

Diabetes Medical Management Plan

School District: _____ School: _____ School Year: _____ Grade: _____

Student Name: _____ DOB: _____

Provider Name: _____ Office Ph # _____ Fax # _____

Blood Glucose Monitoring at School

Blood Glucose Target Range: _____ - _____ mg/dl

Monitoring Schedule:

Before Breakfast
 Before Lunch
 10 to 20 minutes before boarding bus
 Suspected hyper/hypoglycemia
 If child is ill or if child requests a test
 Other _____

Student Self Monitoring (check all that apply):

Can test independently
 Needs supervision
 Needs assistance with testing and blood glucose management
 Other: _____

Diabetes Medication

Oral medications: Home: _____ School: _____

Insulin: *(opened insulin must be discarded after 28 days)*

No Insulin at School
 Insulin at Home:
 Humalog
 Novolog
 Lantus Other: _____

Insulin at School:
 Humalog
 Novolog
 Lantus Other: _____

Insulin delivery device at school:

Syringe and vial
 Insulin Pen
 Insulin Pump (see Pump Section)

Insulin management at school:

Student is able to:

Give own injections	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> With Supervision
Draw up correct dose of insulin	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> With Supervision
Determine correct amount of insulin	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> With Supervision
Independently self manage pump or insulin injection	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> With Supervision

Meals and Snacks at School

Independent in Carbohydrate calculations and management:
 Yes
 No
 Needs Supervision

Meal/Snack	Carbohydrate Count	Not on Fixed Carb Count	Meal/Snack	Carbohydrate Count	Not on Fixed Carb Count
Breakfast			Lunch		
Mid-morning Snack			Mid-afternoon Snack		

Snack before exercise? Yes No As Needed
Snack after exercise? Yes No As Needed

Snack/content/amount at other times: As Needed **OR** _____

Foods to avoid: *Liquid sugars such as fruit juice, regular soda and Gatorade (should be used for low blood sugars only)*
 Other: _____

Instructions when food is provided to the class (e.g. as part of a class party or food sampling event): _____

Hypoglycemia (Low Blood Sugar) = _____ mg/dl and or Physical Symptoms

Symptoms of Hypoglycemia Include:

Shaky Sweaty Headache Drowsy Confused Hungry Irritable Weak Pale
Pale Behavior Changes Uncooperative Clumsy Other: _____

Precautions:

- Never leave the student unattended. If treatment is to be provided in the Health Office, a responsible adult should accompany the student from the classroom to the Health Office.
- Check Blood sugar if student has not done so and is symptomatic
- Notify School Nurse and Parent when any of the following treatments are performed.

Low Blood Sugar Treatment:

- Give ½ cup (4 oz.) of juice or regular soda or 3-4 glucose tablets (or 15 gms. of fast acting carbohydrate). Do not cover with insulin. The carbohydrate is given to treat the low blood sugar.
- Recheck blood glucose in 15 minutes. If blood sugar is still **below** _____ give another 15 grams of carbohydrate.
- If the student's blood sugar is **above** _____, give a 15-30 gram carbohydrate snack or lunch.
- Make sure the student feels well before sending to lunch.
- Comments _____

Treatment of disoriented, combative and incoherent but is conscious:

- Give ½ to 1 tube of glucose gel or cake decorating gel. Place gel between cheek and gum.
- Massage the outside of cheek to facilitate absorption through the membrane of the cheek.
- Encourage student to swallow.
- Recheck blood sugar in 10 minutes.
- If still **below** _____, repeat treatment as above.
- Give sugar containing liquid and snack when student is alert and able to swallow safely.
- Comments _____

Treatment for seizures, loss of consciousness, inability/unwillingness to take gel or juice:

- Stay with student
- Position student on side
- Give glucagon immediately by injection. Dose: 0.3cc 0.5cc 1.0cc
- Call 911
- **Notify parents**
- Comments _____

Hyperglycemia (High Blood Sugar) = 250 or 300 mg/dl

Symptoms of Hyperglycemia Include:

Extreme Thirst Frequent Urination Abdominal Pain Headache Nausea
Other _____

Check Ketones:

- Urine should be checked for ketones when blood glucose levels are above 300 mg/dl.
- If urine ketones are moderate to large, CALL PARENT IMMEDIATELY!
- If student is on pump, and urine ketones are moderate to large OR blood ketones are 0.6mmol/l or more, call parents.

