

**PHARR-SAN JUAN-ALAMO INDEPENDENT SCHOOL DISTRICT**  
**Diabetes Medical Management Plan for School Year \_\_\_\_\_**

- - - Plan must be renewed each school year - - -

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

**Diabetes type 1**       **Diabetes type 2**      Date of diagnosis: \_\_\_\_\_  
 Student's ability to manage own care:     unable at this time       needs help/supervision       independent

**ORAL MEDICATIONS** (home AND school)     **None ordered**

Name of Medicine	Dose	Frequency/Time	Give at School

**INSULIN** (school doses only)     **None ordered**

Lunchtime insulin:     Humalog     Novolog     Regular     Other \_\_\_\_\_  
 How given:     SC injections     insulin pen     insulin pump – brand: \_\_\_\_\_  
 Fixed dose: \_\_\_\_\_ units \_\_\_\_\_ minutes before lunch  
 Insulin to carbohydrate ratio: \_\_\_\_\_ units per \_\_\_\_\_ grams carbohydrate  
 Blood sugar **CORRECTION DOSES**

Blood Glucose (mg/dl)	Insulin Units to Give
below	none
from                      to	
from                      to	
from                      to	
above	

Parents are authorized to adjust the insulin dosage:     No     Yes

Other orders: \_\_\_\_\_

**BLOOD GLUCOSE MONITORING**     **None needed**

Daily     PRN only      **Target Range:** \_\_\_\_\_ to \_\_\_\_\_

Routine Times to Be Checked	check only	give <b>CORRECTION DOSE</b> (as per above)
<input type="checkbox"/> before school breakfast		
<input type="checkbox"/> before lunch		
<input type="checkbox"/> PRN for symptoms		
<input type="checkbox"/> before exercise		
<input type="checkbox"/> after exercise		
<input type="checkbox"/> other _____		

Other orders: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

**MEALS AND SNACKS AT SCHOOL**     **No dietary restrictions**

Diabetic diet \_\_\_\_\_ calories

Snacks

Carbohydrate counting

- Breakfast: \_\_\_\_\_ grams
- Lunch: \_\_\_\_\_ grams

- Morning: \_\_\_\_\_ grams
- Afternoon: \_\_\_\_\_ grams
- Before exercise: \_\_\_\_\_ grams
- After exercise: \_\_\_\_\_ grams

Other orders: \_\_\_\_\_

- - - Special Diet form **must** be completed if a special diet is to be provided at school - - -

**HYPOGLYCEMIA**

If blood glucose is below \_\_\_\_\_ (or symptoms are present) and student is responsive and can swallow safely

- Give 15 grams fast-acting carbohydrate
- Recheck blood glucose in 10-15 minutes; if still low, give another 15 grams carbohydrate; repeat this step as needed
- When blood glucose is above \_\_\_\_\_ (or student becomes asymptomatic), student may return to normal activities

If blood glucose is below \_\_\_\_\_ and/or student is semi-conscious, unconscious, or seizing

- Call 9-1-1
- Give glucagon IM    **0.5 mg**        **1 mg**
- Repeat glucagon dose in 15 minutes if student has not recovered enough to swallow safely
- When able to swallow, give student 15 grams fast-acting carbohydrate

Other orders: \_\_\_\_\_

**HYPERGLYCEMIA**

If blood glucose is above \_\_\_\_\_

- If within \_\_\_\_\_ minutes of lunch, follow lunchtime insulin orders
- At times other than lunch, give **CORRECTION DOSE**
- Check urine ketones; if results are moderate or large
- Call healthcare provider for further orders
- Call parent/guardian to pick up student
- Call 9-1-1
- Limit physical activity; increase water intake; check blood glucose and ketones every \_\_\_\_\_ hour(s) until blood glucose returns to **Target Range** and ketones are negative or small

Other orders: \_\_\_\_\_

Physician's Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Diabetes Educator: \_\_\_\_\_ Phone: \_\_\_\_\_

Dietitian: \_\_\_\_\_ Phone: \_\_\_\_\_