

- Business, Education, Technology Academy
 Rising Scholars Academy of South Texas
 South Texas Academy for Medical Professions
 The Science Academy of South Texas
 South Texas Preparatory Academy
 South Texas High School for Health Professions

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.

Date of Plan: _____

School Year: 2017-2018

Student Name: _____

Date of Birth: _____

Physical Condition: Diabetes type 1 Diabetes type 2

Date of Diagnosis: _____

Parent / Guardian Contact Information

Mother/Guardian: _____
Address: _____

Father/Guardian: _____
Address: _____

Home #: _____ Work #: _____ Cell #: _____

Home #: _____ Work #: _____ Cell #: _____

Student's Doctor/Health Care Provider

Name: _____
Address: _____

Office phone #: _____ Fax #: _____

Emergency number if available: _____

Other Emergency Contacts

1) Name: _____

Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

2) Name: _____

Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Blood Glucose Monitoring

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

Times to check blood glucose (check all that apply)

- before lunch after lunch when student exhibits symptoms of hyperglycemia / hypoglycemia
 before exercise after exercise before bus transport if after school activity other (explain): _____

Can student perform own blood glucose checks? Yes No Exceptions: _____

Type of glucometer student uses: _____ Notify Parent if blood glucose is over _____ or under _____

Hypoglycemia (Low Blood Sugar)

Symptoms include trembling, sweating, shaking, pale, weak, dizzy, sleepy, lethargic, confusion, coma, or seizures.

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: _____

Glucagon should be given if blood glucose is below _____ 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)

Symptoms include increased urination and excessive thirst.

For blood glucose greater than _____ mg/dL AND at least _____ hours since last insulin dose:

- Give correction dose of insulin (see orders below). See *additional information for student with insulin pump*.
- Check urine for ketones every _____ hours when blood glucose levels are above _____ mg/dL.
- If negative/small: encourage extra water at _____ oz/hr.
 - If moderate to large:
 - Remain in clinic for monitoring,
 - contact parent for pick up,
 - Give water at _____ oz/hr.
 - Retest student for ketones every _____ until negative

Call 911 (Emergency Medical Services) and the student's parents/guardian if student develops any of these symptoms: nausea/vomiting, severe abdominal pain, heavy/rapid breathing, fruity odor to breath, chest pain, increased sleepiness or lethargy, or depressed level of consciousness.

Additional Instructions: _____

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

Correction Dose (sliding scale method)

_____ 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

Correction Dose (correction factor method)

Correct blood glucose greater than _____ mg/dl

Correction factor _____

Target blood sugar for correction _____

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

Supplies to be kept at School

- | | |
|---|--|
| _____ Blood glucose meter, blood glucose test strips, batteries for meter | _____ Insulin pen, pen needles, insulin cartridges |
| _____ Lancet device, lancets, gloves, etc. | _____ Fast-acting source of glucose |
| _____ Urine ketone strips | _____ Carbohydrate containing snack |
| _____ Insulin pump and supplies | _____ Glucagon emergency kit |

Please Note: All supplies must be provided by Parent/Guardian at beginning of School Year.

This Diabetes Medical Management Plan has been completed and approved by:

Physician/Health Care Provider Signature

Date

Parent/Guardian Consent
Autorización de Padre/Tutor

I give permission to the school nurse, trained diabetes personnel, and other designated staff members of South Texas I.S.D. to perform and carry out the diabetes care tasks as outlined by this 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.

Doy permiso a la enfermera escolar, personal capacitado en diabetes y otros miembros designados del personal de South Texas I.S.D. para llevar a cabo y llevar a cabo las tareas de atención de la diabetes como se describe en este Plan de Manejo Médico para la Diabetes. También doy mi consentimiento a la divulgación de la información contenida en este Plan de Manejo Médico para la Diabetes a todos los miembros del personal y otros adultos que tienen cuidado de custodia de mi hijo y que necesiten conocer esta información para mantener la salud y seguridad de mi hijo.

Parent/Guardian Signature
Firma de Padre/Tutor

Date
Fecha