Delphos City Schools

DIABETES MEDICAL MANAGEMENT PLAN

20_____ - 20_____

Many students are receiving medication under a doctor's supervision. It is important that the school be aware of the effects the medication might have or is having on the school performance of the students. School personnel are occasionally requested to administer the medication. Under these circumstances, it is necessary that specific physician's recommendations be made available to the school.

NAME OF STUDENT: _____ DATE OF BIRTH: _____

BLDG. _____ GRADE: _____ TEACHER : _____

STUDENT ADDRESS: _____

EMERGENCY CONTACT/RELATIONSHIP 1: _____

EMERGENCY CONTACT/RELATIONSHIP 2: _____

DIABETES TYPE: _____ DATE DIAGNOSED: _____

Travels to school by: ❑ Walk ❑ Car ❑ Bus Travels home by: ❑ Walk ❑ Car ❑ Bus

Blood sugar needed to send student walking or on bus: _____

Physical Activity Days/Times (school will complete gym/recess times):

Gym _____

Recess _____

Other _____

Has your child lost consciousness, experienced a seizure, or required glucagon in the last two years? ❑ No ❑ Yes

If yes, when? _____

Has your child experienced DKA or hospitalization for diabetes in the last two years? ❑ No ❑ Yes

If yes, when? _____

Self-carry diabetes supplies? ❑ No ❑ Yes Smartphone is medically necessary: ❑ No ❑ Yes

Continuous Glucose Monitor? ❑ No ❑ Yes - brand/model _____ Insulin Pump? ❑ No ❑ Yes - brand/model _____

* Will perform fingerstick if symptoms do not match the sensor reading, the sensor reading is unavailable, sensor tracing is inconsistent, the sensor is still reading <70 mg/dL 15 minutes after low treatment, or to the school nurse's judgment.

When to monitor glucose: ❑ Before meals, with physical complaints/symptoms, or illness (default)

❑ Before/after physical activity ❑ Before leaving school ❑ Other: _____

Insulin and other Glucose Lowering Medications:	time/dose/frequency (see dosing for details)	route (SQ, other)
❑ Rapid-Acting: Humalog/Humalog U-200/Admelog (Lispro) Novalog/Merilog (Aspart), Apidra (Glulisine)	_____	_____
❑ Ultra-Rapid Acting: Fiasp (Aspart), Lyumjev (Lispro-aabc)	_____	_____
❑ Short-Acting: Humulin R, Novolin R	_____	_____
❑ Long-Acting: Lantus, Basaglar, Semglee, Resvoglar (Glargine)	_____	_____

- Indication: ❑ Routine School Dose ❑ Overnight Field Trip Dose ❑ Pump Failure ❑ Emergency Dose

❑ Ultra-Long Acting: Toujeo U-300 (Glargine), Tresiba (Degludec) _____ _____

- Indication: ❑ Routine School Dose ❑ Overnight Field Trip Dose ❑ Pump Failure ❑ Emergency Dose

Insulin Delivery Timing:

❑ Prior to Meal: Recommended 10-15 minutes for rapid-acting insulin

❑ At the Time of Meal: Recommended for those using ultra-rapid insulin or iLet insulin pump

❑ After Meal as Soon as Possible: Recommended for those who refuse food or are unpredictable eaters

Food Dose (Section A):

Carb Ratio: ❑ N/A 1 unit per _____ grams of carbohydrate

(grams of carbohydrate / carb ratio) = food dose

❑ Dosing to be determined by a bolus calculator using an insulin pump or smart device.

Correction Dose (Section B): MAY CORRECT EVERY _____ HOURS (default 3 hours)

* Note: iLet pump corrections are fully automated, no manual corrections are possible via the pump.

Target Glucose: _____ mg/dL Correction Factor: _____ mg/dL/unit

(actual glucose - target glucose) / correction factor = correction dose

Sliding Scale Correction Dose: ❑ N/A

_____ to _____ mg/dL = _____ units

_____ to _____ mg/dL = _____ units

_____ to _____ mg/dL = _____ units

_____ to _____ mg/dL = _____ units

_____ to _____ mg/dL = _____ units

*ADD: Food Dose (Section A) + Correction Dose (Section B) = Meal Dose

Low Glucose Management (Hypoglycemia):

Symptoms may include none, hungry, shaky, pale, sweaty, tired, tearful, irritable, mood changes, dizzy, poor attention, confusion, etc.
SEVERE symptoms may include low glucose level with inability to follow instructions, eat, drink, unconsciousness, seizures.

