



DIABETES MANAGEMENT PLAN

“In order to assure appropriate diabetes management in schools, the Oklahoma Legislature passed the Diabetes Management in Schools Act of 2007, codified in 70 O.S. § 1210.196. This act empowers school staff with the training and information necessary to care for students with diabetes safely and appropriately following their physician’s orders, while in their care at school.

“Management of a student’s diabetes in school is important for the student academically, as well as for their health, safety, and to promote normal growth and development. Proper management can prevent emergency situations related to blood glucose levels that are too high or too low and reduce the complications related to diabetes. Maintaining blood glucose levels within the targeted range optimizes the student’s ability to learn by avoiding the effects of hypoglycemia and hyperglycemia on cognitive function, attention and behavior. Maintaining blood glucose levels may prevent or delay serious complications such as heart disease, stroke, blindness, kidney failure, gum disease, nerve disease and amputations.”

–Guidelines for Diabetes Management in Schools
Oklahoma State Department of Health

Deer Creek School District understands the importance of Diabetes Management in schools. For this reason, we have put into place a plan to address the complexities of this condition, as well as the means by which it will be managed for each and every student who is experiencing Diabetes, both Types 1 and 2. Our plan includes the following:

- Individual Health Plans (IHPs) for all diabetic students, developed in cooperation with the school nurse and parents of diabetic student. The oversight of the student’s doctor is encouraged.
- 504 plans for diabetic students not on Individualized Education Plans (IEPs)
- For students on IEPs, their Individual Health Plan is attached as part of the IEP
- Annual training for all staff, led by the site school nurse, on basic Diabetic knowledge
- Intensive annual training for school nurses and secretaries who serve diabetic students on a daily basis
- American Diabetes Association literature (flyer) sent to parents of all students annually, as well as when new students enroll at Deer Creek



- Ability of school nurses to monitor diabetic student's glucose with a school-designated device or his/her personal device. If personal device is used, it is approved by the school nurse and written permission is given by the parent(s) or guardian(s).

All mentioned documents are attached as part of Deer Creek School District's Diabetes Management Plan.

For questions or comments, please contact:

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Diabetes Medical Management Plan- Deer Creek Public Schools

Effective Dates: _____

Student's Name: _____ Date of Birth: _____

Date of Diabetes Diagnosis: _____ Grade: _____

Physical Condition: Diabetes Type 1 Diabetes Type 2

Contact Information

Mother/Guardian: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Father/Guardian: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Emergency Contact: _____

Home: _____ Cell: _____ Work: _____

Student's Doctor/ Health Care Provider:

Name: _____ Address: _____

Office: _____ Fax: _____

Emergency Number: _____

Notify parent/guardian or emergency contact in the following situations: _____

Blood Glucose Monitoring

- Target range for blood glucose is: 70-150 70-180 other _____
- Time to check blood glucose (circle all that apply) Before Meals, before exercise, after exercise, signs of hypoglycemia or hyperglycemia
- Can student perform own blood glucose check? Yes No
- Type of glucose meter _____

Insulin: Usual Lunchtime Dose

- Insulin/Carbohydrate ratio is: _____ unit for every _____ carbohydrates.
- Type of Insulin: Novolog, Humalog, Apidra, other _____
- Insulin is delivered via: Insulin pen, vial
- Student's correction factor is: _____ units if BS is _____ to _____
_____ units if BS is _____ to _____
_____ units if BS is _____ to _____
- Can student give own injection? Yes No Can student determine correct amount of insulin?
Yes No

An adult must always supervise the administration and verify the dose of insulin to be given.

Insulin Pump

- Type of Pump: _____
- Type of Insulin in pump: Humalog, Novalog, Apidra, other _____
- Basal rates: _____ 12am to _____ to _____ to _____
- Insulin/Carbohydrate ratio is _____ unit to _____ grams carbohydrates.
- Correction factor is: _____ unit for every point above _____.

