

Qorshaha Maareynta Caafimaadka Sonkorowga (DMMP)

Qorshahan waa in ay dhamaystiraan kooxda daryeelka caafimaadka sonkorowga ee ardayga, oo ay ku jiraan waalidiinta/mas'uuliyiinta. Waa in ay dib u eegaan shaqaalaha dugsiga ee ay khuseyso oo waa in nuqullo lagu kaydiyaa meel ay si fudud uga heli karaan kalkaalisada dugsiga, shaqaalaha u tababaran sonkorowga, iyo shaqaalaha kale ee loo idmay.

Taariikhda Qorshaha: _____ Qorshahani wuxuu shaqaynayaa sannad dugsiiyeedka hadda socda: _____ - _____

Macluumaadka ardayga

Magaca Ardayga: _____ Taariikhda Dhalashada: _____

Taariikhda la ogaaday cudurka sonkorowga: _____ Nooca 1 Nooca 2 Kale: _____

Dugsiga: _____ Lambarka Taleefoonka Dugsiga: _____

Fasalka: _____ Macalinka Fasalka: _____

Kalkaalisada dugsiga: _____ Taleefanka: _____

Macluumaadka xiriirka

Waalidka/mas'uulka 1: _____

Cinwaanka: _____

Taleefanka: Guriga: _____ Shaqada: _____ Taleefanka Gacanta: _____

Cinwaanka limaylka: _____

Waalidka/mas'uulka 2: _____

Cinwaanka: _____

Taleefanka: Guriga: _____ Shaqada: _____ Taleefanka Gacanta: _____

Cinwaanka limaylka: _____

Dhaktarka/bixiyaha daryeelka caafimaadka ardayga: _____

Cinwaanka: _____

Taleefanka: _____ Lambarka Xaaladda Degdegga ah: _____

Cinwaanka iimaylka: _____

Xiriirka Deg-degga ah ee kale:

Magaca: _____ Xiriirka ka dhaxeeya/Waxa ay isku yihiin: _____

Taleefanka: Guriga: _____ Shaqada: _____ Taleefoonka Gacanta: _____



Baaridda gulukoosta/sonorta ku jira dhiigga

Kambaniga/moodhelka cabiraha gulukooska dhiigga: _____

Heerka laga rabo gulukoosta dhiigga:

Kahor Intaadan wax Cunin: 90–130 mg/dL Kale: _____

Hubi heerka gulukooska dhiigga:

Kahor quraacda Kadib quraacda _____ Saacadood kadib quraacda 2 saacadood kadib qiyaasta sixidda

Kahor qadada Kadib qadada _____ Saacadood kadib qadada Kahor ka siidaynta dugsiga

Barqada Kahor Ciyaarta Jimicsiga Jirka Kadib Ciyaarta Jimicsiga Jirka Kale: _____

Sida loogu baahdo iyadoo la eegayo calaamadaha/astmaaha hoos u dhaca ama sara u kaca gulukooska dhiigga

Sida loogu baahdo iyadoo la eegayo calaamadaha/astmaaha xanuunka

Goobta baariraanka ee la door biday: Goobta caarada farta ee laga mudayo Kale: _____

Fiiro gaar ah: Dhinaca caarada faraha waa in mar walba la isticmaala si loo eego heerka gulukooska dhiigga haddii laga shakiyo hoos u dhaca gulukooska dhiigga.

Xirfadaha baaridda gulukoosta dhiigga ee uu iskii ardayga u samayn karo:

Si madax-banaan u baaraa gulukoosta dhiigga

U baari karaa gulukoosta dhiigga iyadoo lala eegayo

U baahan in kalkaalisada dugsiga ama shaqaale u tababaran sonkorowga uu ka baaro gulukoosta dhiigga

Adeegsadaa talefanka casriga ah ama tignoolajiyada kale ee la socodka si uu ula socdo cabirka gulukoosta dhiigga

Kormeeridda gulukoosta ee joogtada ah (CGM): Haa Maya Kambaniga/Moodheelka: _____

Gambaleelka Digniinta waxaa lagu buuxiyay: Hoos u dhac Daran: _____ Hoose: _____ Sare: _____

Gambaleelka digniinta ee loo adeegsado saadaalinta: Hoose: _____ Sare: _____

Heerka isbeddelka: Hoose: _____ Sare: _____

Xadka Joojinta Insuliin Bixinta: _____

CGM waxaa loo isticmaali karaa xisaabinta insuliinta haddii gulukoosku u dhaxeeyo ___-___ mg/dL ___ Haa ___ Maya

CGM waxaa loo isticmaali karaa maaraynta hoos u dhaca gulukooska dhiigga ___ Haa ___ Maya

CGM waxaa loo isticmaali karaa maaraynta sare ukaca gulukooska dhiigga ___ Haa ___ Maya

Macluumaad dheeri ah oo loogu talagalay ardayga leh CGM

- Cirbadaha insuliinta waa in laga duraa ugu yaraan saddex inji meel ka fog goobta la geliyo CGM.
- Ha iska bixin CGM-ka marka aad ciyaarayso isboortiga.
- Haddii koollada ay fuqayso, kula dhaji koolo caafimaad ahaan la oggolyahay.
- Haddi CGM-ku kaa fuqo, wax walba ku soo celi waalidka/mas'uulka. Qaybna ha tuurin.
- Tixraac tilmaamaha soo-saaraha ee ku saabsan sida loo isticmaalo aaladda ardayga.