Treatment threshold: < _____ or <_____ for physical activity (default 70, or 100 for physical activity)

Treatment amount: one treatment = _____ grams of carbohydrate (default 15g if >80 lbs, or 8g if <80 lbs)

Repeat Treatment every 15 minutes until BS > _____ (fingersticks may be used to confirm if repeat treatment is necessary)

- Mild (Level 1) and Serious (Level 2) Carbohydrate Guidelines: low glucose, conscious, and able to swallow

Use only fast-acting carbohydrates such as juice, honey, glucose tabs/gels/gummies, fruit snacks, Smarties, etc.

- Severe (Level 3) Low Glucose Glucagon Guidelines

1. Administer glucagon. 2. Position on side and monitor for vomiting. 3. Call 911 and notify parent/guardian. If glucometer is available, confirm hypoglycemia via fingerstick. Do not delay treatment if meter is not immediately available. If wearing an insulin pump, place the pump in suspend/stop mode or disconnect tubing from the infusion site. Keep the pump with the student.

❑ Gvoke PFR (prefilled syringe) or HypoPen (auto-injector) SQ injection: ❑ 0.5 mg ❑ 1.0 mg

❑ Gvoke Kit (ready-to-use vial and syringe, 1 mg/0.2 mL) SQ injection

❑ Zegalouge (dasiglucagon) 0.6 mg SQ by: ❑ prefilled syringe ❑ auto-injector

❑ Baqsimi Nasal Glucagon 3 mg

❑ Glucagon Emergency Kit IM: ❑ 0.5 mg ❑ 1.0 mg

Exercise Features for Pumps/AID Systems:

❑ Initiate feature _____ minutes prior to start of physical activity (default 60-90) as needed to prevent hypoglycemia and maintain glucose levels in safe range _____ (default 120-180)

❑ May sespend and disconnect from tubed insulin for up to _____ minutes (default 60) to avoid harm to student and/or device. Store in a cool and clean place.

❑ Extended exercise >30 minutes may require additional snacks to maintain glucose levels in safe ranges _____ (default 120-180). Give _____ gram snack (may include protein/fiber once in target range as additional snack for extended exercise)

*Always encourage water, provide access to carbohydrates, allow glucose monitoring, and approve bathroom privileges during physical activity. Observe student for signs of high and low glucose levels.

High Glucose Management (Hyperglycemia):

Symptoms may include none, thirst, frequent urination, fatigue, headache, blurred vision, warm/flushed skin, anger, inability to concentrate, etc.
Symptoms associated with ketones include abdominal discomfort, nausea, vomiting, and fruity breath.
Symptoms of DKA include deep rapid breathing, coma, and seizures.

Management of High Glucose over _____ (default 250-300) for _____ minutes (default 90), >400 at any time, or with physical complaints of not feeling well regardless of glucose level.

1. Provide and encourage water consumption.
2. Check for ketones (before giving insulin corrections)

<u>If trace or small urine ketones:</u>

❑ Consider insulin correction dose, refer to dosing table (section B) for designated times correction insulin may be given.

*Correction dosing via the iLet pump is fully automated, additional correction dose is not possible.

❑ Can return to class or PE unless symptomatic. Avoid intense exercise if glucose level is >350

❑ Recheck glucose and ketones in two hours.

❑ Additional Instructions: _____

<u>If moderate or large urine ketones:</u>

❑ Contact parent/guardian, if unavailable, health care provider.

❑ Administer correction dose via injection for all students.

❑ For insulin pump users: change infusion site/cartridge or use injections until dismissal.

*If injecting while using an AID system, turn off automation for 3-4 hours following injections. For iLet users, discontinue insulin pump for 90 minutes following injection.

❑ No physical activity until ketones are less than moderate.

❑ CALL 911 if changes in mental status or labored breathing are present.

❑ Additional Instructions: _____

Diabetes Provider: _____ Phone: _____

Preferred Hospital: _____

I, as parent/guardian, give permission to the school nurse or another qualified health care professional or trained diabetes personnel to perform and carry out the diabetes care tasks as outlined in this 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. The school nurse may contact this physician at any time for information about my child's condition. I agree to submit a revised statement signed by the prescriber if any of the information provided on this form changes. This form is valid for the current school year only and will serve as a Medical Release Form between the school and healthcare provider.

(Parent and Physician signatures required below)

Parent Signature: _____ Phone: _____ Date: _____

Physician Signature: _____ Phone: _____ Date: _____

DIABETES MANAGEMENT SUPPLIES FOR THE CARE OF YOUR CHILD IN SCHOOL:

- ❑ insulin (if pump used, for pump failure insulin dosing)
- ❑ syringe/pen needles
- ❑ ketone strips
- ❑ treatment for lows, glucose tabs, and additional snacks
- ❑ glucagon
- ❑ blood glucose meter with test strips, lancets, extra battery (also required for CGM users)
- ❑ pump supplies (if applicable)
- ❑ any other student-specific diabetes supplies
- ❑ medical bag (preferred for your childs supplies during field trips)

Please ensure your child is bringing a water bottle to school every day!