DIABETES MEDICAL MANAGEMENT PLAN FOR SCHOOL

To be completed by healthcare provider

Student: _____ DOB:_____ Grade:_____ School: _____
Type pf Diabetes: ☐ Type 1   ☐ Type 2   ☐ Pre-Diabetes   ☐ Other:_____
Start date: _____   School Year: _____
End Date: ☐ Last day of school (including summer school)   ☐ other _____

Blood Glucose Monitoring

Blood glucose testing times: ☐ Before meals   ☐ Before exercise   ☐ Before going home   ☐ Before PE
           ☐ Other _____   ☐ Use of SG allowed for CGM users
Testing BG, the student: ☐ needs assistance   ☐ needs supervision   ☐ is independent
Target Range: _____ - _____ mg/dL
Blood sugar at which parents should be notified: Low _____ mg/dL or High _____ mg/dL

Insulin Administration

☐ No Insulin at school
☐ Oral diabetes medication at school: _____ *(Medication – Dose – Time)*
Administration Method: ☐ Syringe and vial   ☐ Insulin pen   ☐ Insulin pump

INJECTION (PEN/SYRINGE) _____

Insulin at school: ☐ Humalog©   ☐ Novolog©   ☐ Apidra©   ☐ Other: _____
Insulin to carb ratio: _____ units of insulin per _____ grams of carbohydrate
Correction factor: :   _____ units of insulin for every _____ mg/dL above _____ mg/dL
Pre-meal BG target: ☐ 70 – 150 mg/dL   ☐ Other: _____
Insulin dosing to be given :   ☐ before meal   ☐ after meal   ☐ after meal dosing when before meal BG < _____ mg/dL
Round insulin dose to the nearest unit: (Circle)   Half   /   Whole   /   Not Applicable
☐ Parent/caregiver authorized to adjust insulin within _____ percent for carbs, BG level, or anticipated activity
☐ Licensed Medical personnel authorized to adjust the insulin dose by +/- 0 to 5 units after consultation with parent/caregiver.

INSULIN PUMP _____

Type of Pump: _____   Insulin in pump: ☐ Humalog©   ☐ Novolog©   ☐ Apidra©   ☐ Other: _____
Insulin to carb ratio: _____ units of insulin per _____ grams of carbohydrate
Correction factor: :   _____ units of insulin for every _____ mg/dL above _____ mg/dL
Basal Rates: basal rates adjusted by parent and HCP
Pre-meal BG target: ☐ 70 – 150 mg/dL   ☐ Other: _____
Insulin dosing to be given :   ☐ before meal   ☐ after meal   ☐ after meal dosing when before meal BG < _____ mg/dL
☐ Insulin & syringe should be used for pump malfunction
☐ Parent/caregiver authorized to adjust insulin within _____ percent for carbs, BG level, or anticipated activity
☐ Licensed Medical personnel authorized to adjust the insulin dose by +/- 0 to 5 units after consultation with parent/caregiver.

Additional comments:

ORDERS CONTINUE ON BACK

Hypoglycemia
Low Blood Glucose < _____ mg/dL

1. Immediately treat with _____ g of fast-acting carbohydrates (e.g., 4 oz of juice, 3-4 glucose tabs)
2. Recheck BG in 15 minutes and repeat _____ grams of carbohydrate if blood glucose remains below _____ mg/dL
3. Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time.

If unconscious, unresponsive, difficulty swallowing, or evidence of seizure: <u>PHONE 911 IMMEDIATELY.</u>
Do NOT give anything by mouth.

☐ **If nurse or trained PDA is available, administer Glucagon _____mg SQ or IM -or- Baqsimi 3mg/nasal spray.**

Hyperglycemia
High Blood Glucose ≥ _____ mg/dL

1. Correction of Insulin:
   ☐ If BG is over _____ mg/dL for _____ hours after last bolus or carbohydrate intake, student should receive correction bolus of insulin per insulin orders, but only cover with carb ratio at next mealtime.
   ☐ Never correct for high blood sugars other than at mealtime, unless consultation with student's LHP (Licensed Healthcare Provider) or as set up by 504 plan.
2. Check Urine Ketones: ☐ ≥ 250   ☐ _____ mg/dL   ☐ Never   (Call parent if moderate to large ketones.)
3. No Exercise if having nausea or abdominal pain, or if ketones are tested and found moderate or large.
4. Encourage student to drink plenty of water and provide rest if needed.
5. If student on insulin pump and BG has not dropped or is still climbing, check tubing and **<u>call parent.</u>**

Disaster Plan & Orders

Parent is responsible for providing and maintaining "disaster kit" and to notify school nurse. In case of disaster:
Use above BG correction scale & carb ratio coverage for disaster insulin dosing every 3-4 hrs.
If Lantus or Levemir long-acting insulin is available, may administer 80% of their usual dose.
If long-acting insulin is not available, then administer rapid-acting insulin every 3-4 hrs. as indicated by BG levels.

Student's Self-Care (ability level) *healthcare provider and parents discuss*

1. Total independent management ……………………….. ☐	2. Student tests and interprets own ketones …………………… ☐ **OR** Student needs assistance with interpreting ketones .... ☐
3. Student self-treats mild hypoglycemia ………………….. ☐	
4. Student tests independently …………………………………… ☐ **O** Student needs verification of number by staff ………….. ☐ **OR** Assist/testing to be done by school nurse/PDA/parent … ☐	5. Student administers insulin bolus independently …………. ☐ **OR** Student self-boluses with nurse supervision/assistance …. ☐ **OR** Bolus to be done by school nurse/PDA/parent ……………… ☐
6. Student counts carbohydrates independently ……………. ☐ **OR** Student consults with nurse/ PDA or designated staff for carb counts ……………………………………………………….. ☐	7. Student needs assistance with infusion pump site change, pump programming and pump troubleshooting by nurse/parent/PDA …………………………………………………….. ☐

_____   _____   _____
Signature of Healthcare Provider   Printed name of Healthcare Provider   Date

_____   _____   _____
Parent Signature   Printed name of Parent   Date

_____   _____   _____
School Nurse Signature   Printed name of nurse   Date