Awoodda uu Ardayga Iskii ugu Adeegsan karo CGM-ka: Calaamadee "Haa" ama "Maya" haddii ardaygu si madax-bannaan u samayn karo hawlahaan.

Ardaygu wuxuu cillad bixin karaa gambaleelka dugniinaha iyo cilladaha.	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
Ardaygu wuu garanayaa waxa la samaynayo wuuna awoodaa in uu wax ka qabto digniinta gambaleelka SARE.	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
Ardaygu wuu garanayaa waxa la samaynayo wuuna awoodaa in uu wax ka qabto digniinta gambaleelka HOOSE.	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
Ardaygu wuu sixi karaa CGM-ka.	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
Ardaygu wuu garanayaa waxa la sameeyo marka CGM ay muujiso kor u kac ama hoos u dhac degdeg ah uu ku yimado heerka gulukoosta dhiigga.	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya

Ardayga waa in loo wadaa kalkaalisada haddii gambaleelka digniinta ee CGM uu qayliyo: Haa Maya

Tilmaamaha kale ee loogu talagalay kooxda caafimaadka dugsiga: _____



Daawaynta hoos u dhaca gulukooska dhiiga

Calaamadaha caadiga ah ee hoos u dhaca gulukooska dhiiga ee ardayga (liiska hoose): _____

Haddii ay calaamaduhu muujiyaan hoos u dhaca gulukooska dhiiga, AMA in heerka gulukooska dhiiggu ka yar yahay _____ mg/dL, sii shay gulukoos ah oo si dhaqsa ah usii cunto macaan leh oo u dhiganta _____ garaam oo kaarbohaydharayd ah.

Dib-u-baar gulukoosta dhiigga 15 daqiiqo kadib oo ku celi daawaynta haddii heerka gulukoosta dhiiggu ka yar yahay _____ mg/dL.

Daawaynta kale: _____

Haddii ardaygu aanu awoodin inuu wax cuno ama wax cabbo, miyir daboolmo ama aanu falcelin lahayn, ama uu suuxo ama gariirayo (dhaqdhaqaaq ruxmid ah):

- Dhinac dhinac u seexi ardayga si aanu u margan.
- Sii gulukagon (glucagon) Magaca gulukagonka la isticmaalay: _____

Duridda:

- 1 mg ½ mg Kale (qiyaas) _____
- Qaabka daawo qaadashada: Ku duridda maqaarka hoostiisa (Subcutaneous (SC)) Ku duridda muruqa oo laga siiyo (Intramuscular (IM))
- Meesha jirka looga durayo gulukagonka: Barida Gacanta Bowdada Kale: _____

San ka qaadashada:

- 3 mg
- Qaabka daawo qaadashada: San ka qaadasho (Intranasal (IN))
- Meesha laga qaadanayo: Sanka
- Wac 911 (Adeegyada Caafimaadka Degdegga ah) iyo waalidka/masuulka ardayga.
- La xiriiir bixiyaha daryeelka caafimaadka ardayga.
- Haddii uu bamka insulintu kugu xiran tahay, jooji adiga oo ka riixaya habka joojinta ama iska saar. Had iyo jeer EMS bamka u raaci isbitaalka.

Daawaynta sare u kaca gulukooska dhiiga

Calaamadaha caadiga ah ee sare u kaca gulukooska dhiiga ee ardayga (liiska hoose): _____

- Ka baar Kaadida Aashitada (ketones) dhiiga saacad _____ kasta marka heerka gulukoosta dhiiga uu ka sareeyo _____ mg/dL.
- Marka gulukoosta dhiigga uu ka badan yahay _____ mg/dL OO ugu yaraan _____ saacadood laga joogo goortii la siiyay qiyaasta insuliinkii ugu dambeysay, sii qiyaasta/cadadka sixidda ee insuliinta (eeg dalabyada qiyaasta sixitaanka).
- Ogeysii waalidiinta/masuulka haddii gulukoosta dhiigu ka sarreeyo _____ mg/dL.
- Icticmaalayaasha bamka insuliinta: Eeg **Macluumaadka Dheeraadka ah ee loogu talagalay Ardayga adeegsado Bamka Insuliinta.**
- U oggolow inay si aan xadidnay musqusha u isticmaalaan.
- Sii biyo dheeraad ah iyo/ama cabitaan aan sonkor ku jirin (ha siin casiirka miraha): _____ wiiqiyadood saacaddii.

