

Diabetes Medical Management Plan for School Year 2023-24

STUDENT NAME:		DOB:	
Emergency Contact #1	Parent's Name:	Emergency Contact #2	Parent's Name:
	Relationship:		Relationship:
	Home Phone:		Home Phone:
	Work Phone:		Work Phone:
	Cell Phone:		Cell Phone:
Health Care Provider:		Office Contact Person:	
Office Phone:		Office FAX:	
Diagnosis: DIABETES <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2			
MONITORING (Physician Fill Out)			
Target blood sugar range: 70 mg/dl – 180 mg/dl			
Blood Sugar Monitoring <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> Before Meals <input type="checkbox"/> For Symptoms of hypo/hyperglycemia & anytime student does not feel well <input type="checkbox"/> Before gym/activity <input type="checkbox"/> After gym/activity <input type="checkbox"/> Before Dismissal <input type="checkbox"/> Other _____			
STUDENT CAPABILITY - OVERALL			
<p style="text-align: center; margin: 0;">TESTING</p> <input type="checkbox"/> Student requires assistance <input type="checkbox"/> Student requires supervision <input type="checkbox"/> Student is independent <input type="checkbox"/> Permission to self-carry	<p style="text-align: center; margin: 0;">DOSAGE CALCULATION</p> <p>Carb Counting</p> <input type="checkbox"/> Student requires assistance <input type="checkbox"/> Student requires supervision <input type="checkbox"/> Student is independent <p>Correction Dosing</p> <input type="checkbox"/> Student requires assistance <input type="checkbox"/> Student requires supervision <input type="checkbox"/> Student is independent	<p style="text-align: center; margin: 0;">ADMINISTERING</p> <p>Pump</p> <input type="checkbox"/> Student requires assistance <input type="checkbox"/> Student requires supervision <input type="checkbox"/> Student is independent <p>Insulin Pen</p> <input type="checkbox"/> Student requires assistance <input type="checkbox"/> Student requires supervision <input type="checkbox"/> Student is independent	
STUDENT CAPABILITY - PUMP			
<input type="checkbox"/> STUDENT NOT INDEPENDENT IN PUMP MANAGEMENT Student cannot independently administer boluses, evaluate pump function, or change infusion sets. Insulin boluses will be given / verified / observed as follows: <ul style="list-style-type: none"> • All diabetes care will have direct oversight by trained adult. 			
<input type="checkbox"/> STUDENT INDEPENDENT IN PUMP MANAGEMENT Student has been trained to independently perform routine pump management, calculate dosages, and troubleshoot problems. Assistance is not needed. Includes, but is not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Giving boluses of insulin for both correction of blood sugar above target range and for food eaten. <input type="checkbox"/> Changing of insulin infusion sets using universal precautions <input type="checkbox"/> Switching to insulin injections if the pump malfunctions. 			
School Nurses/Personnel are not routinely trained on use of specific insulin pumps, and are not expected to perform complex pump operation tasks. <ul style="list-style-type: none"> ✓ If student is not independent in set changes the parent/guardian will be contacted if set changes are needed. ✓ Insulin may be given by injection until set is changed, per student's Diabetes Medical Management Plan. ✓ If administering insulin by injection, pump must be suspended or disconnected. 			

PARENT/GUARDIAN NOTIFICATION:

- ✓ Pump alarms/malfunctions
 - ✓ Soreness or redness at infusion site
 - ✓ Detachment of dressing/infusion set
 - ✓ Leakage of insulin
 - ✓ If student must give insulin injection
 - ✓ If corrective measures do not return blood sugar to target within 2 hours
- Other _____

Notify parent/guardian if blood sugar is **↑** 300 mg/dl or **↓** 50 mg/dl

KETONE TESTING:

Check ketones if student's blood sugar is **↑** 300mg/dl and student is symptomatic.
For students on PUMP: Check ketones if student's blood sugar is **↑** 300mg/dl even if student is not symptomatic.
Check ketones when student is ill or complains of nausea /vomiting/abdominal pain.

- Notify parent/guardian if ketones are **moderate** or **large**. Notify physician if ketones are **moderate** or **large**.

OUT-OF-RANGE BLOOD MANAGEMENT: General guidelines for treating hyperglycemia and hypoglycemia will be followed according to the attached decision trees unless other instructions are specifically detailed by the health Care Provider.

