

DIABETES MEDICAL MANAGEMENT PLAN

Student Name: _____ Medical Record #: _____ Date of Birth: _____

Diabetes Type: _____ Date Diagnosed: Month: _____ Year: _____

BLOOD GLUCOSE MONITORING

Student routinely checks blood glucose prior to insulin administration at meal time. Student may check blood glucose as needed throughout the school day. Glucose check times to include but not limited to before carbohydrate intake, exercise, student feeling ill, and if any symptoms of hypo/hyperglycemia. Please see section for Special Considerations if student is bus rider/walks or bikes home independently.

CONTINUOUS GLUCOSE MONITORING (CGM)

- ☐ Student uses a Continuous Glucose Monitor (CGM) Brand and Model: _____
- ☐ Dosing and treatment can be provided off CGM, without glucose checks. If symptoms of student do not match readings of CGM or CGM not working, check fingerstick blood glucose with glucometer.
- ☐ Calibration of CGM is not necessary during school hours. Student may carry receiver/cell phone throughout school day.

INSULIN DOSING

Type of insulin: _____ Delivery: ☐ Pump ☐ Pen ☐ Syringe ☐ Other: _____

Pump Model: _____ If using InPen or insulin pump, follow recommendations on app/pump. If pump malfunctions, proceed with insulin coverage per orders via syringe/vial or pen/pen needles until pump can be checked by parent/guardian.

Insulin dose to be given before eating unless alternative checked:

- ☐ After eating ☐ Either before or after eating ☐ Other: _____

<i>Before school meal</i>	<i>Lunch</i>	<i>After school meal</i>
Insulin dose = _____ units	Insulin dose = _____ units	Insulin dose = _____ units
Insulin dose = _____ units/_____ grams of carbohydrates	Insulin dose = _____ units/_____ grams of carbohydrates	Insulin dose = _____ units/_____ grams of carbohydrates

CORRECTION DOSE

(DO NOT GIVE IF WITHIN 3 HOURS OF PREVIOUS CORRECTION DOSE)

_____ units if BG is _____ to _____ mg/dl	_____ units if BG is _____ to _____ mg/dl	_____ units if BG is _____ to _____ mg/dl
_____ units if BG is _____ to _____ mg/dl	_____ units if BG is _____ to _____ mg/dl	_____ units if BG is _____ to _____ mg/dl
_____ units if BG is _____ to _____ mg/dl	_____ units if BG is _____ to _____ mg/dl	_____ units if BG is _____ to _____ mg/dl
_____ units if BG is _____ to _____ mg/dl	_____ units if BG is _____ to _____ mg/dl	_____ units if BG is _____ to _____ mg/dl
_____ units if BG is _____ to _____ mg/dl	_____ units if BG is _____ to _____ mg/dl	_____ units if BG is _____ to _____ mg/dl
_____ units if BG is _____ to _____ mg/dl	_____ units if BG is _____ to _____ mg/dl	_____ units if BG is _____ to _____ mg/dl
Correction dose is based on correction factor of _____ units per _____ mg/dl blood glucose over _____ mg/dl for a blood glucose target of _____ mg/dl.	Correction dose is based on correction factor of _____ units per _____ mg/dl blood glucose over _____ mg/dl for a blood glucose target of _____ mg/dl.	Correction dose is based on correction factor of _____ units per _____ mg/dl blood glucose over _____ mg/dl for a blood glucose target of _____ mg/dl.

- ☐ Use this dose if insulin is used to cover snacks: Insulin dose = _____ units/ _____ grams of carbohydrates
- ☐ Do not use insulin to cover snacks

School Nurse (Licensed RN) may decrease or increase total insulin dosage up to (+/-) 1 unit.

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LEVEL OF INDEPENDENCE

Student can perform own blood glucose checks	☐ No	☐ With Supervision	☐ Yes
Student can calculate carbohydrates independently	☐ No	☐ With Supervision	☐ Yes
Student can determine correct amount of insulin	☐ No	☐ With Supervision	☐ Yes
Student can administer correct dose of insulin	☐ No	☐ With Supervision	☐ Yes
Student can give own injections	☐ No	☐ With Supervision	☐ Yes
Student can bolus correctly (for carbohydrates and for correction of hyperglycemia)	☐ No	☐ With Supervision	☐ Yes
Student may carry own diabetic supplies	☐ No	☐ Yes	
Student can respond to CGM alarms appropriately, interpret, and notify staff of readings.	☐ No	☐ Yes	☐ N/A
Student can troubleshoot insulin pump alarms and malfunctions	☐ No	☐ Yes	☐ N/A
Student can manage pump modes independently (i.e. exercise mode)	☐ No	☐ Yes	☐ N/A

PHYSICAL EDUCATION (PE) or STRENUOUS EXERCISE

Check CGM or blood glucose level before PE or strenuous exercise and if glucose level is between 80-120 mg/dL, provide 15 grams of carbohydrates and allow to participate. Extended exercise greater than 30 minutes may require an additional snack.

