

School-based Medical Management Plan for the Student with Diabetes Mellitus

To be completed by Parent/Guardian

Student Name: _____ Birthdate: _____ Grade: _____

Mother/Guardian: _____ Phone: (home) _____ (cell) _____

Father/Guardian: _____ Phone: (home) _____ (cell) _____

Other Emergency Contact: _____ Phone: _____ Relationship: _____

Diabetes Health Care Provider: _____ Phone: _____

To be completed by Diabetes Team

Date of Diabetes Diagnosis: _____ ☐ Type 1 ☐ Type 2 ☐ Other: _____

SECTION I - Routine Management

Glucose Levels:

Monitoring method: ☐ Continuous glucose monitor (CGM) Type: _____ **OR** ☐ Finger Stick

Preferred location: ☐ Classroom ☐ Office ☐ Where convenient

☐ Student may use cell phone to monitor glucose levels and school will ensure access to school Wi-Fi

Glucose check performed by: ☐ Student, Independently ☐ Student, Supervised **OR** ☐ Designated School Personnel

Check prior to: ☐ Breakfast ☐ Snack ☐ Lunch ☐ Before PE/Recess ☐ Before leaving school

☐ Ensure that glucose level is above ____ before physical activity or boarding the bus ☐ Other: _____

Always: ☒ Check when symptomatic ☒ Perform finger stick if symptoms do not match CGM values and/or CGM <70 or >300

❖ If glucose level is low (< ____ or < ____ with symptoms), see Section III, Low Glucose Level (Hypoglycemia)

❖ If glucose level is high (> ____), see Section IV, High Glucose Level (Hyperglycemia)

Insulin Administration: (Type of Insulin per Medication Administration Authorization Form, see Section II)

Preferred administration location: ☐ Classroom ☐ Office ☐ Where convenient

☐ Pen/Syringe: Dosing per: ☐ Card ☐ Chart ☐ Scale ☐ InPen* ☐ PUMP* Type: _____ (*All settings pre-programmed by parent)

Breakfast: ☐ Prior to **Lunch:** ☐ Prior to **Snack (carb coverage only):** ☐ Prior to ☐ NA
☐ Immediately after ☐ Immediately after ☐ Immediately after

Insulin dosage calculated by: ☐ Student, Independently ☐ Student, Supervised **OR** ☐ Designated School Personnel

☐ Student will determine all carb counts independently **OR** ☐ Family will provide carb counts to school staff daily

☐ For foods provided by school nutrition services, school staff will ensure student/family has access to carb counts

Insulin administered by: ☐ Student, Independently ☐ Student, Supervised **OR** ☐ Designated School Personnel

Adjustments to Insulin Dosing:

Based on Michigan law (MCL 380.1178) and best practice, written provider/prescriber instructions are required for all medications administered in the school setting. This includes changes to insulin dosing. Written communication between provider/prescriber and parent/guardian (e.g., emails, clinic visit summary, etc.) may be used to adjust insulin dosing until updated Insulin Dosing Tool is received by the Designated School Personnel.

☐ Parents/Guardians have completed training and are authorized by the provider/prescriber to submit written requests to Designated School Personnel for insulin dosing adjustments to increase or decrease total mealtime insulin dose by: +/- ____ units of insulin.

Please note: Insulin corrections for high glucose levels should NOT be given more frequently than every 3 hours. School staff are not required to administer glucose correction doses outside of mealtimes.

SECTION II – Medication Administration Authorization (MAA) Form

This form must be completed fully in order for schools to administer the required medication. The school nurse (RN) will call the prescriber, as allowed by HIPAA, if questions arise about the student's medications and/or related diabetes care.

Prescriber's Authorization:

Student Name: _____ Date of Birth: _____ Grade: _____

1. **Medication Name:** Insulin: ☐ Admelog ☐ Humalog/Lispro ☐ Novolog/Aspart ☐ Apidra ☐ Fiasp

Dose: Per Accompanying Insulin Dosing Tool**Route:** ☐ Pen/Syringe (Insulin dosing per: ☐ Card ☐ Chart ☐ Scale)☐ PUMP Type: _____ (All settings pre-programmed into pump by parent/guardian)☐ InPen (All settings pre-programmed into app by parent/guardian)**Time:** Breakfast: ☐ Prior to ☐ Immediately afterLunch: ☐ Prior to ☐ Immediately afterSnack: ☐ Prior to ☐ Immediately after**Potential Side Effects:** _____**Student may self-carry insulin:** ☐ Yes ☐ No **Student may self-administer insulin:** ☐ Yes ☐ No

2. **Medication Name:** Glucagon

Route & Dose: ☐ Injection, Glucagon/Glucagen/Gvoke PFS: ☐ 0.5 mg
☐ 1.0 mg☐ Auto-Injection, Gvoke HypoPen: ☐ 0.5mg/0.1mL
☐ 1mg/0.2mL☐ Nasal, Baqsimi Glucagon Nasal Powder: ☐ 3mg**Time:** When severe low glucose levels are suspected as indicated by unconsciousness, seizure, or extreme disorientation with inability to safely swallow oral quick-acting glucose.**Potential Side Effects:** Nausea, Vomiting, Rebound Hyperglycemia, Other: _____**Student may self-carry Glucagon:** ☐ Yes ☐ No

☐ Please see attached supplemental MAA Form for additional medication orders. Additional training provided by a RN, PA, physician, or Certified Diabetes Care and Education Specialist (CDCES) to Designated School Personnel is required.