Daawaynta dheeraadka ah ee aashitada dhiigga: _____

- Raac amarada dhaqdhaqaaqa jirka iyo ciyaaraha. (Eeg **Dhaqdhaqaaqa Jirka iyo Ciyaaraha**)

Haddii ardaygu leeyahay calaamadaha sara ukaca gulukoosta dhigga oo degdeg ah, wac 911 (Adeegyada Caafimaadka Degdegga ah) oo la xiriiir waalidka/mas'uulka iyo bixiyaha daryeelka caafimaadka ardayga. Calaamadaha sara ukaca gulukoosta dhigga ee degdegga ah waxaa ka mid ah: afka oo qallalo, harraad/oomid daran, lalabo iyo matag, calool xanuun daran, neefsasho culus ama neef qaadashada oo kugu adkaata, laab xanuun, hurdo badan ama daallanaan, ama miyir beelid heer diiqad ah.



Daaweynta insuliinta

Qalabka insuliin siinta: Saliingo Qalinka insuliinta Bamka insuliinta

Nooca daawaynta insuliinta ee dugsiga: Insuliinta la baddeli karo (insuliinta muddada dheer-insuliinta muddada gaaabn).
 Daaweynta insuliinta ee go'an Insuliin la'aan

Daawaynta Insuliinta La baddali karo (Muddada dheer-muddada gaaban)

- Insuliinta karbohaydharaydka/Qiyaasta/Dawada Sixidda: Magaca insuliinta: _____
- Insuliinta karbohaydharaydka:
 - Saamiga Insuliinka iyo karbohaydraydhka:
 - Quraac:** 1 unug oo insuliin ah ee _____ garaam oo karbohaydharayd ahba
 - Qadada:** 1 unug oo insuliin ah ee _____ garaam oo karbohaydharayd ahba
 - Cuntooyika Fudud:** 1 unug oo insuliin ah ee _____ garaam oo karbohaydharayd ahba

Tusaalaha Xisaabinta Qiyaasta/Cabirka Karbohaydraydhka
$Wadarta\ garaamka\ Karbohaydraydhka\ la\ Cunay \div Saamiga\ Insuliinka\ iyo\ Karbohaydraydhka = \underline{\hspace{2cm}}\text{Halbeegyada Insuliinta}$

Qiyaasta/Cabirka Sixitaanka: Cunsurka sixitaanka gulukooska dhiigga (cunsur qaadan-ogaanshaha insulinta) = _____
 Bartilmaameedka gulukoosta dhiigga laga rabo = _____mg/dL

Tusaalaha Xisaabinta Qiyaasta/Cabirka Sixitaanka
$(Heerka\ Gulukooska\ Dhiiga\ ee\ Hadda - Bartilmaameedka\ gulukoosta\ dhiigga\ laga\ rabo) \div Cunsurka\ Sixitaanka = \underline{\hspace{2cm}}\text{Halbeegyada Insuliinta}$

Miisaanka qiyaasta/Cabirka sixitaanka (isticmaal halkii aad ka isticmaali lahayd xisaabinta kore si aad u go'aamiso qiyaasta insulinta sixitaanka):

Marka gulukoosta dhiigga yahay _____ illaa _____mg/dL, sii _____unug Marka gulukoosta dhiigga yahay _____ illaa _____mg/dL, sii _____unug
 Marka gulukoosta dhiigga yahay _____ illaa _____mg/dL, sii _____unug Marka gulukoosta dhiigga yahay _____ illaa _____mg/dL, sii _____unug

Eeg tusaalooyinka xaashida shaqada ee **Si Horumarsan u Maamulidda Insuliinta: Isticmaalka Saamiyada Insuliinta iyo Kaarbohaydharaydka iyo Cunsuryada Sixitaanka** ee tilmaamaha ku saabsan sida loo xisaabiyo qiyaasta insuliinta iyadoo la adeegsanayo saamiga insuliinta iyo kaarbohaydharaydka ee ardayga iyo cunsurka sixitaanka insuliinta.