Treatment for ketones and/or high blood sugar:

- Increase sugar free liquid intake
- Allow student to use restroom as often as necessary
- Call parents immediately if student is vomiting

Treatment for high glucose with ketones, moderate, large or ≥ 0.6 or greater: (check all that apply)

- Call parents immediately for action plan
- Parents will determine the insulin coverage needed
- Follow blood sugar correction guidelines – see dosing sheet

Supplies Kept at School

- | | | |
|--|--|--|
| <input type="checkbox"/> Blood glucose meter, blood glucose test strips, meter batteries | <input type="checkbox"/> Glucagon Emergency Kit | <input type="checkbox"/> Fast-acting source of glucose |
| <input type="checkbox"/> Meter location: _____ | <input type="checkbox"/> Urine ketone strips | <input type="checkbox"/> Blood ketone meter and strips |
| <input type="checkbox"/> Insulin, pen, pen needles, insulin cartridges | <input type="checkbox"/> Insulin vials and syringes | <input type="checkbox"/> Insulin pump and supplies |
| <input type="checkbox"/> Lancet device, lancets, gloves, etc. | <input type="checkbox"/> Carbohydrate containing snack | |

Insulin Pump

Insulin Pump Care Information Attached

Student is able to operate insulin pump Yes No With supervision

Student can troubleshoot problems Yes No With supervision
(e.g. Urine ketones, pump malfunction)

Comments: _____

Insulin Adjustments by Healthcare Provider or Parent (for use by School Nurse)

Date New Orders Obtained	Order *Note Change in Care Sheet	Nurse Signature
	<input type="checkbox"/> Verbal <input type="checkbox"/> Written	
	<input type="checkbox"/> Verbal <input type="checkbox"/> Written	
	<input type="checkbox"/> Verbal <input type="checkbox"/> Written	
	<input type="checkbox"/> Verbal <input type="checkbox"/> Written	

SIGNATURES:

This Diabetes Medical Management Plan has been approved by:

Student's Health Care Provider Phone # Date E-mail

Diabetes Educator Phone # Date E-mail

I give my permission to the school, school nurse, unlicensed assistive personnel, and other designated staff member(s) to perform and carry out the diabetes care tasks as outlined by this Diabetes Medical Management Plan for my child, _____ and I acknowledge that I have received a copy of the signed plan.

I also consent to the release of the information contained in this plan to all staff 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 will notify extra-curricular staff about health plan and care to be given during after school activities. I give my permission for the school nurse to contact my child's health care provider(s) regarding the above condition.

Parent/Guardian Phone # Date E-mail
Acknowledged and received by:

School Nurse Phone # Date E-mail

Change in Care Sheet

Student Name: _____	DOB: _____	New Order Date: _____
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Carbohydrate Counting and Correction					
Food: _____ units of Humalog/Novolog for every _____ grams of carbohydrate.					
Blood Sugar: _____ units of Humalog/Novolog for every _____ mg/dl over _____ mg/dl.					
<ul style="list-style-type: none"> ▪ Correction for blood sugars can be made every 3 hours if needed. ▪ Unless otherwise stated, cover all carbohydrates and snacks with insulin. Do not cover carbs used to treat low blood sugar. 					
PRE-MEAL Humalog/Novolog Doses					
Blood Sugar Correction			Food Carbohydrate		
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PREVENTING KETOACIDOSIS IN INSULIN PUMP USERS

Why are insulin pumpers at risk for ketoacidosis?

Pumpers have no long acting insulin in their body (Lantus or Levemir). If the flow of insulin from the pump stops, the body will make ketones very quickly.

What are the signs of high ketones?

- Nausea
- Stomach cramps
- Vomiting
- Trouble breathing

Usually blood sugar is high when there are high ketones but ketoacidosis can even occur if the blood sugar is under 200. A person may think they have the stomach flu, when in fact they are becoming sick from high ketones. The symptoms are exactly the same. If insulin is not given immediately, ketoacidosis will result.

Test urine or blood for ketones if the following symptoms are present. (Check expiration date on strips; if blood ketone strips are past expiration date, the machine will not read them).

- Feeling sick or nauseated
- Blood sugar over 300
- Blood sugar over 250 two times in a row

Follow directions below if ketones are present.

Less than 0.6 mmol/l Blood Ketones OR Trace/Small Urine Ketones

- ADMINISTER correction bolus through insulin pump.
- RECHECK blood sugar and ketones in 1 hour.
- GIVE 4-8 oz. sugar free liquids by mouth every hour.
- **If blood sugar not improved in one hour**, ADMINISTER insulin correction dose by syringe in amount equal to that recommended by the bolus wizard for the current blood sugar level.
- REMOVE catheter and REPLACE insulin, cartridge, tubing and catheter.
- ADMINISTER next bolus through pump with new set in place.

0.6 mmol/l to 3.0 mmol/l Blood Ketones OR Moderate to Large Urine Ketones

- ADMINISTER correction dose of fresh insulin by syringe **immediately** in amount equal to that recommended by bolus wizard for the current blood sugar level.
- GIVE 4-8 ounces sugar free liquids by mouth every hour.
- REMOVE catheter and REPLACE insulin, cartridge, tubing and catheter.
- RECHECK blood sugar and ketones every 2-3 hours.
- ADMINISTER next bolus through pump with new set in place.

More than 3.0 mmol/l Blood Ketones

- ADMINISTER **double** amount of correction insulin dose by syringe **immediately**.
- REMOVE catheter and REPLACE insulin, cartridge, tubing and catheter.
- CHECK blood sugar and ketones every 2-3 hours and set future correction doses using bolus wizard.
- ADMINISTER 4-8 oz. of sugar free liquids every hour.
- CALL the healthcare provider and parent/guardian.