LOW BLOOD SUGAR (HYPOGLYCEMIA) UNDER 70 mg/dl	HIGH BLOOD SUGAR (HYPERGLYCEMIA) OVER 300 mg/dl
<ul style="list-style-type: none">✓ Check blood sugar✓ Give 15 grams of fast-acting carbohydrate if blood sugar is ↓ 70 mg/dl and if the student is conscious and able to swallow.✓ Examples of 15 grams of fast-acting carb. * 4 oz. juice or * 3-4 glucose tablets✓ Retest blood sugar 15 minutes after treating✓ Repeat treatment if needed until blood sugar is ↑ target blood sugar goal.	<ul style="list-style-type: none">✓ Check blood sugar✓ Check for ketones if symptomatic; if on pump and > 300 check for ketones with/without sx✓ Have student drink 6-8 oz. of non-carb liquid every hour✓ Notify parents and physician if ketones are moderate or large

GLUCAGON EMERGENCY INJECTION (Physician Fill Out)

If student is unconscious or having a seizure, assume it is a low blood sugar reaction. Call 911 immediately and notify parents or unable to swallow safely.

- Glucagon injection** (circle dose) **½ mg** or **1 mg** should be given SQ or IM by trained personnel.
- Baqsimi Nasal Powder** or **Glucagon Nasal**
- Following injection, turn student on side until fully awake. When alert enough to swallow, give fast-acting carbohydrate as listed above.**

MEDICATION / INSULIN (Physician Fill Out)

Insulin to be given during school hours: YES NO

Insulin to be given by: Pen Pump (If by pump, see "Insulin Pump Supplement - page 3")

Injection sites to be used: Abdomen Legs Arms Hips

(all does to be administered subcutaneously)

Insulin Type: Humalog Novolog Apidra Lantus Metformin Other: _____

INSULIN PER FIXED DOSE Name of Insulin: _____
 Time: _____ @ Mealtimes
 Dose: _____

INSULIN USING CARBOHYDRATE COUNTING: With meals
 1 unit of _____ insulin per _____ grams of carbohydrate With snacks if over _____ grams of carbohydrate

CORRECTION FOR HIGH BLOOD SUGARS at mealtimes unless otherwise notified by physician

Correction per "**formula**": Blood Sugar - _____ ÷ _____ = units of insulin needed

Correction per "**sliding scale**":
 Blood sugar: _____ Units: _____
 Blood sugar: _____ Units: _____
 Blood sugar: _____ Units: _____
 Blood sugar: _____ Units: _____
 Blood sugar: _____ Units: _____
 Blood sugar: _____ Units: _____
 Blood sugar: _____ Units: _____
 Blood sugar: _____ Units: _____

MEALS / SNACKS (Physician Fill Out)
 1 CARBOHYDRATE SERVING (1 CARB CHOICE) = 15 GRAMS CARBOHYDRATE (= 1 starch = 1 fruit = 1 milk)

Food	Time	# CARB GRAMS /CHOICES
Breakfast		
Morning Snack?		
Lunch		
Afternoon Snack?		
Before gym/activity?		

EXERCISE, SPORTS, TRANSPORTATION (Physician Fill Out)

Snack if blood glucose ↓ 120mg/dl and plans moderate intensity exercise at least 30 minutes.
 Provide access to carb-free liquids, fast-acting carbs, snacks, and monitoring equipment.
 Student should **NOT** exercise:
 - If students **has moderate to large ketones**.
 - If blood sugar is ↓ 80 mg/dl. Treat for hypoglycemia
 No exercise until blood sugar is above 80 mg/dl.
 Inform gym teacher/coach of student's diabetes.
 Inform Transportation of diabetes if student rides bus.

INSULIN PUMP SUPPLEMENT TO DIABETES MEDICAL MANAGEMENT PLAN

Pump Brand/Model: _____

Blood sugar target range: 70 mg/dl – 180 mg/dl Insulin Type: Humalog Novolog Apidra Other: _____

Use pump bolus calculator to determine all meal, snack, and correction doses unless a set or pump malfunction occurs.

BLOOD SUGAR CORRECTION - formula for blood sugar if over target
 Blood Sugar - _____ + _____ = units of insulin needed.
 Corrections will be given at meal times unless otherwise specified.

INSULIN TO CARBOHYDRATE RATIO:
 Breakfast – 1: _____ AM Snack – 1: _____ Lunch – 1: _____ PM Snack – 1: _____
 Student is to receive carbohydrate bolus immediately **before** or **after** eating.

GYM/ACTIVITY instructions. Patient may use temporary basal or disconnect for up to one hour at a time for any contact sports. Parent may determine how to handle pump instruction for activity.

