



### **Diabetes Medical Management Plan**

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

Student's Name: \_\_\_\_\_ D.O.B. : \_\_\_\_\_  
Grade: \_\_\_\_\_ Homeroom Teacher : \_\_\_\_\_  
Date of Diabetes Diagnosis: \_\_\_\_\_ Type 1 \_\_\_ Type 2 \_\_\_ Other \_\_\_\_\_  
Parent/Guardian : \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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#### **Checking Blood Glucose**

Target Range Of Blood Glucose: \_\_\_70-130 mg/dL \_\_\_70-180 mg/dL \_\_\_Other: \_\_\_\_\_  
Check Blood Glucose level: \_\_\_Before Lunch \_\_\_Hours After Lunch  
\_\_\_2 hours after a correction dose \_\_\_Mid-morning \_\_\_Before PE \_\_\_After PE \_\_\_Before Dismissal  
\_\_\_Other: \_\_\_\_\_

Preferred Site of Testing: \_\_\_Fingertip \_\_\_Forearm \_\_\_Thigh \_\_\_Other: \_\_\_\_\_  
Brand/Model of blood glucose meter: \_\_\_\_\_

*Note: The fingertip should always be used to check blood glucose level if hypoglycemia is suspected.*

#### **Student's Self-Care Blood Glucose Checking Skills:**

\_\_\_Independently checks own blood glucose  
\_\_\_May Check blood glucose with supervision  
\_\_\_Requires Nurse/Trained diabetes personnel to check blood glucose

#### **Continuous Glucose Monitor (CGM): \_\_\_Yes \_\_\_No**

Brand/Model: \_\_\_\_\_ Alarms set For: \_\_\_low and \_\_\_high

*Note: Confirm CGM results with blood glucose meter check before taking action on sensor blood glucose level. If student has symptoms or signs of hypoglycemia, check fingertip blood glucose level regardless of CGM.*

#### **Insulin Pump Information**

Brand/Model of Pump: \_\_\_\_\_ Type of Insulin in Pump: \_\_\_\_\_

Basal Rates during School: \_\_\_\_\_ Type of infusion set: \_\_\_\_\_

For blood glucose greater than \_\_\_\_\_ mg/dL that has not decreased within \_\_\_\_\_ hours after correction, consider pump failure of infusion site failure. Notify parents/guardian.

#### **Student's Self-Care Pump Skills:**

Count Carbohydrate's \_\_\_Yes \_\_\_No  
Bolus Correct amount of carbohydrates consumed \_\_\_Yes \_\_\_No  
Calculate and administer correction bolus \_\_\_Yes \_\_\_No  
Calculate and set basal profiles \_\_\_Yes \_\_\_No  
Calculate and set temporary basal rate \_\_\_Yes \_\_\_No  
Change Batteries \_\_\_Yes \_\_\_No  
Disconnect Pump \_\_\_Yes \_\_\_No  
Reconnect pump to infusion set \_\_\_Yes \_\_\_No  
Prepare reservoir and tubing \_\_\_Yes \_\_\_No  
Insert Infusion Set \_\_\_Yes \_\_\_No  
Troubleshoot alarms and malfunctions \_\_\_Yes \_\_\_No

#### **Insulin Therapy**

Insulin Delivery Device: \_\_\_syringe \_\_\_Insulin pen \_\_\_Insulin pump

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**Type of insulin therapy at school:**

- Adjustable Insulin Therapy
- Fixed Insulin Therapy
- No Insulin

**Adjustable Insulin Therapy**

Carbohydrate Coverage/Correction Dose:

Name of Insulin: \_\_\_\_\_

Carbohydrate Coverage:

Insulin-to-Carbohydrate Ratio:

Lunch: 1 unit of insulin per \_\_\_\_ grams of carbohydrate

Snack: 1 unit of insulin per \_\_\_\_ grams of carbohydrate

**(Sliding Scale Attached to paperwork)**

**When to give insulin:**

**Lunch:**

- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than \_\_\_\_mg/dL and \_\_\_\_ hours since last insulin dose
- Other: \_\_\_\_\_

**Snack:**

- No coverage for snack
- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than \_\_\_\_mg/dL and \_\_\_\_ hours since last insulin dose
- Other: \_\_\_\_\_
- Correction dose only:  
 For blood glucose great than \_\_\_\_mg/dL AND at least \_\_\_\_hours since last insulin dose.
- Other: \_\_\_\_\_

**Fixed Insulin Therapy**

Name of insulin: \_\_\_\_\_

- Units of insulin given pre-lunch daily
- Units of insulin given pre-snack daily
- Other: \_\_\_\_\_

**Hypoglycemia Treatment**

Student's usual symptoms of hypoglycemia (list below):

\_\_\_\_\_

\_\_\_\_\_

If exhibiting symptoms of hypoglycemia, OR if blood glucose level is less than \_\_\_\_mg/dL, give a quick-acting glucose product equal to \_\_\_\_grams of carbohydrate.

Recheck blood glucose in 10-15 minutes and repeat treatment if blood glucose level is less than \_\_\_\_mg/dL.

Additional Treatment: \_\_\_\_\_

- If student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions(jerking movements), give:



- Glucagon: \_\_1mg \_\_1/2mg Route: \_\_SC \_\_IM
- Site for glucagon injection: \_\_Arm \_\_Thigh \_\_Other: \_\_\_\_\_
- Call 911 and the student's parents/guardian
- Contact student's health care provider.

**Hyperglycemia Treatment**

Student's usual symptoms of hyperglycemia (list below):

\_\_\_\_\_  
\_\_\_\_\_

Check \_\_Urine or \_\_Blood for Ketones every \_\_hours/minutes when blood glucose levels are above \_\_mg/dL.

For blood glucose greater than \_\_mg/dL AND at least \_\_hours since last insulin dose, giver correction dose of insulin

Give extra water and/or non-sugar-containing drinks (not fruit juices):\_\_ounces per hour.

Additional treatment for ketones:\_\_\_\_\_

- Notify parents/guardians of onset of hyperglycemia.
- If the student has symptoms of a hyperglycemia emergency, including dry mouth, extreme thirst, nausea and vomiting, severe abdominal pain, heavy breathing or shortness of breath, chest pain, increasing sleepiness or lethargy, or depressed level of consciousness: Call 911 and the student's parents/guardian
- Contact students health care provider.

**Physical Activity and Sports**

A quick acting source of glucose such as \_\_glucose tabs and/or \_\_sugar containing juice must be available at the site of physical education activities and sports

Student should eat \_\_15 grams \_\_30 grams of carbohydrate \_\_other\_\_\_\_\_ before \_\_every 30 minutes during \_\_after vigorous physical activity \_\_other\_\_\_\_\_

If most recent blood glucose is less than \_\_\_\_\_mg/dL, student can participate in physical activity when blood glucose is corrected and above \_\_\_\_\_mg/dL.

Avoid physical activity when blood glucose is greater than \_\_\_\_\_ mg/dL or if urine/blood ketones are moderate to large.

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Print Name)

\_\_\_\_\_  
(Medical Physician Signature & Date)

\_\_\_\_\_  
(Parent/Guardian Signature & Date)

\_\_\_\_\_  
(School Staff Member Signature & Date)