school orders):

If SG is < 80mg/dL, follow orders for hypoglycemia.

SG may be used for insulin dosing and to indicate need to treat low if preferred by parent

### Authorization for the Release of Information:

I hereby give permission for \_\_\_\_\_ (school) to exchange specific, confidential medical information with \_\_\_\_\_ (Diabetes healthcare provider) on my child \_\_\_\_\_, to develop more effective ways of providing for the healthcare needs of my child at school

Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_