

Diabetes [Medical] Management Plan for School (DMP)

Student Name: _____ DOB: _____

CIF: _____ School: _____ Grade: _____

Type of Diabetes: Type 1 Type 2 Pre-Diabetes Date of Diagnosis: _____

Blood Glucose Monitoring	
Meter Type: _____	Blood glucose target range: _____ - _____ mg/dl
<input type="checkbox"/> Blood glucose testing times: _____	
<input type="checkbox"/> For suspected hypoglycemia	<input type="checkbox"/> At student's discretion excluding suspected hypoglycemia
<input type="checkbox"/> Only at student's discretion	<input type="checkbox"/> No blood glucose testing at school
<input type="checkbox"/> Permission to test independently	<input type="checkbox"/> Supervision of testing/results
<input type="checkbox"/> Student will need assistance with testing with blood glucose management	
<input type="checkbox"/> Test blood glucose 10 to 20 minutes before boarding bus	

Diabetes Medication																			
<input type="checkbox"/> No insulin at school. Current insulin at home: _____																			
<input type="checkbox"/> Oral medications at school: _____																			
<input type="checkbox"/> Insulin at school: <input type="checkbox"/> Humalog <input type="checkbox"/> Novolog <input type="checkbox"/> Lantus <input type="checkbox"/> Other: _____																			
Insulin delivery device: <input type="checkbox"/> Syringe and vial <input type="checkbox"/> Insulin pen <input type="checkbox"/> Insulin pump																			
Insulin dose at school: _____																			
<input type="checkbox"/> Standard lunchtime dose: _____																			
<input type="checkbox"/> Meal: _____ units of insulin per _____ grams of carbohydrate																			
<input type="checkbox"/> Correction for blood glucose: _____ units of insulin every _____ md/dl above _____ mg/dl <i>(Correction bolus can be given with meals or every 3 hours if blood glucose levels are high)</i>																			
<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Blood Glucose Value (md/dl)</th> <th style="padding: 5px;">Units of Insulin</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">Less than 100</td><td></td></tr> <tr><td style="text-align: center;">100 – 150</td><td></td></tr> <tr><td style="text-align: center;">151 – 200</td><td></td></tr> <tr><td style="text-align: center;">201 – 250</td><td></td></tr> <tr><td style="text-align: center;">251 – 300</td><td></td></tr> <tr><td style="text-align: center;">301 – 350</td><td></td></tr> <tr><td style="text-align: center;">351 – 400</td><td></td></tr> <tr><td style="text-align: center;">More than 400</td><td></td></tr> </tbody> </table>	Blood Glucose Value (md/dl)	Units of Insulin	Less than 100		100 – 150		151 – 200		201 – 250		251 – 300		301 – 350		351 – 400		More than 400		
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<i>Note: Insulin dose is a total of meal bolus and correction bolus.</i>																			
<input type="checkbox"/> Parent/guardian may adjust insulin doses as need	<input type="checkbox"/> Student may self manage																		

Meal Plan	
1 carbohydrate choice = _____ grams of carbohydrate	
<input type="checkbox"/> Meal plan prescribed <i>(see below)</i>	<input type="checkbox"/> Meal plan variable
Breakfast time: _____ AM	# of carb choices = _____
Morning snack time: _____ AM	# of carb choices = _____
Lunch time: _____ PM	# of carb choices = _____
Afternoon snack time: _____ PM	# of carb choices = _____
<input type="checkbox"/> Plan for pre-activity: _____	
<input type="checkbox"/> Plan for after school activities: _____	
<input type="checkbox"/> Plan for class: _____	
<input type="checkbox"/> Extra food allowed: <input type="checkbox"/> Parent/guardian's discretion <input type="checkbox"/> Student's discretion	

Hypoglycemia

Low blood glucose < _____ mg/dl

- Self treatment for mild lows
- Assistance for all lows
- Immediately treat with 15 gm of fast-acting carbohydrate (*i.e.* 4 oz. juice, 3 - 4 glucose tabs, 4 oz. regular pop, 8 oz. skim milk)
- Recheck blood glucose in 15 minutes and repeat 15 gm of carbohydrate if blood glucose remains low
- If more than 1 hour until next meal or snack student should have another 15 gm of carbohydrate
- If child will be participating in additional exercise or activity before the next meal, provide an additional carbohydrate choice
- If student is using an insulin pump, suspend pump until blood glucose is back in goal range

Severe Hypoglycemia

If the child is unconscious or having seizures due to low blood glucose immediately administer injection of:
Glucagon _____ mg (*Glucagon emergency kit*)

- Immediately after administering the Glucagon, turn the child onto their side. Vomiting is a common side effect of Glucagon.
- Notify parent/guardian and EMS per protocol.

Hyperglycemia

High blood glucose >= _____ mg/dl

- Check ketones when blood glucose > _____ mg/dl or student is sick
- Use correction scale insulin orders when blood glucose is _____ mg/dl
- Unlimited bathroom pass
- Notify parent/guardian immediately of blood glucose > _____ mg/dl and/or student is vomiting
- If student is using an insulin pump, follow DKA prevention protocol

Special Occasions

- Arrange for appropriate monitoring and access to supplies on all field trips

Signature of Health Care Provider (HCP):

Date:

Print name of HCP:

Clinic Address:

Phone:

Fax:

_____ () _____ ()

Return to Licensed School Nurse (LSN):

Phone:

Fax:

_____ 651- _____ 651-