



Date of Plan: \_\_\_\_\_

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

### Diabetes Medical Management Plan

*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.*

Effective Dates: \_\_\_\_\_

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:  **Same as above**

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Student's Doctor/Health Care Provider:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

**I, mother/father/guardian give permission for AI DuPont Endocrinology to speak with my child, \_\_\_\_\_, school nurse regarding his/her diabetes**

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

\_\_\_\_\_

## Blood Glucose Monitoring

Target range for blood glucose is  70-150  70-180  Other \_\_\_\_\_

Usual times to check blood glucose

- Before each meal  Before each snack

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: \_\_\_\_\_

## INSULIN: Usual Lunchtime Dose

Base dose of  Humalog OR  Novolog insulin at lunch is \_\_\_\_\_ units or does flexible dosing using \_\_\_\_\_ units/ \_\_\_\_\_ grams carbohydrate.

Use of other insulin at lunch:  Lantus  Levemir at \_\_\_\_\_ 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:

Parents always authorized to make insulin adjustments or:

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## For Students with Insulin Pumps Patient does not wear a pump

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                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bolus correct amount for carbohydrates consumed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Calculate and administer corrective bolus       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Calculate and set basal profiles                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Calculate and set temporary basal rate          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disconnect pump                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reconnect pump at infusion set                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prepare reservoir and tubing                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Insert infusion set                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Troubleshoot alarms and malfunctions            | <input type="checkbox"/> Yes | <input type="checkbox"/> 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

<i>Meal/Snack</i>	<i>Time</i>	<i>Food content/amount</i>
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/allergies, if any:

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

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### **Exercise and Sports**

A fast-acting carbohydrate such as \_\_\_\_\_ should be made available by parent/guardian 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: \_\_\_\_\_

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Treatment of hypoglycemia: **Rule of 15**

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: \_\_\_\_\_

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Treatment of hyperglycemia: \_\_\_\_\_

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

Treatment for ketones: \_\_\_\_\_

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### **Supplies to be Kept at School- to be provided by parent/guardian:**

\_\_\_\_\_ Blood glucose meter, blood glucose test strips, batteries for meter

\_\_\_\_\_ Lancet device, lancets, gloves, etc.

\_\_\_\_\_ Urine or blood ketone strips with meter

\_\_\_\_\_ Insulin pump and supplies

\_\_\_\_\_ Insulin pen, pen needles, insulin cartridges

\_\_\_\_\_ Fast-acting source of glucose

\_\_\_\_\_ Glucagon emergency kit