Student Pump Abilities/Skills

- | | | |
|---|-----|----|
| • Count carbohydrates | Yes | No |
| • Bolus correct amount for carbs consumed | Yes | No |
| • Calculate and set basal profiles | Yes | No |
| • Calculate and set temporary rates | Yes | No |
| • Disconnect pump | Yes | No |
| • Insert infusion set | Yes | No |
| • Troubleshoot alarms | Yes | No |

Parents will be responsible for providing an emergency backup plan for insulin administration such as extra syringes, needles, and insulin in case of any problems with the pump or infusion site.

For Student's Taking Oral Diabetes Medications

- Type of medication: _____ Time: _____

Meals and Snacks Eaten at School

- | | | | | |
|---|-----|----|----------------------|--------|
| • Is student able to manage carbohydrate calculation? | Yes | No | | |
| • Breakfast | Yes | No | Mid-morning snack | Yes No |
| • Lunch | Yes | No | Mid Afternoon snack | Yes No |
| • Snack before exercise | Yes | No | Snack after exercise | Yes No |

- Other times to give snacks _____
- Preferred snacks (content & amount) _____
- Foods to avoid _____
- Instructions for when food is provided to the class (party) _____

Exercise and Sports

- Will student participate in school sports? Yes No
- Restrictions on activity? Yes No
- Student should not exercise if blood glucose level is below _____ mg/ml or above _____ mg/ml.
- Student should not exercise if there is moderate to large amount of ketones present. Yes No
- A fast acting carbohydrate such as _____ should be present during exercise.

Transportation: How does student get to and from school? Bus Car Walk

Hypoglycemia or Low Blood Sugar

- Usual signs of hypoglycemia include (circle all that apply) shaking, sweating, paleness, excessive hunger, irritability, headache, dizziness, confusion, crying, fatigue, poor concentration, dazed
- Treat if blood glucose is less than _____
- Treat with: _____
- Recheck blood glucose 15 minutes after treatment
- If blood glucose is not greater than _____ repeat procedure.
- Glucagon should be given if student is unconscious, having a seizure, or unable to swallow.
- Route: SQ or IM Dosage _____ Site: arm thigh
- Roll student on side to prevent aspiration if vomiting occurs.
- If glucagon required, **administer immediately, call 911** and parent/guardian/doctor.

Hyperglycemia or High Blood Sugar

- Usual symptoms of hyperglycemia include (circle all that apply) excessive urination, excessive thirst, sleepy, hungry, blurred vision, stomach ache, vomiting
- Treatment: If blood glucose is greater than _____, push sugar free caffeine free fluids.
- If blood glucose is greater than _____, check urine or blood ketones.
- Treatment for ketones: _____

Supplies to be kept at school (provided by legal guardian

_____ Blood glucose meter & strips _____ Lancet device & lancets

_____ Ketone strips

_____ Insulin vial, syringes, pen device, pen, needles

_____ Insulin pump & supplies
_____ Fast acting glucose source
_____ Carbohydrate snacks
_____ Glucagon emergency kit

Signatures:

This Diabetes Medical Management Plan has been approved by: _____
Physician Signature Date

I give permission to the school nurse, trained diabetes personnel, and other designated staff members of _____ School to perform and carry out the diabetes care task as outlined by _____ Diabetes Medical Management Plan. I also consent to the release of the information contained in this plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety. I also consent for medical information related to my child's diabetic condition to be released to or from my child physician.

Acknowledged by:

Student/Parent/Guardian _____ Date _____

Type I Diabetes

Student Name:	DOB:
Parent Name:	Number:
Practitioner Name:	Practitioner Number:
Allergies:	Medication:

SEE DMMP IN NURSE OFFICE FOR DR'S ORDERS

Overview

Type 1 diabetes, once known as juvenile diabetes or insulin-dependent diabetes, is a chronic condition. In this condition, the pancreas makes little or no insulin. Insulin is a hormone the body uses to allow sugar (glucose) to enter cells to produce energy.

Different factors, such as genetics and some viruses, may cause type 1 diabetes. Although type 1 diabetes usually appears during childhood or adolescence, it can develop in adults.