Marka ay tahay inaad siiso insuliin:

Quraac

- Insuliinta daboosho karbohaydharaydka kaliya
- Insuliinta daboosho karbohaydharaydka oo lagu daray qiyaasta sixitaanka marka gulukoosta dhiigga uu ka sarreeyo _____mg/dL oo laga joogo _____ saacadood tan iyo goortii la siiyay qiyaasta insuliinta ee ugu dambaysay.
- Kale: _____

Qado

- Insuliinta daboosho karbohaydharaydka kaliya
- Insuliinta daboosho karbohaydharaydka oo lagu daray qiyaasta sixitaanka marka gulukoosta dhiigga uu ka sarreeyo _____mg/dL oo laga joogo _____ saacadood tan iyo goortii la siiyay qiyaasta insuliinta ee ugu dambaysay.
- Kale: _____

Cuntada fudud

- Insuliin qaadasho uma baahna cuntooyinka fudud
- Insuliinta daboosho karbohaydharaydka kaliya
- Insuliinta daboosho karbohaydharaydka oo lagu daray qiyaasta sixitaanka marka gulukoosta dhiigga uu ka sarreeyo _____mg/dL oo laga joogo _____ saacadood tan iyo goortii la siiyay qiyaasta insuliinta ee ugu dambaysay.
- Qiyaasta/Cabirka sixitaanka oo kaliya: Marka gulukoosta dhiigga uu ka sarreeyo _____mg/dL oo ugu yaraan laga joogo _____ saacadood tan iyo goortii la siiyay qiyaasta insuliintii ugu dambaysay.
- Kale: _____



Daawaynta insuliinta (sii socdo)

Daawaynta Insuliinta cadadka Go'an Magaca Insuliinta: _____

- _____ Cabbirka insuliinta la siinayo maalin kasta quraacda kahor
- _____ Cabbirka insuliinta la siinayo maalin kasta qadada kahor
- _____ Cabbirka insuliinta la siinayo maalin kasta cuntooyinka fudud kahor
- Kale: _____

Daawaynta Insuliinta Muddada dheer Magaca Insuliinta: _____

In la siiyo saacadaha dugsiga: _____ Qiyaasta quraacda kahor ah: _____ cabbirka
 _____ Qiyaasta qadada kahor ah: _____ cabbirka
 _____ Qiyaasta cashada kahor ah: _____ cabbirka

Daawooyinka kale ee sonkorowga:

Magaca: _____ Qiyaasta: _____ Qaabka daawo qaadashada: _____ Waqtiyada la siiyo: _____
 Magaca: _____ Qiyaasta: _____ Qaabka daawo qaadashada: _____ Waqtiyada la siiyo: _____

Oggolaanshaha Waalidka/Masuulka ee Baddelidda Qiyaasta Insuliinta

- Haa Maya Oggolaanshaha waalidka/masuulka waa in la helaa ka hor inta aan la siin qiyaasta sixitaanka.
- Haa Maya Waalidiinta/mas'uuliyiinta waxaa loo oggolyahay inay kordhiyaan ama yareeyaan cabbirka qiyaasta sixitaanka iyagoon ka baxayn xadkan hoose: +/- _____ cabbirka insuliinta.
- Haa Maya Waalidiinta/mas'uuliyiinta waxaa loo oggolaaday inay kordhiyaan ama yareeyaan saamiga insuliinta iyo karbohaydraydka inta u dhaxaysa: _____ unug halkii garaam oo karbohaydrayd ah ee la qoray, +/- _____ garaam oo karbohaydrayt ah.
- Haa Maya Waalidiinta/mas'uuliyiinta waxaa loo oggolyahay inay kordhiyaan ama yareeyaan cabbirka qiyaasta insuliinta xadidan iyagoon ka baxayn xadkan hoose: +/- _____ cabbirka insuliinta.

Awoodda uu ardaygu u leeyahay inuu isku duro insuliinta:

- Wuxuu si madax-bannaan u xisaabiyaa oo isugu duraa cirbadda insuliinta.
- Waxa laga yaabaa inay xisaabiso/isku duro cirbadda insuliinta iyada oo laga warhayo.
- U baahan in kalkaalisada dugsiga ama shaqaale u tababaran sonkorowga uu u xisaabiyo qiyaasta kaddibna uu ardaygu isku duro insuliinta iyadoo laga warhayo.
- U baahan in kalkaalisada dugsiga ama shaqaale u tababaran sonkorowga uu u xisaabiyo qiyaasta oo uu ku duro cirbadda insuliinta.

