



## Personal Diabetes Medical Management Plan – Insulin Pump

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Diabetes:      Type 1                  Type 2                  Other \_\_\_\_\_

Diabetologist: \_\_\_\_\_ Nurse Practitioner: \_\_\_\_\_

Type of Pump: \_\_\_\_\_ School: \_\_\_\_\_

**CHECKING BLOOD SUGARS:** please check the student’s blood sugar daily:

- before all meals (breakfast/lunch)
  - if blood sugar is below \_\_\_\_\_ (see “Hypoglycemia” sections)
  - if BS > 250 see “Pump Emergency Decision” flow sheet
- If student feels/complains or acts hypoglycemic
- if student is feeling ill

**ADDITIONAL** BS checks required:       No additional checks needed       Before snacks       Before getting on bus  
 Before gym/recess       after gym/recess       Other: \_\_\_\_\_

### STUDENT’S LEVEL OF SELF-CARE

Test blood sugar	<input type="checkbox"/> no supervision	<input type="checkbox"/> needs supervision	<input type="checkbox"/> Adult to do
Treat mild low blood sugar	<input type="checkbox"/> no supervision	<input type="checkbox"/> needs supervision	<input type="checkbox"/> Adult to do
Calculate/count carbs eaten at meal/snack	<input type="checkbox"/> no supervision	<input type="checkbox"/> needs supervision	<input type="checkbox"/> Adult to do
Check Ketones	<input type="checkbox"/> no supervision	<input type="checkbox"/> needs supervision	<input type="checkbox"/> Adult to do
Administer bolus doses on pump	<input type="checkbox"/> no supervision	<input type="checkbox"/> needs supervision	<input type="checkbox"/> Adult to do
Disconnect and reconnect pump if needed	<input type="checkbox"/> no supervision	<input type="checkbox"/> needs supervision	<input type="checkbox"/> Adult to do
Prepare reservoir and tubing	<input type="checkbox"/> no supervision	<input type="checkbox"/> needs supervision	<input type="checkbox"/> Adult to do
Insert new infusion set	<input type="checkbox"/> no supervision	<input type="checkbox"/> needs supervision	<input type="checkbox"/> Adult to do
Give injection with syringe or pen, if needed	<input type="checkbox"/> no supervision	<input type="checkbox"/> needs supervision	<input type="checkbox"/> Adult to do
Troubleshoot alarms and malfunctions	<input type="checkbox"/> no supervision	<input type="checkbox"/> needs supervision	<input type="checkbox"/> Adult to do

**MEAL PLAN:** No food restrictions or \_\_\_\_\_

**INSULIN DOSE:** see attached for insulin doses

**HYPOGLYCEMIA:** please treat hypoglycemia if blood sugar is less than \_\_\_\_\_

**\*\*NEVER send a student with actual or suspected low blood sugar anywhere alone\*\***

- give 15 grams of a fast acting carb (ex. 4oz juice or regular soda, 3-4 glucose tabs, glucose gel)
- recheck blood sugar in 15 minutes and repeat above until student is above \_\_\_\_\_. Student should not participate in exercise-related activity until BS is above this number.
- IF UNCONSCIOUS OR SEIZING, ADMINISTER GLUCAGON (IM or SQ injection):       1 vial       ½ vial

**HYPERGLYCEMIA:** if BS > \_\_\_\_\_, student is vomiting, and/or if the student is ill then please check urine for ketones and follow the flow sheet below.

- If using blood ketones: Negative ketones = <0.6 \_\_\_\_\_  
 Trace or Small ketones = 0.6 – 1.0 \_\_\_\_\_  
 Moderate or Large = >1.0 \_\_\_\_\_



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**EMERGENCY CONTACT:**

If the office phone is not answered then please call the emergency number, (student vomiting, unsure of correct insulin dose, low blood sugar not responding to treatment, moderate/large ketones)

**Emergency Line:**

Call \_\_\_\_\_ and ask for the Practitioner on-call”

**ADDITIONAL ORDERS:**

**LICENSED HEALTH CARE PRACTITIONER:**

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**PARENT (once reviewed):**

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_