Even after a lot of research, type 1 diabetes has no cure. Treatment is directed toward managing the amount of sugar in the blood using insulin, diet and lifestyle to prevent complications. (*Type 1 Diabetes - Symptoms and Causes*, 2022)

Symptoms

Type 1 diabetes symptoms can appear suddenly and may include:

- Feeling more thirsty than usual
- Urinating a lot
- Bed-wetting in children who have never wet the bed during the night
- Feeling very hungry
- Losing weight without trying
- Feeling irritable or having other mood changes
- Feeling tired and weak
- Having blurry vision (*Type 1 Diabetes - Symptoms and Causes*, 2022)

HYPOGLYCEMIA SYMPTOMS



SWEATING



PALLOR



IRRITABILITY



HUNGER



LACK OF
COORDINATION



SLEEPINESS

HYPERGLYCEMIA SYMPTOMS



DRY MOUTH



INCREASED
THIRST



WEAKNESS



HEADACHE



BLURRED
VISION



FREQUENT
URINATION

(Strelnikova, 2016)

Accommodations:

Created By:

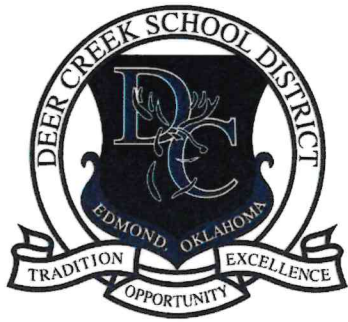
Name:	Title:	Date:
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I have read and acknowledge:

Name:	Title:	Date:
Name:	Title:	Date:
Name:	Title:	Date:
Name:	Title:	Date:
Name:	Title:	Date:
Name:	Title:	Date:
Name:	Title:	Date:
Name:	Title:	Date:
Name:	Title:	Date:
Name:	Title:	Date:

Reference

- Strelnikova, I. (2016, February 22). *Diabetes vector infographic. Hypoglycemia and hyperglycemia symptoms*. . . iStock. Retrieved December 23, 2022, from <https://www.istockphoto.com/vector/diabetes-symptoms-gm510403492-86233531>
- Type 1 diabetes - Symptoms and causes*. (2022, July 7). Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/type-1-diabetes/symptoms-causes/syc-20353011>



DEER CREEK SCHOOL DISTRICT

In accordance with new legislative HG 3327, I give my permission that a school nurse or other designated diabetic volunteer assistant may electronically monitor my student's blood glucose numbers with a school designated device or their personal device while my student is at school. The school nurse, or other school staff shall not be responsible for and shall not be subject to disciplinary action for lack of monitoring of electronic glucose numbers outside of school hours or school sponsored activities and while the school nurse/designated staff member is absent from school. (Eff. August 28,2024)

Parent/Guardian Signature: _____

Date: _____

This document shall be attached and in part of the student's Diabetic Management Plan for the current school year.



Understanding Type 1 Diabetes

You can develop
type 1 diabetes
at any age.



SYMPTOMS OF TYPE 1 DIABETES



Urinating
often



Feeling
very thirsty



Feeling very
hungry—even
though you are
eating



Extreme
fatigue



Blurry
vision



Cuts/bruises
that are slow
to heal



Weight loss—
even though you
are eating more

Talk with your clinician about your risk for type 1 diabetes and if you should be tested.

Learning you have type 1 diabetes early lets you take steps early to stay healthy.

YOUR TYPE 1 DIABETES RISK

If you have a family
history of type 1 diabetes
your clinician can screen
for type 1 diabetes
through:

- Antibody testing
- Blood glucose monitoring

POSITIVE

If you test for
antibodies

NEGATIVE

If you test antibody positive, you should
expect to receive education about:

- Your risk of developing diabetes
- Diabetes symptoms
- Preventing diabetic ketoacidosis (DKA), a
serious complication of high blood glucose
that can be life-threatening.

Additional testing may be done to
determine the course of treatment based
on the stage of your diabetes.

Talk with your clinician about getting
tested again in the future.

A positive antibody
test does not mean
immediate diagnosis.
New treatments and
clinical trials can
possibly delay the
onset of type 1
diabetes.



Talk with your clinician to determine if
you are high risk for Type 1 diabetes.

Learn more at diabetes.org | 1-800-DIABETES (800-342-2383)

Supported in part by Type 1 Diabetes Screening and Awareness Initiative of the American Diabetes Association® (ADA)

