



Circleville City Schools

Insulin Pump Therapy For Student's Independent Performance

Independently-Functioning Student and Parent Responsibilities

1. The student/parent will be responsible for checking site, ensuring tubing patency and checking insulin reservoir prior to student attending school each day. If the tubing or needle becomes dislodged at school, the student will report to the clinic to reinsert a new set.
2. The student/parent will be responsible for programming pump functions that include basal rate, alternate basal rates, square wave boluses, and/or temporary basal rates.
3. The student/parent will be responsible for proper needle/catheter site preparation and insertion, and will reinsert a new infusion set if any skin site problems (bleeding, tenderness, itching, oozing, etc.) occur and will abide by universal precautions when discarding infusion sets and needles at school (needles can be placed in a sharps container; infusion sets can be placed in a Zip-Loc baggie and discarded in a lined wastebasket).
4. A parent must be accessible to school staff during the school day and school related activities for potential pump alarms, cannula reinsertion or clogging, and/or accidental severing of the tubing (or provide back-up orders and supplies to administer insulin by injection).
5. The student/parent will be responsible for determining and delivering the appropriate insulin amount based on blood glucose testing values, anticipated exercise and planned food consumption. Under some circumstances, clinic personnel will confirm that student has selected correct amount of insulin for bolus as determined by parent/legal guardian.
6. Parent/student will provide clinic staff with extra insulin pump supplies and snacks/juices to be kept in clinic or with teachers.
7. The student/parent will be responsible for ensuring pump/tubing safety during physical activities. If the student chooses to use a quick-release set during activities, he/she will ensure that euglycemia is maintained as much as possible (checking blood glucose before, during and after activities and taking extra carbohydrates as needed). Students may check their blood sugar levels in the classroom or clinic.

Non Independently-Functioning Student and Parent Responsibilities

1. The student will agree to immediately report to appropriate school personnel any pump incidents such as low battery alarm, no delivery alarm, accidental severing or dislodgment of tubing.
2. Student will agree to request assistance as needed.
3. A parent will calculate the number of carbohydrates their child will be receiving for snack and/or school lunch (school food services director can provide menu breakdowns) or pre-packed lunch. This will be written down and sent daily to the school clinic.
4. Student will bring to the clinic daily and in writing from the parent the amount of insulin to bolus for that day's snacks and lunch.
5. If the tubing or needle become dislodged at school, the parent will be responsible for inserting a new set.

School Nurse/Clinic Staff Responsibilities

1. The school nurse and clinic staff will help the student maintain safety and health at school.
2. The school nurse will be responsible for providing staff training for recognition of signs and symptoms of hyperglycemia and hypoglycemia for providing assistance to students as needed.
3. The school nurse will develop a health care plan in conjunction with the student and parent to share with appropriate school staff.
4. The school nurse and clinic staff, in cooperation with the student, will be responsible for notifying parent(s)/care provider of any pump incidents and of any blood sugars outside of the student's target range.

I agree to follow the District's protocols for Insulin Pump Therapy as stated.

Student signature (as applicable): _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Home Address: _____

Daytime phone: _____

School nurse signature _____ Date _____

Parent Consent to Communicate with Student's Health Care Provider

The school nurse may communicate with the student's Ohio licensed health care provider as needed.

Yes No

Prescriber's name/title: _____

Prescriber's phone number: _____

Name of pump (model)/manufacturer: _____

Phone number for manufacturer's technical assistance: _____