Prescriber's Signature: _____ Date: _____

(No stamped signatures, please)

Print Name/Title: _____ NPI#: _____

Address: _____

Phone: _____ FAX: _____

Parent/Guardian Authorization:

I request Designated School Personnel to administer the medications as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medications at school. I authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Reviewed by RN, PA, Physician, or CDCES providing training to Designated School Personnel:

Signature/Title Date

SECTION III - Responding to a Low Glucose Level (Hypoglycemia)

Below are common symptoms that may be observed when glucose levels are **low**.

Reminder: These symptoms can change, and some students may not display any symptoms.

Parents **may** choose to circle their child's most common symptoms.

Symptoms of a Low Glucose Level (Hypoglycemia)

Shaky Weak Sweaty Rapid heartbeat Dizzy Hungry Headache Lack of coordination Seizure Tiredness
Loss of consciousness Pale Confusion Irritability/Personality changes Continuous Glucose Monitor (CGM) alarm/arrows
Other: _____

Actions for Treating Hypoglycemia

Treatment for Mild to Moderate Hypoglycemia

Notify School Nurse or Designated School Personnel as soon as you observe symptoms.

If possible, check glucose level via finger stick.

Do NOT send student to office alone!

Treat for hypoglycemia if glucose level is:

☐ less than ____ or less than ____ with symptoms.

WHEN IN DOUBT, ALWAYS TREAT FOR HYPOGLYCEMIA AS SPECIFIED BELOW.

Treatment for Suspected Severe Hypoglycemia

Student is:

- ✓ Unconscious
- ✓ Having a seizure
- ✓ Having difficulty swallowing

Follow Emergency Steps

- 1. Administer Glucagon**
- 2. Call 9-1-1**
- 3. Activate MERT (Medical Emergency Response Team)**

"Rule of 15"

☐ Treat with 15 grams of quick-acting glucose (i.e., 4oz. juice or 3-4 glucose tabs) **OR**

☐ Treat with **30 grams** of quick-acting glucose (8 oz. juice or 6-8 glucose tabs) if glucose level is **less than** ____

☐ Parents/Guardians have completed training and are authorized to decrease up to 10 grams of quick acting glucose.

Parent initials _____

☐ ____ - ____ Treat with ____ grams of quick-acting glucose

☐ ____ - ____ Treat with ____ grams of quick-acting glucose

☐ ____ - ____ Treat with ____ grams of quick-acting glucose

☐ Wait 15 minutes. Recheck glucose level. ☐ CGM ☐ Finger Stick
(Always recheck with finger stick for glucose less than 70)

☐ Repeat quick-acting glucose treatment if glucose level is less than ____ mg/dL.

✓ Contact the student's parents/guardians.

THEN

☐ If an hour or more before next meal, give a snack of protein and complex carbohydrates

☐ If mealtime and no difficulty swallowing, monitor and allow student to eat lunch while waiting to recheck glucose level.

☐ Once glucose level is greater than ____ and student has finished eating lunch, give insulin to **cover meal carbs only**.

Administer Glucagon

- ✓ Stay with student, protect from injury, turn on side
- ✓ Do not put anything into the student's mouth
- ☐ Suspend or remove insulin pump (if worn)
- ✓ Administer Glucagon Per MAA Form:
 - ☐ Injection, Glucagon/Glucagen/Gvoke PFS:
 - ☐ 0.5 mg
 - ☐ 1.0 mg
 - ☐ Auto-Injection, Gvoke HypoPen:
 - ☐ 0.5mg/0.1ml
 - ☐ 1mg/0.2ml
 - ☐ Nasal, Baqsimi Glucagon Nasal Powder:
 - ☐ 3mg
- ✓ Implement Medical Emergency Response:
 - ✓ Take AED and any emergency medical supplies to location;
 - ✓ Inform Central Administration of emergency;
 - ✓ Contact parents; Meet them in the parking lot;
 - ✓ Meet the ambulance/direct traffic;
 - ✓ Provide copy of student medical record to EMS;
 - ✓ Control the scene;
 - ✓ Document emergency and response on Emergency Response/Incident Report form;
 - ✓ Conduct debriefing session of incident and response following the event.

SECTION IV - Responding to High Glucose Levels (Hyperglycemia)

Below are common symptoms that may be observed when glucose levels are **high**.

