DIABETES MANAGEMENT MEDICAL PLAN

Student Name: _____ Medical Record #: _____ Date of Birth: _____

BLOOD GLUCOSE MONITORING

Student routinely checks blood glucose prior to insulin administration at meal time. Student may check blood glucose as needed throughout the school day.

INSULIN DOSING

Type of insulin: Novolog, Humalog, Apidra, Fiasp, or Admelog (Circle One)

INSULIN ☐PUMP or ☐INPEN (Check one): ☐FOLLOW INSULIN DOSE PER PUMP or INPEN DIRECTIONS ON APP

*****If pump malfunctions, proceed with insulin coverage via ☐ Syringe/Vial or ☐Pen until pump can be checked by parent/guardian.

Meal time insulin dose to be given pre-meal unless alternative checked: ☐ post-meal ☐ either pre-or post-meal

Before school meal	*Lunch*	*After school meal*
Insulin dose = _____ units Insulin dose = _____ units/____ grams of carbohydrates	Insulin dose = _____ units Insulin dose = _____ units/____ grams of carbohydrates	Insulin dose = _____ units Insulin dose = _____ units/____ grams of carbohydrates

Sliding Scale: (DO NOT GIVE IF WITHIN 3 HOURS OF PREVIOUS CORRECTION DOSE).

____units if BG is _____ to _____mg/dl	**____units if BG is _____ to _____mg/dl**	**____units if BG is _____ to _____mg/dl**
____units if BG is _____ to _____mg/dl	**____units if BG is _____ to _____mg/dl**	**____units if BG is _____ to _____mg/dl**
____units if BG is _____ to _____mg/dl	**____units if BG is _____ to _____mg/dl**	**____units if BG is _____ to _____mg/dl**
____units if BG is _____ to _____mg/dl	**____units if BG is _____ to _____mg/dl**	**____units if BG is _____ to _____mg/dl**
____units if BG is _____ to _____mg/dl	**____units if BG is _____ to _____mg/dl**	**____units if BG is _____ to _____mg/dl**
____units if BG is _____ to _____mg/dl	**____units if BG is _____ to _____mg/dl**	**____units if BG is _____ to _____mg/dl**
Sliding scale is based on correction factor of _____units/ _____mg/dl blood sugar greater than _____mg/dl.	Sliding scale is based on correction factor of _____units/ _____mg/dl blood sugar greater than _____mg/dl.	Sliding scale is based on correction factor of _____units/ _____mg/dl blood sugar greater than _____mg/dl.

☐Use this dose if insulin is used to cover snacks: Insulin dose = _____ units/ _____ grams of carbohydrates

☐ Do not use insulin to cover snacks

School Nurse (Licensed RN) may decrease or increase total insulin dosage up to (+/-) 1 unit.

Student's Level of Independence:

Student can perform own blood glucose checks	☐No	☐With Supervision	☐Yes
Student can calculate carbohydrates independently	☐No	☐With Supervision	☐Yes
Student can determine correct amount of insulin	☐No	☐With Supervision	☐Yes
Student can draw correct dose of insulin	☐No	☐With Supervision	☐Yes
Student can give own injections	☐No	☐With Supervision	☐Yes
Student can bolus correctly (for carbohydrates and for correction of hyperglycemia)	☐No	☐With Supervision	☐Yes
Student can troubleshoot alarms and malfunctions on pump	☐No	☐Yes	
Student may carry own diabetic supplies (ie: pen/glucometer)	☐No	☐Yes	
Student uses a Continuous Glucose Monitor (CGM)	☐No	☐Yes	
Student needs cellphone, receiver, and/or pump with them at all times	☐No	☐Yes	

DIABETES MANAGEMENT MEDICAL PLAN

Student Name: _____ Medical Record #: _____ Date of Birth: _____

DEXCOM G6 CGM (or sensors which need no calibration)

Dosing and treatment can be provided off CGM, without glucose checks. ☐Yes ☐ No
If symptoms of student do not match readings of CGM, perform a check with glucose meter.
Calibration of CGM is not necessary during school hours.
NOTE: For ALL OTHER CGM's, decisions are made on BLOOD GLUCOSE level regardless of CGM reading.

PHYSICAL EDUCATION (PE) or STRENUOUS EXERCISE

If checking before PE or strenuous exercise and blood glucose is between 80-120 mg/dl, provide 15 grams of carbohydrates and allow to participate.

HYPOGLYCEMIA (Low Blood Sugar)

If conscious and able to swallow:
If blood glucose is < 80 mg/dl, give ☐ 10 or ☐ 15 grams of carbohydrates and recheck blood glucose in 15 minutes.
Repeat until blood glucose is > 80 mg/dl.
If unconscious or having seizure give: Glucagon injection IM ☐ 0.5 mg or ☐ 1.0 mg OR Baqsimi intranasal ☐3.0 mg

If Glucagon or Baqsimi are indicated, administer it simultaneously while calling 911 and the parents/guardians.

HYPERGLYCEMIA (High Blood Sugar)

Check ☐ urine ketones or ☐ blood ketones if blood glucose > 350 mg/dl
☐Give insulin per orders **(DO NOT GIVE IF WITHIN 3 HOURS OF PREVIOUS CORRECTION DOSE).**

IF KETONES are MODERATE or LARGE, student will be sent home.
If ketones are trace or small and student is without symptoms, student may stay at school.

PHYSICIAN'S AUTHORIZATION FOR DIABETES MEDICAL MANAGEMENT PLAN

My signature below provides authorization for this Diabetes Medical Management Plan. I understand in some school districts specialized health care services may be observed by unlicensed designated school personnel under the training provided by a school nurse or RN. **This authorization is for the current school year. If changes are indicated, I will provide new written authorization.**

Medical Provider's Name (Print): _____

Medical Provider's Signature: _____ **Date:** _____

Kaiser (Roseville) Sutter UCD Medical Center (Circle One) Other:

Physician's Telephone: ( ) - **Physician's Fax: ( ) -**

Medical Provider's NPI #: _____ **ORP Provider: ☐Yes ☐ No**

Parent/Guardian's Name (Print): _____ **Telephone: ( ) -**

Parent/Guardian Signature: _____ **Date:** _____

This form was created in collaboration with the Center of Excellence in Diabetes and Endocrinology, UC Davis Medical Center, Kaiser Pediatric Endocrinology, San Juan USD, Natomas USD, Sac City USD, Twin Rivers USD, Elk Grove USD, Robla USD, Folsom Cordova USD, Sacramento County Office of Education, Placer County Office of Education, California School Nurses Organization, Sac State Division of Nursing.