Macluumaadka dheeraadka ah ee loogu talagalay ardayga adeegsada bamka insuliinta

Kambaniga/moodhelka bamka: _____ **Nooca insuliin ee ku jira bamka:** _____

Heerka muddada-gaaban inta lagu jiro dugsiga: Waqtiga: _____ Heerka insuliinta muddada-gaaban: _____

Waqtiga: _____ Heerka insuliinta muddada-gaaban: _____

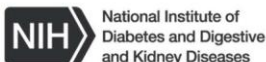
Waqtiga: _____ Heerka insuliinta muddada-gaaban: _____

Waqtiga: _____ Heerka insuliinta muddada-gaaban: _____

Waqtiga: _____ Heerka insuliinta muddada-gaaban: _____

Tilmaamaha kale ee bamka: _____

Noocyada faleenbada jirka siisa insuliinta: _____



Macluumaadka dheeraadka ah ee loogu talagalay ardayga adeegsada bamka insuliinta (sii socota)

Goobta faleenbada in la galiyo ku habboon: _____

- Hadduu gulukoosta dhiigga uu ka badan yahay _____ mg/dL oo uusan hoos u dhicin _____ saacadood gudahood kadib marka la siiyo insuliinta sixitaanka, tixgeli in ay cillad ku timid bamka ama goobta faleenbada lagu muday. Ogeysii waalidka/masuulka.
- Ku guuldareysiga goobta faleenbada: Geli faleenbo cusub iyo/ama beddel insuliin kaydiyaha, ama ku sii insuliinta siliingo ama qalin.
- Haddii bamka looga shakisan yahay: Jooji ama ka saar bamka oo ku sii insuliinta siliingo ama qalin.

Dhaqdhaqaaqa Jirka

Waaad ka saari kartaa bamka haddii uu isboorti ciyaarayo: Haa, illaa _____ saacadood Maya

Deji heerka insuliinta muddada gaaban ee ku meel gaarka ah:

Haa, _____% insuliinta muddada gaaban ee ku meel gaarka ah ee illaa _____ saacadood Maya

Jooji isticmaalka bamka: Haa, illaa _____ saacadood Maya

Awoodda uu Ardaygu Iskii ugu Adeegsan karo Bambka: Calaamadee "Haa" ama "Maya" haddii ardaygu si madax-bannaan u samayn karo hawlahaan.

Xisaabin karo kaarbohaydharaydka	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
Xisaabiyo qaddarka saxda ah ee insuliinta ee u dhiganto karbohaydraytada la cunay	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
Isku duraa insuliinta muddada-dheer ee sixitaanka	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
Xisaabiyaa oo dejiyaa habka insuliinta muddada-gaaban	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
Xisaabiyaa oo dejiyaa akoonada insuliinta muddada-gaaban ee ku meel gaarka ah	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
Baddalaa bateriga	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
Iska bixiyaa bamka	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
Faleenbada insuliinta jirka siisa uu isagu dib ugu xiraa bamka	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
Diyaariyaa insuliin kaydiyaha, boodhka, iyo/ama tuubooyinka qalabka insuliinka	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
Galiya faleenbada jirka siisa insuliinta	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
Cillad bixin karaa gambaleelka dugniinaha iyo cilladaha	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya

Qorshaha cuntada

Cunto/cunto fudud	Wagtiga	Waxyaabaha uu ka kooban yahay karbohaydraydka (graam)
Quraac		_____ illaa _____
Cuntada fudud ee barqada		_____ illaa _____
Qado		_____ illaa _____
Cuntada fududa ee casiriyada		_____ illaa _____

Waqtiyada kale ee la siiyo cunto fudud iyo waxyaabaha/xaddiga aad siinayso: _____

Tilmaamaha la raacayo marka cunto la siinayo fasalka (tusaale, iyada oo qayb ka ah xaflad fasal ama munaasabadda tijaabinta cuntooyinka): _____

Baddelka cuntada, cuntooyinka fudud iyo munaasabadaha/xafladaha gaarka ah ee waalidka/mas'uulka oggolaaday.

Cuntooyinka gaarka ah ee munaasabadda/xafladda ee la oggol yahay: Go'aan gaaridda waalidka/mas'uulka Go'aan gaaridda ardayga

Awoodda uu ardayga u leeyahay inuu daryeelka nafaqada jirkiisa:

- Si madax-banaan u xisaabiyaa kaarbohaydharaydka
- Tirin karaa kaarbohaydraydhada iyadoo la kormeerayo
- U baahan kalkaalisada dugsiga/shaqaale u tababaran sonkorowga inuu u xisaabiyo kaarbohaydraydhada



Dhaqdhaqaaqa jirka iyo ciyaaraha

Waxyaabaha laga helo gulukooska sida dhaqsaha ah jirka u galo sida kaniinka gulukoosta iyo/ama casiirka sonkorta leh waa in laga helaa goobta barashada jimicsiga iyo ciyaaraha.

Ardaygu waa inuu cunaa 15 garaam oo kaarbohaydharayd ah 30 garaam oo kaarbohaydharayd ah kale: _____

Kahor dhaqdhaqaaq/jimicsiga badan 30 daqiiqo oo kasta inta lagu jiro dhaqdhaqaaq/jimicsiga badan

60 daqiiqo oo kasta inta lagu jiro dhaqdhaqaaq/jimicsiga badan kadib dhaqdhaqaaq/jimicsiga badan kale: _____

Haddii gulukoosta dhiigga ee ugu dambeeyay uu ka yar yahay _____mg/dL, ardaygu waxa uu ka qayb qaadan karaa hawlaha jirka/jimicsi marka gulukoosta dhiiga la saxo iyo marka uu ka badan yahay _____mg/dL.

