Date of Plan: _____

Diabetes Medical Management Plan

Effective Dates: _____

This plan should be completed by the student's personal health care team and parents/guardian. It should be reviewed with relevant school staff and copies should be kept in a place that is easily accessed by the school nurse, trained diabetes personnel, and other authorized personnel.

Student's Name: _____

Date of Birth: _____ Date of Diabetes Diagnosis: _____

Grade: _____ Homeroom Teacher: _____

Physical Condition: ❑ Diabetes type 1 ❑ Diabetes type 2

Contact Information

Mother/Guardian: _____

Address: _____

_____

Telephone: Home _____ Work _____ Cell _____

Father/Guardian: _____

Address: _____

_____

Telephone: Home _____ Work _____ Cell _____

Student's Doctor/Health Care Provider:

Name: _____

Address: _____

_____

Telephone: _____ Emergency Number: _____

Other Emergency Contacts:

Name: _____

Relationship: _____

Telephone: Home _____ Work _____ Cell _____

Notify parents/guardian or emergency contact in the following situations:

_____

_____

_____

Diabetes Medical Management Plan *Continued*

Blood Glucose Monitoring

Target range for blood glucose is ❑ 70-150 ❑ 70-180 ❑ Other _____

Usual times to check blood glucose _____

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

❑ before exercise
❑ after exercise
❑ when student exhibits symptoms of hyperglycemia
❑ when student exhibits symptoms of hypoglycemia
❑ other (explain):_____

Can student perform own blood glucose checks? ❑ Yes ❑ No

Exceptions: _____

Type of blood glucose meter student uses: _____

Insulin

Usual Lunchtime Dose

Base dose of Humalog/Novolog /Regular insulin at lunch (circle type of rapid-/short-acting insulin used) is _____ units or does flexible dosing using _____ units/ _____ grams carbohydrate.
Use of other insulin at lunch: (circle type of insulin used): intermediate/NPH/lente _____ units or basal/Lantus/Ultralente _____ units.

Insulin Correction Doses

Parental authorization should be obtained before administering a correction dose for high blood glucose levels. ❑ Yes ❑ No

_____ units if blood glucose is _____ to _____ mg/dl
_____ units if blood glucose is _____ to _____ mg/dl
_____ units if blood glucose is _____ to _____ mg/dl
_____ units if blood glucose is _____ to _____ mg/dl
_____ units if blood glucose is _____ to _____ mg/dl

Can student give own injections? ❑ Yes ❑ No
Can student determine correct amount of insulin? ❑ Yes ❑ No
Can student draw correct dose of insulin? ❑ Yes ❑ No

_____ Parents are authorized to adjust the insulin dosage under the following circumstances:_____

_____

For Students With Insulin Pumps

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 Abilities/Skills:	*Needs Assistance*
Count 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 set	❑ Yes ❑ No
Prepare reservoir and tubing	❑ Yes ❑ No
Insert infusion set	❑ Yes ❑ No
Troubleshoot alarms and malfunctions	❑ Yes ❑ No

For Students Taking Oral Diabetes Medications

Type of medication:_____ Timing: _____

Other medications:_____ Timing: _____

Meals and Snacks Eaten at School

Is student independent in carbohydrate calculations and management? ❑ Yes ❑ No

Meal/Snack	*Time*	*Food content/amount*
Breakfast	_____	_____
Mid-morning snack	_____	_____
Lunch	_____	_____
Mid-afternoon snack	_____	_____
Dinner	_____	_____

Snack before exercise? ❑ Yes ❑ No

Snack after exercise? ❑ Yes ❑ No

Other times to give snacks and content/amount:_____

Preferred snack foods: _____

Foods to avoid, if any: _____

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event):

_____

_____

Exercise and Sports

A fast-acting carbohydrate such as_____ should be available at the site of exercise or sports.

Restrictions on activity, if any:_____

Student should not exercise if blood glucose level is below_____ mg/dl or above_____mg/dl or if moderate to large urine ketones are present.

Hypoglycemia (Low Blood Sugar)

Usual symptoms of hypoglycemia: _____

_____

Treatment of hypoglycemia: _____

_____

Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow. Route_____, Dosage_____, site for glucagon injection: _____arm, _____thigh, _____other.

If glucagon is required, administer it promptly. Then, call 911 (or other emergency assistance) and the parents/guardian.

Hyperglycemia (High Blood Sugar)

Usual symptoms of hyperglycemia: _____

_____

Treatment of hyperglycemia: _____

_____

Urine should be checked for ketones when blood glucose levels are above _____ mg/dl.