PUMP SUPPLIES including infusion sets, reservoirs, batteries, insulin, syringes/insulin pen, dressings/tape, and pump instructions must be provided by parents and may be kept in clinic.

STUDENT NOT INDEPENDENT PUMP MANAGEMENT:

Check ketones if blood sugar is \uparrow 300 mg/dl

If ketones are negative:

1. Check site, infusion set, and pump
2. If no problems are discovered, give bolus based on usual correction dose (**do not give correction doses closer than every 2 hours apart**)
3. Encourage carbohydrate-free fluids, at least 8 oz. per hour, and return to class.
4. Recheck blood sugar in 1 hour
5. If blood sugar is not at least 100 mg lower, call health care provider and parent/guardian to manage
6. If student is vomiting or unable to return to class within a reasonable amount of time, send home with adult supervision

If Ketones are positive (moderate to large): call healthcare provider and parent/guardian for management.

STUDENT INDEPENDENT IN PUMP MANAGEMENT:

Check for ketones if blood sugar is \uparrow 300 mg/dl.

If ketones are negative:

1. Follow steps 1 through 4 above
2. If blood sugar is not at least 100 mg/dl lower in one hour:
 - o Take and injection with a syringe based on correction formula
 - o Follow health care provider's guidelines for ketone management

If ketones are positive (moderate to large):

1. **Notify health care provider and parent/guardian for management**
2. Give carbohydrate-free fluids – at least 8 oz. per hour
3. Follow health care provider's guidelines for ketone management
0.1u/1g/hour = _____ via injection
4. If student is vomiting or unable to return to class within a reasonable amount of time, send home with adult supervision

LOW BLOOD SUGAR (Hyperglycemia)

Follow basic Diabetes Medical Management Plan, **except:**

- A follow-up longer acting snack is not necessary after a hypoglycemia episode
- Notify parent/diabetes provider for additional instructions if hypoglycemia occurs again without explanation

If seizure or unresponsiveness occurs:

1. Treat with glucagon emergency injection
2. Call 911 and notify parents
3. Stop insulin pump by:
 - a. Placing pump in "suspend" or stop mode (see copy of manufacturer's instructions)
 - b. Disconnect tubing at connection site (not at pump)
4. Send pump with EMS to hospital if it has been disconnected.

ITEMS TO BE FURNISHED BY PARENTS IMMEDIATELY

- | | |
|--|---|
| ➤ Blood glucose meter/strips/lancets/lancing device | ➤ Carbohydrate free beverages/water bottles for highs |
| ➤ Insulin vials, syringes, pens, needles, cartridges, etc. | ➤ Glucagon Emergency Kit |
| ➤ Ketone testing strips | ➤ Routine daily snacks if ordered |
| ➤ Fast-acting carbohydrate foods for lows | ➤ Glucose tablets |
| ➤ Oral medication for diabetes if ordered | ➤ Diabetes paperwork and updated orders |

STATEMENT OF RESPONSIBILITY (Parent Read)

Parents/Guardians are responsible to:

- Notify school personnel of all changes in their child’s medical management plan.
- Give permission for the school nurse to consult with student’s Health Care Provider when necessary.
- Provide an adequate amount of all necessary diabetes supplies for student at all times.
- Provide current information on how to be contacted if necessary due to student’s medical needs.
- Designate a knowledgeable person who will be available to be contacted, and who will be responsible for the student if the school is unable to contact parents/guardians.
- Make sure that the medical management plan is updated at least yearly and that the school has a copy.

School Personnel are responsible to:

- Follow medical management plan as outlined above while student is at school.
- Notify parents/guardians of any required treatment for low and/or high blood sugars.
- Provide copies of blood sugar logs and care given to parents and Health Care Providers upon request.
- Notify parents/guardians when supplies need replenished.

If a Diabetes Medical Management Plan for the current school year is not provided to the school, the most recent plan available will be followed until the school receives an updated one.

***Signatures:** The following have read and agree to adhere to the above plan (and pump supplement if using pump.) Parents agree to give permission to the school nurse, trained diabetes personnel, and other designated school staff members to perform and carry out the diabetes care tasks as outlined by the student’s Diabetes Medical Management Plan. Parents also consent to the release of the information contained in this Diabetes Medical Management Plan, including child’s photo to all staff members and other adults who have custodial care of the child and who may need to know this information to maintain the child’s health and safety.*

Health Care Provider:	Date
Parent/Guardian:	Date
Student:	Date
School Nurse:	Date