Reminder: These symptoms can change, and some students may not display any symptoms.

Parents **may** choose to circle their child's most common symptoms.

Symptoms of a High Glucose Level (Hyperglycemia)	
Increased thirst Increased urination Tiredness Increased appetite Decreased appetite Blurred Vision Headache Sweet, fruity breath Dry, itchy skin Achiness Stomach pain/nausea/vomiting Seizure Loss of consciousness/coma Irritability Continuous Glucose Monitor (CGM) alarm/arrows Other: _____	
Actions for Treating Hyperglycemia	
Treatment for Hyperglycemia	Treatment for Suspected Hyperglycemia Emergency
Notify School Nurse or Designated School Personnel as soon as you observe symptoms.	Call 9-1-1 Activate Medical Emergency Response
☐ For glucose level less than 300: <ul style="list-style-type: none"> ✓ If not mealtime – do not give correction dose of insulin, offer water, return to normal routine if feeling well ✓ If mealtime, give insulin as prescribed (See Section I, Routine Management, Insulin Administration) ☐ For glucose level 300 or greater with any of the following: <ul style="list-style-type: none"> ✓ If mealtime, give insulin as prescribed (See Section I, Routine Management, Insulin Administration) ✓ Have student check ketones if any of the following are true <ul style="list-style-type: none"> • Glucose has been >300 for 2 hours or more • Student is vomiting or not feeling well ☐ Positive Ketones: <ul style="list-style-type: none"> ✓ Call parent/guardian <ul style="list-style-type: none"> ▪ Trace or Small - attempt to flush, remain in school if feeling well and no vomiting ▪ Moderate or Large - parent pick-up immediately ✓ Give 8-16 oz. of water hourly ✓ No exercise, physical education, or recess ✓ Recheck ketones at next urination ✓ If on pump, check infusion set/pump site: <ul style="list-style-type: none"> ▪ Is tubing disconnected? ▪ Is there wetness around the pump site, etc.? ☐ Negative Ketones: <ul style="list-style-type: none"> ✓ If not mealtime - offer water, return to normal routine if feeling well ☐ If no ketone strips are available: <ul style="list-style-type: none"> ✓ Treat as Positive Ketones ✓ Request strips from family 	<ul style="list-style-type: none"> ✓ Call 9-1-1 if severe symptoms are present. Severe symptoms may include: <ul style="list-style-type: none"> ✓ Abdominal pain ✓ Nausea/Repetitive Vomiting ✓ Change in level of consciousness ✓ Lethargy ☒ Implement Medical Emergency Response: <ul style="list-style-type: none"> ✓ Take AED and any emergency medical supplies to location; ✓ Inform Central Administration of emergency; ✓ Contact parents; Meet them in the parking lot; ✓ Meet the ambulance/direct traffic; ✓ Provide copy of student medical record to EMS; ✓ Control the scene; ✓ Document emergency and response on Emergency Response/Incident Report form; ✓ Conduct debriefing session of incident and response following the event.

To be completed by Trainer of Student-specific School Health (SSH) Team in collaboration with all SSH Team members.

SECTION IV – Additional Supports

- ☐ Snack daily at: _____ ☐ Snack as needed for low glucose level ☐ Allow unlimited access to food
- ☐ Allow unlimited access to water or bathroom ☐ Have 15 grams of quick-acting glucose available at site of physical activity
- ☐ For special occasions that involve food: ☐ always contact parent for guidance **OR** ☐ student can self-manage
- ☐ Out of classroom, student will travel with: ☐ buddy ☐ adult
- ☐ always **OR** ☐ when support is requested or is obviously needed
- ☐ Fieldtrips - Student will be accompanied by trained school personnel, unless parent volunteers to attend (parent attendance not required)
- ☐ Extra-curricular Activities – Parent and student will inform DSP of participation to ensure trained school personnel are present
- ☐ Plan for access to food and appropriate support during School Emergencies developed/implemented
- ☐ Staff/student plan to completely silence alarms when hiding for safety developed/implemented, and includes practice during drills
- ☐ Record all care provided/send documentation home: ☐ Weekly ☐ When requested by parent ☐ Other: _____
- ☐ Evaluate for eligibility for a Section 504 Academic Accommodations Plan

Location of Glucagon (Glucagon/Gvoke/Baqsimi): ☐ In Office ☐ In Classroom ☐ With Student ☐ Other: _____

Location of Other Diabetes Supplies (see attached list): ☐ In Office ☐ In Classroom ☐ With Student ☐ Other: _____

School Name: _____ Principal: _____

School Address: _____

SSH Team consists of:

Parent, Student, Designated School Personnel

AND

RN, Physician, PA, or Certified Diabetes Care and Education Specialist (CDCES)

The following Designated School Personnel have received training to support implementation of this plan:

Name	Title
Name	Title
Name	Title
Name	Title
Name	Title

Training provided by: