FORSYTH COUNTY SCHOOLS

School Diabetes Medical Management Plan

(To be completed by a licensed practitioner)

Student's Name: _____ Date of Birth: _____ FCS Student Number: _____

Diagnosis: _____ ICD Code: _____Date form Completed: _____

Check Mode of Insulin: _____ INSULIN PUMP* _____ INSULIN PEN or VIAL & SYRINGE

ROUTINE BLOOD SUGAR MANAGEMENT / INSULIN ADMINISTRATION

Blood Sugar Monitoring	**When:** ☐ Before Meals ☐ Before Dismissal ☐ When Symptomatic **How:** ☐ Glucometer OR ☐ Continuous Glucose Monitor
Rapid Acting Insulin	**Type:** ☐ Rapid acting insulin (Humalog Novolog, Admelog, Apidra Fiasp or Lyumjev) **Delivery:** ☐ *Insulin Pump OR ☐ Insulin Pen or Vial & Syringe
Carbohydrate Coverage (PRE-MEAL)	*If a pump is used, enter all carbohydrates and the current glucose value into the insulin pump for insulin calculation recommendation.* ☐ **Breakfast:** Give 1 unit for every _____ grams of carbohydrate (*or as pump directs) ☐ **Lunch:** Give 1 unit for every _____ grams of carbohydrate (*or as pump directs) ☐ **Snack:** Give 1 unit for every _____ grams of carbohydrate (*or as pump directs)
Mealtime Hyperglycemia KEY: (BG-target)/ correction factor	☐ For **pre-meal hyperglycemia,** (>150) give additional insulin for correction dose (*as pump directs): (BG-100) / _____ ☐ For **pre-meal hypoglycemia,** (<70) see "Management of Hypoglycemia" for treatment **prior** to meal. Once BG > 70, give carbohydrate coverage as ordered above.

MANAGEMENT OF HYPERGLYCEMIA

INSULIN PUMP **For vomiting or for blood sugar >300 for more than 90 minutes after eating.** **INSULIN PEN or VIAL & SYRINGE** **For vomiting or for blood sugar >300 for more than 2 hours after eating.**	☐ Please check ketones and notify the parent if ketones are present. ☐ Child should be allowed to stay in school unless they have moderate/large ketones AND vomiting. ☐ Child should be allowed to stay in physical activity unless they have moderate/large ketones or vomiting. ☐ Allow sugar-free fluids and bathroom privileges. ☐ If 2 hours since last insulin does, give HALF correction (see "hyperglycemia" in insulin administration portion above). ☐ If 4 hours since last insulin dose, please give either: ***INSULIN PUMP:** Correction advised by pump **INSULIN PEN or VIAL & SYRINGE:** Full correction (see "hyperglycemia" in insulin administration portion above)

MANAGEMENT OF HYPOGLYCEMIA

Mild Low Blood Sugar (<70)	☐ If CGM alert <70 and student symptomatic, treat at that time with carbohydrates. ☐ If CGM alert <70 and student NOT symptomatic, confirm on glucometer prior to treatment with carbohydrates. ☐ Give 15 grams of fast acting carbohydrates; recheck in 15 minutes. ☐ If blood sugar remains <70, retreat and recheck in 15 minutes. ☐ Notify parent if hypoglycemia does not resolve with 3 treatments. Continue to treat until parent arrives or escalates care. ☐ Do not leave the student alone. ☐ After treatment for low, confirm resolution of hypoglycemia on glucometer.
SEVERE Low Blood Sugar (Loss of consciousness or seizure)	☐ Administer emergency glucagon as ordered. ☐ Call 911. Open the airway. Turn to side. ☐ Notify parent. ***INUSLIN PUMP:** ☐ Stop/Suspend/Disconnect insulin pump (send with EMS to hospital)

MANAGEMENT OF PHYSICAL ACTIVITY

Before Activity	☐ Check blood sugar. ☐ If blood sugar <70, follow Management of Hypoglycemia Guidelines ☐ If blood sugar >300, follow Management of Hyperglycemia Guidelines ***INSULIN PUMP:** ☐ Initiate pre-programmed mode as indicated below to avoid or treat hypoglycemia during designated activity: Activity Mode – Ominpod 5/Exercise Mode – Tandem/Temp Target – Medtronic/Temporary Basal Rate (circle one) ☐ Have fast acting carbohydrates and monitoring supplies available.

TRAINED PROFESSIONAL SUPPORT / STUDENT INVOLVEMENT / PARENT AUTHORIZATION

Trained Professional Support (School Nurse or Trained Diabetes Personnel)	☐ Monitor blood glucose readings (meter or CGM) and respond as outlined in hypo/hyperglycemia sections above. ☐ Calculate and give/supervise insulin administration via injection or insulin pump as indicated in DMMP. ☐ Administer glucagon when needed. ☐ Monitor blood or urine ketones. ☐ Follow guidance on physical activity and meal/snack dosing as outlined above.
Student Involvement	☐ Monitor blood glucose: _____ in clinic _____ in classroom ____ anywhere ☐ Calculate and give insulin injections: _____ with supervision _____ independently ☐ Monitor blood or urine ketones. ☐ Treat hypoglycemia. ☐ Carry supplies for: _____blood sugar monitoring _____ insulin administration ☐ Manage technology for: _____ CGM _____ Pump ☐ Cell phone is used as a medical device.
Parent Authorization	☐ Adjustments may be made to the insulin to carbohydrate ratio + / - 15 grams of carbohydrate. ☐ Adjustments may be made to the correction factor + / - _____

LOCATION OF SUPPLIES AND EQUIPMENT

Blood Glucose Equipment	❑ Clinic	❑ With Student	**Snacks/Glucose Gel**	❑ Clinic	❑ With Student
Insulin Administration Supplies	❑ Clinic	❑ With Student	**Ketone Testing Supplies**	❑ Clinic	❑ With Student
Glucagon Emergency Medication	❑ Clinic	❑ With Student	**Fast Acting Carbohydrate**	❑ Clinic	❑ With Student

_____ Licensed Practitioner Name (PRINT) _____ Licensed Practitioner Signature & Credentials _____ Date **Licensed Practitioner Office Stamp:**	_____ Parent Name (PRINT) _____ Parent Signature _____ Date I understand that all diabetes care tasks may be performed by the student, unlicensed personnel, and/or EMS in the event of an emergency. I understand that the school is not responsible for the loss, damage, or replacement of equipment and supplies used in the treatment and care of my child's diabetes. I give permission to school personnel to contact my child's diabetes provider for guidance and recommendations as needed. I have reviewed this information and agree that it is accurate. This form will assist the school in developing a health plan and in providing appropriate care for my child.