

Diabetes Medical Management Plan for _____
Student's Name _____ Grade _____

School Year _____ - _____ Building _____ Grade: _____

Homeroom Teacher: _____ () _____ - _____

Primary Diabetes Care Staff _____ () _____ - _____

Physical Condition: Diabetes type 1 Diabetes type 2

Contact Information-----

Primary Contact : _____ Relationship _____

Telephone: Home _____ Work _____ Cell _____

Secondary Contact _____ Relationship _____

Telephone: Home _____ Work _____ Cell _____

Student's Doctor/Health Care Provider:

Name: _____

Address: _____

Telephone: _____ Emergency Number: _____

Blood Glucose Monitoring-----

Target range for blood glucose is _____ - _____

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 _____

Can student perform own blood glucose checks? Yes No

Student & parent understand this information will be shared with responsible parties at school and documented at school while on school grounds? ___yes ___no

Meter student uses: _____ parents to provide strips, lancets ___yes ___no

School Support for Students with Diabetes
Diabetes Youth Services
5871 Monclova Road
Maumee, Ohio 43537

Insulin by Injection-----

Name of Insulin _____ How Given? _____
Syringe or pen(type)

Scale for Blood Glucose Correction

<u>BS Range</u>	<u>Insulin Given</u>
_____	_____
_____	_____
_____	_____
_____	_____

- 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

Insulin to correct high blood sugars can be given at the following times: _____
 But not more often than every ____hours.

Scale for Ketones:

<u>Ketone Level</u>	<u>Insulin Given</u>
Small	_____
Moderate	_____
Large	_____

Carbohydrate Coverage:

Mealtime	<u>Insulin Given</u>	<u># carbs covered</u>
Breakfast	_____unit for every	_____gms
AM Snack	_____unit for every	_____gms
Lunch	_____unit for every	_____gms
PM Snack	_____unit for every	_____gms

Give Carb Coverage ____before or ____after meal. < check one>

Insulin Pumps-----

Pump Brand/Model _____ Insulin in pump: _____
Novolog/ Humalog/Apidra

Type of infusion set: _____ Web Page _____

Carbohydrate Coverage _____before meal _____after meal

Mealtime	<u>Insulin Given</u>	<u># carbs covered</u>	Ketone Scale
Breakfast	_____unit for every	_____gms	small give ____units insulin
AM Snack	_____unit for every	_____gms	moderate give ____units insulin
Lunch	_____unit for every	_____gms	large give ____units insulin
PM Snack	_____unit for every	_____gms	

Target Blood Sugar(s): _____ **Correction/Sensitivity Factor for School:** _____

Insulin on Board/Active Insulin setting: # of hours _____

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 temporary basal rate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disconnect/Reconnect pump	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suspend/Resume pump	<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

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	_____	_____

Snack before exercise? Yes No _____

Snack after exercise? Yes No _____

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

Exercise and Sports

- A fast-acting carbohydrate such as _____ should be available at the site of exercise or sports.
- 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.
- Insulin adjustments for exercise: _____

Treating Hypoglycemia (Low Blood Glucose) Requires *Immediate* Treatment

1. **If student is unconscious or unable to take anything by mouth, administer _____ cc of glucagon by injection.**
2. **If student is experiencing milder symptoms and blood glucose is _____ or less:**
 - give 15 grams of fast acting carbohydrate like glucose gel, or tabs or 4 oz of juice.
 - If scheduled meal or snack is more than 30 minutes, also give 4 cheese/peanut butter cracker sandwiches
 - Retest in 15 minutes. If blood sugar is < than _____ repeat quick carb above. If blood sugar is > _____ but still experiencing symptoms, continue to monitor until symptoms resolve.

IMPORTANT NOTES:

- A readily available source of fast acting carbohydrate should be available to student at all times.
- A student with suspect blood sugar should never be without direct adult supervision until symptoms abate and blood sugar rises above 70mg/dl.
- If you are unable to test, treat symptoms first, then test when able.
- All food/beverages for treatment of low blood sugars is in addition to normal scheduled meals and snacks.

Other special instructions: _____

Treating Hyperglycemia (High Blood Glucose) <not immediately life threatening>

- **See insulin dosing instructions for treatment for high blood glucose.** After dosing retest in one hour and make sure blood sugar is going down. Never give insulin by injection more often than every three hours to correct blood sugars. This means that you may cover for carbs only at the next meal or snack.
- **With insulin pumps elevated blood sugars must be addressed promptly.** If blood glucose remains the same or is higher one hour after dosing, give insulin by injection and notify parents, or if child is able, insert a new pump site.
- Test for ketones in the urine if blood glucose is >300 See Ketone scale on pg 2
- Encourage student to drink water and allow free access to the bathroom.
- If child is ill or vomiting, call parents immediately
- Student should eat all scheduled meals and snacks even if blood glucose is elevated, as long as he is feeling well and they are not in the form of quick carbohydrate ie juice or concentrated sweets.
- Only limit physical activity if ketones are present or blood sugar is >400.
- Call parents if elevated blood sugars persist or further clarification is needed.

Other Instructions: _____
