

Warren Township High School #121

Almond Campus

847-548-6899

Fax: 847-548-7171

O'Plaine Campus

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DIABETES MEDICAL MANAGEMENT PLAN FOR SCHOOL

Student: _____ DOB: _____

Student ID#: _____ School: _____

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

Other: _____

Blood Glucose Monitoring

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

<input type="checkbox"/> No insulin at school: Current insulin at home _____																			
<input type="checkbox"/> Oral diabetes medication at school: _____																			
<input type="checkbox"/> Insulin at school: <input type="checkbox"/> Humalog <input type="checkbox"/> Novolog <input type="checkbox"/> Lantus <input type="checkbox"/> Other: _____																			
<input type="checkbox"/> Insulin delivery device: <input type="checkbox"/> Syringe and vial <input type="checkbox"/> Insulin pen <input type="checkbox"/> Insulin pump																			
Standard lunchtime dose: _____																			
Insulin dose for school: _____																			
<input type="checkbox"/> Meal bolus: _____ units of insulin per _____ grams of carbohydrate.																			
<input type="checkbox"/> Correction for blood glucose: _____ units of insulin for every _____ md/dl above _____ mg/dl.																			
(Correction bolus can be given with meals or every 3 hours if blood glucose levels are high)																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Blood Glucose Value (mg/dl)</th> <th style="text-align: center;">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;">352-400</td><td></td></tr> <tr><td style="text-align: center;">More than 400</td><td></td></tr> </tbody> </table>	Blood Glucose Value (mg/dl)	Units of Insulin	Less than 100		100-150		151-200		201-250		251-300		301-350		352-400		More than 400		
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352-400																			
More than 400																			
<input type="checkbox"/> Parent may adjust insulin doses as needed.																			
<input type="checkbox"/> Student may self manage.																			

Note: Insulin dose is a total of meal bolus and correction bolus.

DIABETES MEDICAL MANAGEMENT PLAN FOR SCHOOL (cont.)

Meal Plan

1 carbohydrate choice = _____ Grams of carbohydrate

Meal plan prescribed (see below) Meal plan variable
 Breakfast Time: _____ # of carb choices = _____
 Morning Snack Time: _____ # of carb choices = _____
 Lunch Time: _____ # of carb choices = _____
 Afternoon Snack Time: _____ # of carb choices = _____

Plan for pre-activity: _____
 Plan for after school activities: _____
 Plan for class parties: _____

Extra food allowed: Parent/guardian's discretion Student's discretion

Hypoglycemia

Low Blood Glucose < _____ mg/dl

Self treatment of mild lows Assistance for all lows
 Immediately treat with 15 mg of fast-acting carbohydrate (e.g.; 4 oz juice, 3-4 glucose tabs, 4 oz regular pop, 8 oz of skim milk)
 Recheck blood glucose in 15 minutes and repeat 15 mg of carbohydrate if blood glucose remains low.
 If more than 1 hour until next meal or snack student should have another 15 mg 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 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 immediately of blood glucose > _____ mg/dl or if 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 Physician/Licensed Prescriber Date

Print name of Physician/Licensed Prescriber

Clinic Address Phone Fax

RN, School Nurse Phone Fax