

Diabetes Medical Management Plan

Student's Name: _____ Grade: _____

School: _____ School Year: _____

Diabetes Type 1: _____ Diabetes Type 2: _____ Date of Diagnosis: _____

Blood Glucose Monitoring ~

Target blood glucose range: _____ to _____ mg/dL

Usual times to check blood glucose: _____

Times to do extra blood glucose checks (*please check all that apply*):

_____ before exercise

_____ after exercise

_____ when exhibiting symptoms of hyperglycemia

_____ when exhibiting symptoms of hypoglycemia

_____ when student is sick at school

_____ other (explain): _____

Meter used: _____

Can student perform their own blood glucose check? Yes _____ No _____

Continuous Glucose Monitoring ~

(Treatment decisions and diabetes care plan adjustments should always be made based upon a meter blood glucose reading.)

Type of monitor: _____

Alert for low blood glucose is set at _____ mg/dL.

Alert for high blood glucose is set at _____ mg/dL.

Check blood glucose by finger stick in these situations (*all apply*):

- Any high or low blood glucose alert.
- Any symptoms of high or low blood glucose.
- Blood glucose monitor readings are questionable.
- Before insulin or medication is used to lower blood glucose.
- Any time the monitoring system is not working.
- Other: _____

INSULIN ORDERS (complete only if insulin is needed at school):

Insulin administered via ~

_____ Syringe and vial _____ Insulin pen _____ Insulin pump

Insulin before lunch ~ (*insulin will be given immediately before lunch unless otherwise specified*)

Name of insulin: _____

BASE INSULIN DOSE (select one):

1. _____ Fixed base dose of insulin to be given: _____ units
2. _____ Flexible base dose of insulin
based on _____ units per _____ grams of carbohydrates

~ PLUS ~

CORRECTION INSULIN DOSE (select one):

A. _____ Insulin Correction Scale

Blood sugar less than		add units
Blood sugar	to	add units
Blood sugar	to	add units
Blood sugar	to	add units
Blood sugar	to	add units
Blood sugar	to	add units
Blood sugar	to	add units
Blood sugar	to	add units
Blood sugar	to	add units
Blood sugar	to	add units
Blood sugar	to	add units

B. _____ Calculated Correction Dose

$$\frac{\text{_____ Blood Glucose} - \text{_____ Target Number}}{\text{_____ Correction Factor}} = \text{_____ Correction Dose}$$

C. _____ Set Correction Dose

_____ units per _____ mg/dL above _____ mg/dL.

EXTRA INSULIN DOSES (for non-meal times):

- _____ Use Insulin Correction Scale, as above.
- _____ Use Calculated Correction dose, as above.
- _____ Extra insulin doses not ordered.

Criteria for Extra Insulin – Correction Dose:

- Extra insulin is given if it has been more than 2 hours since last insulin injection and blood glucose is over _____ mg/dL.
- Blood sugar must be checked 2 hours after correction dose is given.
- Do not exceed 2 extra doses of insulin in one school day.
- Always notify parents if extra insulin doses are given at school.

Student Insulin Dosing Skills (is student independent with these tasks?)

Counting carbohydrates?	Yes _____	No _____
Determining correct insulin dose?	Yes _____	No _____
Drawing up insulin dose?	Yes _____	No _____
Giving own injections?	Yes _____	No _____

INSULIN PUMP ORDERS:

Type of pump: _____

Basal rates: _____ 12 am to _____
_____ to _____
_____ to _____

Type of insulin in pump: _____

Type of infusion set: _____

Insulin / carbohydrate ratio: _____

Correction factor: _____

Student Pump Skills (is student independent with these tasks?)

Counts carbohydrates:	_____ Yes	_____ No
Bolus correct amount for carbohydrates consumed:	_____ Yes	_____ No
Calculate and administer corrective bolus:	_____ Yes	_____ No
Calculate and set basal profiles:	_____ Yes	_____ No
Calculate and set temporary basal rate:	_____ Yes	_____ No
Disconnect pump:	_____ Yes	_____ No
Reconnect pump at infusion site:	_____ Yes	_____ No
Prepare reservoir and tubing:	_____ Yes	_____ No
Insert infusion set:	_____ Yes	_____ No
Troubleshoot alarms and malfunctions:	_____ Yes	_____ No

HYPOGLYCEMIA ~

(Students using a continuous blood glucose monitor must always use a finger stick glucose reading to confirm low blood glucose levels.)

1. Treat Blood Glucose less than _____ mg/dL. If student is awake and able to swallow, give **ONE** of the following fast acting source of carbohydrates.

_____ 4 oz fruit juice _____ 6 oz regular soda _____ 7 lifesavers
_____ 3 – 4 glucose tablets _____ 5 small sugar cubes

2. Retest Bloods Glucose in 15 – 20 minutes. Continue treating until Blood Glucose level is over _____ mg/dL.

3. If more than one hour until the next meal or snack, follow with a snack containing 15 grams of carbohydrates..

4. If student wears an insulin pump:

- If blood glucose is below _____ mg/dL for two checks in a row, suspend pump for _____ minutes or until blood glucose is over _____ mg/dL.
- If blood glucose is below _____ mg/dL for one check, suspend pump for _____ minutes or until blood glucose is over _____ mg/dL.
- If student is not responding to treatment, call parents right away.

ADMINISTRATION OF GLUCAGON ~

If student is unable to swallow or unable to follow commands, unconscious or having a seizure:

Administer _____ 0.5mg OR _____ 1.0mg Glucagon IM into the thigh.

If student wears an insulin pump, disconnect the tubing from the student in addition to administering the glucagon.

Call 911.

HYPERGLYCEMIA ~

(Students using a continuous blood glucose monitor must always use a finger stick glucose reading to confirm high blood glucose levels.)

If student is experiencing symptoms of high blood glucose:

- _____ Check blood glucose.
- _____ Allow student to drink water or sugar free fluids.
- _____ Allow access to the bathroom.
- _____ Check urine ketones.

If blood glucose is over _____mg/dL :

- _____ Administer correction dose of insulin
(as written on page 2 or under insulin pump orders).
- _____ Pump use: Check site, set, connection and reservoir for problems. If blood glucose remains out of range at next check, correction must be given by syringe or pen.

Notify Parents immediately if:

- Blood glucose is over _____mg/dL.
- Moderate to large ketones are present in the urine.
- If high blood glucose symptoms persist or worsen.
- If the student is vomiting.
- If a correction dose of insulin is given other than at meal time.

Special classroom parties ~

On days when there are special classroom parties or birthday treats:

- _____ Student will be responsible for making their own food choices.
- _____ Parents should be contacted ahead of time to provide appropriate substitutions for their child.

Students who ride the bus or walk home ~

If a low blood sugar episode occurs 30 minutes or less prior to leaving school:

- _____ Call parents to inform them of the episode.
- _____ Allow student to ride the bus or walk home if blood sugar returns to normal.
- _____ Call parent to pick up child at school.
- _____ Other: _____

Scheduled after-school and extra-curricular activities ~

_____ Totally independent.

_____ Parents will notify the district nurse when student is scheduled to participate in an after-school or extra-curricular activity.

SUPPLIES (to be provided by the parents to be kept at school):

The student requires the following supplies:	Yes	No		Yes	No
Blood Glucose Monitor & Strips			Complex Carbohydrate Snack		
Lancers & Lancet Device			Insulin Pen & Supplies		
Urine Ketone Strips			Extra Pen Cartridge		
Glucagon Emergency Kit			Insulin Vial & Syringes		
Fast Acting Sugar Source					
Pump Supplies					

Physician Signature : _____ **Date:** _____

Please Print : **Physician's Name:** _____

Address: _____

Phone: _____ **FAX:** _____

Parent / Guardian Signature: _____ **Date:** _____