Follow hypo/hyperglycemia protocols as indicated.

- ☐ Initiate exercise activity feature on pump _____ minutes prior to start of physical activity (Default 60-90 minutes)
- ☐ Students with a pump may utilize temporary rate feature of _____ % for _____ minutes for exercise

Additional Instructions: _____

HYPOGLYCEMIA (Low Blood Sugar)

Never leave student alone if low glucose is suspected. Treat low glucose immediately.

If conscious and able to swallow:

☐ If CGM or blood glucose less than ☐70 mg/dL or ☐80 mg/dL: Give 15 grams of carbohydrate.

☐ If CGM or blood glucose less than 50 mg/dL: Give 30 grams of carbohydrate.

☐ OR Other: _____

Recheck blood glucose or CGM in 15-20 minutes. Repeat until blood glucose is greater than ☐70 mg/dL or ☐80 mg/dL. If CGM user, fingerstick should be performed to confirm if repeat treatment is necessary. Student may return to class once symptoms subside and CGM ≥ 60 with arrow up, CGM ≥ 70 with steady arrow, or blood glucose greater than 80 mg/dL.

If unconscious or having seizure give:

☐ Baqsimi 3.0 mg intranasal in one nostril OR Glucagon injection IM ☐ 0.5 mg or ☐1.0 mg

OR ☐ Other: _____

If Glucagon or Baqsimi are indicated, administer it while simultaneously calling 911 and the parents/guardians. Lay student on side as medication may cause vomiting.

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HYPERGLYCEMIA (High Blood Sugar)

If blood glucose greater than 350 mg/dL OR _____ mg/dL $\geq$ 3 hours: Check ☐ Urine ketones OR ☐ Blood ketones.

If student reports symptoms of headache, nausea, abdominal discomfort, check ketones (do not wait 3 hours or until glucose above 350 mg/dL)

☐ If unable to check ketones: Student feels well and is **without** symptoms, student may stay at school and proceed as if ketones are negative. If student feels ill, proceed as if ketones are moderate/large.

None/Trace/Small Ketones:

- ☐ Administer correction insulin per orders with the following considerations:
 - a. If student is on Multiple Daily Injections (MDI), do not give correction dose if within 3 hours of previous correction dose.
 - b. If student uses an insulin pump, use the pump calculator to deliver correction dose. Insulin pump users are not required to wait 3 hours between doses.
- ☐ Encourage student to drink water or carb-free/cafeine-free liquids. NO intense exercise if ketones trace or small.
- ☐ Student may return to class if **without** symptoms (headache, nausea, abdominal discomfort, vomiting, labored breathing).

Moderate/Large Ketones:

Notify parent/guardian immediately and student will be sent home.

- ☐ Administer correction dose of insulin per orders with the following considerations:
 - a. If student is on Multiple Daily Injections (MDI), do not give correction dose if within 3 hours of previous correction dose.
 - b. If student uses an insulin pump, administer correction dose by **INJECTION ONLY (see attached order for pump failure)** and change infusion set. If unable to change within 3 hours, student should be sent home.
- ☐ Encourage student to drink water or carb-free/cafeine-free liquids. Student should refrain from physical activity until ketones are negative to small and feeling well.

Call 9-1-1 if changes in mental status, vomiting, or labored breathing are present.

SPECIAL CONSIDERATIONS

- ☐ If student is bus rider or walks/bikes home independently, check glucose level 20-30 minutes prior to dismissal. Provide _____ g carbohydrate snack without insulin coverage if glucose level _____ mg/dL to _____ mg/dL. Follow hypo/hyperglycemia protocols as indicated.

PHYSICIAN'S AUTHORIZATION FOR DIABETES MEDICAL MANAGEMENT PLAN

My signature below provides authorization for this Diabetes Medical Management Plan. I understand in some school districts specialized health care services may be provided by unlicensed designated school personnel trained by a school nurse or RN. **This authorization is for the current school year. If changes are indicated, a new written authorization will be completed.**

Medical Provider's Name (Print): _____

Medical Provider's Signature: _____ Date: _____

Medical Group: _____

Physician's Telephone: _____ Physician's Fax: _____

Medical Provider's NPI #: _____ ORP Provider: ☐ Yes ☐ No

PARENT/GUARDIAN CONSENT FOR DIABETES MEDICAL MANAGEMENT PLAN

I, the undersigned, request that all aspects of diabetes care in school be administered to my child in accordance with California Education Code Section 49423. I will: (1) Provide the necessary supplies and equipment, (2) Notify the school if there is a change in pupil health status, (3) Notify the school immediately and provide new insulin dose sheet or school form for changes in diabetes care plan, (4) I authorize the school personnel and diabetes providers to communicate when necessary.

Parent/Guardian's Name (Print): _____ Telephone: _____

Parent/Guardian Signature: _____ Date: _____