Treatment for ketones: _____

Supplies to be Kept at School

_____Blood glucose meter, blood glucose test strips, batteries for meter
_____Lancet device, lancets, gloves, etc.
_____Urine ketone strips
_____Insulin vials and syringes
_____Insulin pump and supplies
_____Insulin pen, pen needles, insulin cartridges
_____Fast-acting source of glucose
_____Carbohydrate containing snack
_____Glucagon emergency kit

Signatures

This Diabetes Medical Management Plan has been approved by:

_____ _____
Student's Physician/Health Care Provider Date

I give permission to the school nurse, trained diabetes personnel, and other designated staff members of _____ school to perform and carry out the diabetes care tasks as outlined by _____'s Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

Acknowledged and received by:

_____ _____
Student's Parent/Guardian Date

_____ _____
Student's Parent/Guardian Date

Quick Reference Emergency Plan

for a Student with Diabetes

Hypoglycemia (Low Blood Sugar)

Photo

Student's Name _____

Grade/Teacher _____ **Date of Plan** _____

Emergency Contact Information:

Mother/Guardian			**Father/Guardian**		
Home phone	Work phone	Cell	Home phone	Work phone	Cell

School Nurse/Trained Diabetes Personnel _____ **Contact Number(s)** _____

Never send a child with suspected low blood sugar anywhere alone.

Causes of Hypoglycemia
- Too much insulin
- Missed food
- Delayed food
- Too much or too intense exercise
- Unscheduled exercise

Onset
- Sudden

Symptoms

Mild
- Hunger
- Shakiness
- Weakness
- Paleness
- Anxiety
- Irritability
- Dizziness
- Sweating
- Drowsiness
- Personality change
- Inability to concentrate
- Other: _____

Circle student's usual symptoms.

Moderate
- Headache
- Behavior change
- Poor coordination
- Blurry vision
- Weakness
- Slurred Speech
- Confusion
- Other _____

Circle student's usual symptoms.

Severe
- Loss of consciousness
- Seizure
- Inability to swallow

Circle student's usual symptoms.

Actions Needed

Notify School Nurse or Trained Diabetes Personnel. If possible, check blood sugar, per Diabetes Medical Management Plan. When in doubt, always TREAT FOR HYPOGLYCEMIA.

Mild
- Student may/may not treat self.
- Provide quick-sugar source.
  3-4 glucose tablets
  or
  4 oz. juice
  or
  6 oz. regular soda
  or
  3 teaspoons of glucose gel
- Wait 10 to 15 minutes.
- Recheck blood glucose.
- Repeat food if symptoms persist or blood glucose is less than _____.
- Follow with a snack of carbohydrate and protein (e.g., cheese and crackers).

Moderate
- Someone assists.
- Give student quick-sugar source per MILD guidelines.
- Wait 10 to 15 minutes.
- Recheck blood glucose.
- Repeat food if symptoms persist or blood glucose is less than _____.
- Follow with a snack of carbohydrate and protein (e.g., cheese and crackers).

Severe
- Don't attempt to give anything by mouth.
- Position on side, if possible.
- Contact school nurse or trained diabetes personnel.
- Administer glucagon, as prescribed.
- Call 911.
- Contact parents/guardian.
- Stay with student.

Quick Reference Emergency Plan
for a Student with Diabetes

Hyperglycemia
(High Blood Sugar)

Photo

Student's Name _____

Grade/Teacher _____ **Date of Plan** _____

Emergency Contact Information:

Mother/Guardian			**Father/Guardian**		
Home phone	Work phone	Cell	Home phone	Work phone	Cell

School Nurse/Trained Diabetes Personnel _____ **Contact Number(s)** _____

Causes of Hyperglycemia
- Too much food
- Too little insulin
- Decreased activity
- Illness
- Infection
- Stress

Onset
- Over time—several hours or days

Symptoms

Mild
- Thirst
- Frequent urination
- Fatigue/sleepiness
- Increased hunger
- Blurred vision
- Weight loss
- Stomach pains
- Flushing of skin
- Lack of concentration
- Sweet, fruity breath
- Other: _____

Circle student's usual symptoms.

Moderate
- Mild symptoms plus:
- Dry mouth
- Nausea
- Stomach cramps
- Vomiting
- Other:_____

Circle student's usual symptoms.

Severe
- Mild and moderate symptoms plus:
- Labored breathing
- Very weak
- Confused
- Unconscious

Circle student's usual symptoms.

Actions Needed
- Allow free use of the bathroom.
- Encourage student to drink water or sugar-free drinks.
- Contact the school nurse or trained diabetes personnel to check urine or administer insulin, per student's Diabetes Medical Management Plan.
- If student is nauseous, vomiting, or lethargic, ____ call the parents/guardian or ____ call for medical assistance if parent cannot be reached.