Ka fogow dhaqdhaqaaqa jirka marka gulukoosta dhiiggu ka badan yahay _____mg/dL ama haddii kaadida/aashitada (ketones) dhiiga ay dhexdhexaad yihiin ama badan yihiin.

(Eeg **Siinta Insuliinta** si aad u hesho macluumaad dheeri ah oo loogu talagalay ardayda isticmaasha bamamka insuliinta.)

Musiibada/xaaladaha degdegga ah iyo qorshaha la tacaalidda

Si aad ugu diyaargarowdo masiibo aan la filayn, xaalad degdeg ah (72 saacadood) ama la tacaalidda, xirmada saadka degdega ah kasoo qaado waalidiinta/mas'uuliyiinta. Kalkaalisada dugsiga ama shaqaalaha kale ee loo xilsaaray waa in ay geeyaan sahayda iyo daawoyinka sonkorowga ardayga meesha uu u socdo si loogu diyaariyo ardayga inta ay socoto musiibada aan la qorshayn, xaaladda degdega ah, ama lala tacaalayo.

Raac amarada ku jira Qorshaha Maareynta Caafimaadka Sonkorowga (DMMP).

Dalabyada dheeraadka ah ee insuliinta waa sidan hoose (tusaale, casho iyo habeen): _____

Kale: _____

Saxiixyada

Qorshahan Maareynta Caafimaadka Sonkorowga (DMMP) waxaa ansixiyay:

Dhakhtarka/Bixiyaha Daryeelka Caafimaadka ee Ardayga

Taariikhda

Aniga oo ah, (waalidka/mas'uulka) _____ waxaan u oggolaaday kalkaalisada dugsiga ama xirfadlayaasha daryeelka caafimaadka ama shaqaalaha u tababaran sonkorowga ee (dugisga) _____ in ay u sameeyaan oo ay u fuliyaan hawlaha daryeelka sonkorowga sida lagu qeexay Qorshaha Maareynta Caafimaadka Sonkorowga ee (ardayga) _____. Waxa kale oo aan oggolaaday in macluumaadka ku jira Qorshahan Maareynta Caafimaadka Sonkorowga loo sii daayo dhammaan xubnaha shaqaalaha dugsiga iyo dadka kale ee waaweyn ee mas'uuliyad ka saarantahay ilmahayga ee laga yaabo inay u baahdaan inay ogaadaan macluumaadkan si ay u dhowraan caafimaadka iyo badbaadada ilmahayga. Waxa kale oo aan u fasaxayaa kalkaalisada dugsiga ama xirfadlayaasha daryeelka caafimaadka ee aqoonteeda leh in ay la soo xiriiraan dhakhtarka/bixiyaha daryeelka caafimaadka ardaygayga.

Waxaa qiray oo helay:

Waalidka/Masuulka Ardayga

Taariikhda

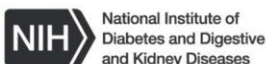
Waalidka/Masuulka Ardayga

Taariikhda

Kalkaaliyaha Dugsiga/Shaqaalaha Kale ee Daryeelka Caafimaadka

Taariikhda

2/24/25



Diabetes Medical Management Plan (DMMP)

This plan should be completed by the student’s personal diabetes health care team, including the parents/guardians. It should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the school nurse, trained diabetes personnel, and other authorized personnel.

Date of plan: _____ This plan is valid for the current school year: _____ - _____

Student information

Student’s name: _____ Date of birth: _____
 Date of diabetes diagnosis: _____ Type 1 Type 2 Other: _____
 School: _____ School phone number: _____
 Grade: _____ Homeroom teacher: _____
 School nurse: _____ Phone: _____

Contact information

Parent/guardian 1: _____
 Address: _____
 Telephone: Home: _____ Work: _____ Cell: _____
 Email address: _____

Parent/guardian 2: _____
 Address: _____
 Telephone: Home: _____ Work: _____ Cell: _____
 Email address: _____

Student’s physician/health care provider: _____
 Address: _____
 Telephone: _____ Emergency number: _____
 Email address: _____

Other emergency contacts:
 Name: _____ Relationship: _____
 Telephone: Home: _____ Work: _____ Cell: _____



Checking blood glucose

Brand/model of blood glucose meter: _____

Target range of blood glucose:

Before meals: 90–130 mg/dL Other: _____

Check blood glucose level:

- Before breakfast After breakfast _____ Hours after breakfast 2 hours after a correction dose
 Before lunch After lunch _____ Hours after lunch Before dismissal
 Mid-morning Before PE After PE Other: _____
 As needed for signs/symptoms of low or high blood glucose As needed for signs/symptoms of illness

Preferred site of testing: Side of fingertip Other: _____

Note: The side of the fingertip should always be used to check blood glucose level if hypoglycemia is suspected.

