



Personal Diabetes Medical Management Plan – Injections

Student: _____ DOB: _____ School/Grade _____

Diabetes: Type 1 Type 2 Other _____

Diabetologist: _____ Nurse Practitioner: _____

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 "Hyperglycemia" section)
- If student feels/complains or acts hypoglycemic
- if student is 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	☐ No supervision	☐ Needs supervision	☐ Adult to do
Treat low blood sugar	☐ No supervision	☐ Needs supervision	☐ Adult to do
Calculate correct insulin dose	☐ No supervision	☐ Needs supervision	☐ Adult to do
Measure correct insulin dose	☐ No supervision	☐ Needs supervision	☐ Adult to do
Administer insulin injection	☐ No supervision	☐ Needs supervision	☐ Adult to do
Calculate/count carbs eaten	☐ No supervision	☐ Needs supervision	☐ Adult to do
Check ketones	☐ No supervision	☐ Needs supervision	☐ Adult to do

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)
- 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 more than 1hr until next meal or snack, give student 15 grams long acting or starchy carb (eg. Crackers)
- IF UNCONSCIOUS OR SEIZING, ADMINISTER GLUCAGON (IM or SQ injection): ☐ 1 vial ☐ ½ vial

HYPERGLYCEMIA:

if blood sugar is greater than 250 at meals (breakfast or lunch), student is vomiting, or student is otherwise ill then please check urine (or blood) for ketones.

- allow water bottle in class if BS > ____ and/or student has ketones. Do not restrict restroom breaks.
- if blood sugar is elevated between meals, no extra insulin should be given unless instructed to do so by the medical management team

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KETONE MANAGEMENT: (blood ketone measurements in parenthesis)

Negative (<0.6) – no special treatment required

Trace or Small (0.6-1.0) – encourage sugar-free fluids (ex. Water = 8oz per hour). Notify Parents

Moderate or Large (>1.0) – notify parent and/or the office at _____ for additional orders. Encourage sugar-free fluids (8-12oz per hour). Child should not participate in exercise-related activity.

MEAL PLAN:

	<u>Amount of Carbs, if applicable</u>
Breakfast:	_____
AM Snack:	_____
Lunch:	_____
Afternoon Snack:	_____

- Please give student 7-8 grams of carbohydrate for every half hour of physical activity (i.e. P.E. or recess) regardless of blood sugar (unless activity immediately follows lunch). Yes ☐ No ☐

INSULIN DOSE: ☐ see attached for insulin dose and regimen ☐ no insulin taken at school at this time

- Please give student his/her insulin injection ☐ before ☐ after his/her meal or snack.

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 _____

ADDITIONAL ORDERS:

LICENSED HEALTH CARE PRACTITIONER:

Signature: _____

Date signed: _____

PARENT (once reviewed):

Signature: _____

Date signed: _____