

### Diabetes Management and Treatment Plan

1. Authorized Health Care Provider Opinion on student's competence with Procedures:

- Blood Glucose testing
- Carry supplies for blood glucose monitoring
- Testing in classroom
- Self treatment for mild lows
- Measuring and injecting insulin
- Independently operating insulin pump
- Carry Supplies for insulin administration
- Self manage diabetes if policy allows

2. Blood Glucose testing

(Desired range \_\_\_ mg/dl to \_\_\_ mg/dl)

- Before AM snack
- Before lunch
- 2 hrs after lunch
- 2 hrs after a correction dose
- For suspected hypoglycemia
- At Student's discretion
- Always check BS for suspected hypoglycemia
- NO blood glucoses testing at school at this time

3. Mild hypoglycemia

( BG < 70 mg/dl or  BG < \_\_\_ mg/dl)

**Student must never be alone when hypoglycemia is suspected and should be treated on site.**

Give  15 gm or  \_\_\_ gm fast-acting glucose and recheck in  15 minutes or  \_\_\_ minutes.

If still hypoglycemic, treat again with same dose of glucose and recheck at same interval until normal.

Notify parent if not improved after 3 treatments.

- Provide extra protein and carb snack after treating lows if next meal/snack not scheduled for \_\_\_ 1 hr \_\_\_ 2 hr. Call parent for symptoms of hypoglycemia, but BG is normal

4. Severe hypoglycemia (seizure, unconscious, combative, unable to swallow). **Call 911, ensure open airway.**

- OK to use glucose gel inside cheek ONLY IF conscious.
- Use Glucagon injection IM if unconscious or seizing
- 0.5 mg     1 mg

5. Hyperglycemia :(BG greater than \_\_\_ mg/dl) , please check Ketones in \_\_\_ blood \_\_\_ urine. Encourage fluids. If student is ill or vomiting, call parent to strongly consider pick up. **For confusion, labored breathing or coma, call 911**

- If BG > \_\_\_ WITH Ketones moderate or large: call parent to pick up child
- If BG > \_\_\_ WITH Ketones negative to small, child may remain at school if not ill or vomiting.

For **BOTH ABOVE** Initiate insulin per sliding scale ONLY IF more than two hours have passed since last insulin dose and encourage sugar free fluids. **DO NOT give insulin more frequently than every 2 hours.**

- If student has pump, immediately troubleshoot the pump, infusion set and site. Use pump for initial correction dose and recheck blood sugar within one hour to assure adequate delivery of insulin

6. Illness: If a student is ill, check ketones and blood glucose. If ketones are \_\_\_ or larger, provide fluids, call parents and consider pick up. If ketones and blood sugar are within range, follow standard procedures for an ill child and notify parents.

7. Bus Transportation:

- Blood glucose test not required prior to boarding bus
- Test blood sugar 10-15 min prior to boarding bus and treat hypoglycemia appropriately
- Notify parent if BS > \_\_\_ mg/dl prior to boarding bus
- \*\* Recommend Caution if giving insulin prior to transportation

### Diabetes Management and Treatment Plan

8. Pump: Basal and bolus settings as programmed

\*Food/Bolus insulin dose per pump settings:

\_\_\_ units insulin per \_\_\_ gram carbs

Varied preprogrammed Carb ratio per pump/time

\*Correction Dosing (“sensitivity”):

Give \_\_\_ unit(s) for every \_\_\_ above \_\_\_ mg/dl

Varied preprogrammed correction per pump/time

9. Insulin orders:

Brand name of insulin: \_\_\_\_\_

Insulin administration via:

Syringe  Pump  Pen  other: \_\_\_\_\_

\*Routine administration times:

Breakfast  AM snack  Lunch

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

\*Food/Bolus insulin dose:

Insulin to carb ratio: \_\_\_ units insulin per \_\_\_ gram carbs

\*Fixed Insulin dosing:

Breakfast dose \_\_\_ units

AM snack dose \_\_\_ units

Lunch dose \_\_\_ units

Other dose \_\_\_ units

\*Correction Dosing:

Give \_\_\_ unit(s) for every \_\_\_ above \_\_\_ mg/dl

Blood glucose from \_\_\_ to \_\_\_ = \_\_\_ Units

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Blood glucose from \_\_\_ to \_\_\_ = \_\_\_ Units

OK to add food/bolus to correction dose

10. Meal Plan:

Meal/snack will be considered mandatory unless otherwise specified. Timing of snacks will be per school/daycare schedule unless otherwise indicated.

- AM snack  at student’s discretion  
 special time: \_\_\_\_\_

- Lunch  at student’s discretion  
 special time: \_\_\_\_\_

- After school snack  at student’s discretion  special time: \_\_\_\_\_

Content of snack will be specified by:

Parent  Student  Health Care provider

NO snack needed

11. Exercise:

Liquid/solid carb sources must be available.

Follow Hypoglycemia, illness, and hyperglycemia protocols when relevant.

- ❖ Eat \_\_\_ extra grams of carbs with vigorous exercise

Before Exercise

every 30 minutes during exercise

After exercise

Other

- Student may disconnect pump for up to \_\_\_ hrs

- Student may decrease basal rate at their discretion

12. Other Needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The signatures below provide authorization for the above written orders and show agreement that all procedures must be implemented in accordance with state laws and regulations. This authorization is for a maximum of one year. If changes are indicated, new written authorization or a signed addendum to this form will be needed.

Physician: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_