Student’s self-care blood glucose checking skills:

- Independently checks own blood glucose
 May check blood glucose with supervision
 Requires school nurse or trained diabetes personnel to check blood glucose
 Uses a smartphone or other monitoring technology to track blood glucose values

Continuous glucose monitor (CGM): Yes No Brand/model: _____

Alarms set for: Severe Low: _____ Low: _____ High: _____

Predictive alarm: Low: _____ High: _____ Rate of change: Low: _____ High: _____

Threshold suspend setting: _____

CGM may be used for insulin calculation if glucose is between ____ - ____ mg/dL ___ Yes ___ No

CGM may be used for hypoglycemia management ___ Yes ___ No

CGM may be used for hyperglycemia management ___ Yes ___ No

Additional information for student with CGM

- Insulin injections should be given at least three inches away from the CGM insertion site.
- Do not disconnect from the CGM for sports activities.
- If the adhesive is peeling, reinforce it with approved medical tape.
- If the CGM becomes dislodged, return everything to the parents/guardians. Do not throw any part away.
- Refer to the manufacturer’s instructions on how to use the student’s device.

Student’s Self-care CGM Skills: Check “Yes” or “No” if the student can perform the skill independently.

The student troubleshoots alarms and malfunctions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do and is able to deal with a HIGH alarm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do and is able to deal with a LOW alarm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student can calibrate the CGM.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do when the CGM indicates a rapid trending rise or fall in the blood glucose level.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The student should be escorted to the nurse if the CGM alarm goes off: Yes No

Other instructions for the school health team: _____



Hypoglycemia treatment

Student's usual symptoms of hypoglycemia (list below): _____

If exhibiting symptoms of hypoglycemia, OR if blood glucose level is less than _____ mg/dL, give a quick-acting glucose product equal to _____ grams of carbohydrate.

Recheck blood glucose in 15 minutes and repeat treatment if blood glucose level is less than _____ mg/dL.

Additional treatment: _____

If the student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions (jerking movement):

- Position the student on his or her side to prevent choking.
- Administer glucagon Name of glucagon used: _____

Injection:

- 1 mg ½ mg Other (dose) _____
- Route: Subcutaneous (SC) Intramuscular (IM)
- Site for glucagon injection: Buttocks Arm Thigh Other: _____

Nasal route:

- 3 mg
- Route: Intranasal (IN)
- Site: Nose

- Call 911 (Emergency Medical Services) and the student's parents/guardians.
- Contact the student's health care provider.
- If on insulin pump, stop by placing mode in suspend or disconnect. Always send pump with EMS to hospital.

Hyperglycemia treatment

Student's usual symptoms of hyperglycemia (list below): _____

- Check Urine Blood for ketones every _____ hours when blood glucose levels are above _____ mg/dL.
- For blood glucose greater than _____ mg/dL AND at least _____ hours since last insulin dose, give correction dose of insulin (see correction dose orders).
- Notify parents/guardians if blood glucose is over _____ mg/dL.
- For insulin pump users: see **Additional Information for Student with Insulin Pump**.
- Allow unrestricted access to the bathroom.
- Give extra water and/or non-sugar-containing drinks (not fruit juices): _____ ounces per hour.

Additional treatment for ketones: _____

- Follow physical activity and sports orders. (See **Physical Activity and Sports**)

If the student has symptoms of a hyperglycemia emergency, call 911 (Emergency Medical Services) and contact the student's parents/guardians and health care provider. Symptoms of a hyperglycemia emergency include: dry mouth, extreme thirst, nausea and vomiting, severe abdominal pain, heavy breathing or shortness of breath, chest pain, increasing sleepiness or lethargy, or depressed level of consciousness.



Insulin therapy

Insulin delivery device: Syringe Insulin pen Insulin pump

Type of insulin therapy at school: Adjustable (basal-bolus) insulin Fixed insulin therapy No insulin

Adjustable (Basal-bolus) Insulin Therapy

• Carbohydrate Coverage/Correction Dose: Name of insulin: _____

• Carbohydrate Coverage:

Insulin-to-carbohydrate ratio:

Breakfast: 1 unit of insulin per _____ grams of carbohydrate

Lunch: 1 unit of insulin per _____ grams of carbohydrate

Snack: 1 unit of insulin per _____ grams of carbohydrate

Carbohydrate Dose Calculation Example

Total Grams of Carbohydrate to Be Eaten ÷ Insulin-to-Carbohydrate Ratio = _____ Units of Insulin

Correction Dose: Blood glucose correction factor (insulin sensitivity factor) = _____ Target blood glucose = _____ mg/dL

Correction Dose Calculation Example

(Current Blood Glucose – Target Blood Glucose) ÷ Correction Factor = _____ Units of Insulin

Correction dose scale (use instead of calculation above to determine insulin correction dose):

Blood glucose _____ to _____ mg/dL, give _____ units Blood glucose _____ to _____ mg/dL, give _____ units

Blood glucose _____ to _____ mg/dL, give _____ units Blood glucose _____ to _____ mg/dL, give _____ units

See the worksheet examples in **Advanced Insulin Management: Using Insulin-to-Carb Ratios and Correction Factors** for instructions on how to compute the insulin dose using a student’s insulin-to-carb ratio and insulin correction factor.

When to give insulin:

Breakfast

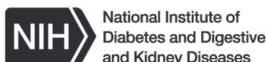
- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and _____ hours since last insulin dose.
- Other: _____

Lunch

- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and _____ hours since last insulin dose.
- Other: _____

Snack

- No coverage for snack
- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and _____ hours since last insulin dose.
- Correction dose only: For blood glucose greater than _____ mg/dL AND at least _____ hours since last insulin dose.
- Other: _____



Additional information for student with insulin pump (continued)

Appropriate infusion site(s): _____

- For blood glucose greater than _____ mg/dL that has not decreased within _____ hours after correction, consider pump failure or infusion site failure. Notify parents/guardians.
- For infusion site failure: Insert new infusion set and/or replace reservoir, or give insulin by syringe or pen.
- For suspected pump failure: Suspend or remove pump and give insulin by syringe or pen.

Physical Activity

- May disconnect from pump for sports activities: Yes, for _____ hours No
- Set a temporary basal rate: Yes, _____% temporary basal for _____ hours No
- Suspend pump use: Yes, for _____ hours No

Student’s Self-care Pump Skills: Check “Yes” or “No” if the student can perform the skill independently.

Counts carbohydrates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates correct amount of insulin for carbohydrates consumed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administers correction bolus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates and sets basal profiles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates and sets temporary basal rate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changes batteries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disconnects pump	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reconnects pump to infusion set	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares reservoir, pod, and/or tubing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inserts infusion set	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Troubleshoots alarms and malfunctions	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Meal plan

Meal/Snack	Time	Carbohydrate Content (grams)
Breakfast		_____ to _____
Mid-morning snack		_____ to _____
Lunch		_____ to _____
Mid-afternoon snack		_____ to _____

Other times to give snacks and content/amount: _____

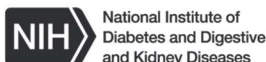
Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event): _____

Parent/guardian substitution of food for meals, snacks and special events/parties permitted.

Special event/party food permitted: Parents’/Guardians’ discretion Student discretion

Student’s self-care nutrition skills:

- Independently counts carbohydrates
- May count carbohydrates with supervision
- Requires school nurse/trained diabetes personnel to count carbohydrates



Physical activity and sports

A quick-acting source of glucose such as glucose tabs and/or sugar-containing juice must be available at the site of physical education activities and sports.

Student should eat 15 grams 30 grams of carbohydrate other: _____
 before every 30 minutes during every 60 minutes during after vigorous physical activity other: _____

If most recent blood glucose is less than _____ mg/dL, student can participate in physical activity when blood glucose is corrected and above _____ mg/dL.

Avoid physical activity when blood glucose is greater than _____ mg/dL or if urine/blood ketones are moderate to large. (See **Administer Insulin** for additional information for students on insulin pumps.)

Disaster/emergency and drill plan

To prepare for an unplanned disaster, emergency (72 hours) or drill, obtain emergency supply kit from parents/guardians. School nurse or other designated personnel should take student’s diabetes supplies and medications to student’s destination to make available to student for the duration of the unplanned disaster, emergency, or drill.

- Continue to follow orders contained in this DMMP.
- Additional insulin orders as follows (e.g., dinner and nighttime): _____

- Other: _____

Signatures

This Diabetes Medical Management Plan has been approved by:

 Student’s Physician/Health Care Provider Date

I, (parent/guardian) _____ give permission to the school nurse or another qualified health care professional or trained diabetes personnel of (school) _____ to perform and carry out the diabetes care tasks as outlined in (student) _____ Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child’s health and safety. I also give permission to the school nurse or another qualified health care professional to contact my child’s physician/health care provider.

Acknowledged and received by:

 Student’s Parent/Guardian Date

 Student’s Parent/Guardian Date

 School Nurse/Other Qualified Health Care Personnel Date

2/24/25

