

Date of Plan: \_\_\_\_\_

### Diabetes Medical Management Plan

*This plan should be completed by the student's personal health care team and parents/guardian. It should be reviewed with relevant school staff and copies should be kept in a place that is easily accessed by the school nurse, trained diabetes personnel, and other authorized personnel.*

Effective Dates: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Diabetes Diagnosis: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Physical Condition:  Diabetes type 1  Diabetes type 2

#### Blood Glucose Monitoring

Target range for blood glucose is \_\_\_\_\_ to \_\_\_\_\_

Usual times to check blood glucose \_\_\_\_\_

#### Times to do extra blood glucose checks (*check all that apply*)

- Before exercise
- After exercise
- When student exhibits symptoms of hyperglycemia/hypoglycemia
- Other (explain) \_\_\_\_\_

Can student perform own blood glucose checks?  Yes  No

Exceptions: \_\_\_\_\_

\_\_\_\_\_

#### For Students Without Insulin Pumps

##### Usual Lunchtime Dose

Base dose of Humalog/Novolog/Regular insulin at lunch (circle type of rapid-/short-acting insulin used) is \_\_\_\_\_ Units or does flexible dosing using \_\_\_\_\_ units/ \_\_\_\_\_ grams carbohydrate.

Use of other insulin at lunch (circle type of insulin used): intermediate/NPH/lente \_\_\_\_\_ units or basal/Lantus/Ultralente \_\_\_\_\_ units.

##### Insulin Correction Doses

Parental authorization should be obtained before administering a correction dose for a high blood glucose level.

Yes  No

\_\_\_\_\_ Units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl

\_\_\_\_\_ Units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl

\_\_\_\_\_ Units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl

\_\_\_\_\_ Units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl

\_\_\_\_\_ Units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl



- Can student give own injections?  Yes  No
- Can student determine correct amount of insulin?  Yes  No
- Can student draw correct dose of insulin?  Yes  No

\_\_\_\_\_ Parents are authorized to adjust the insulin dosage under the following circumstances:

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**For Students with Insulin Pumps**

Type of pump: \_\_\_\_\_ Basal rates: \_\_\_\_\_ 12 am to \_\_\_\_\_  
 \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ to \_\_\_\_\_

Type of insulin in pump: \_\_\_\_\_

Type of infusion set: \_\_\_\_\_

Insulin/carbohydrate ration: \_\_\_\_\_ Correction factor: \_\_\_\_\_

*Student Pump Abilities/Skills:*

*Needs Assistance*

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Count carbohydrates                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bolus correct amount for carbohydrates consumed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Calculate and administer corrective bolus       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Calculate and set basal profiles                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Calculate and set temporary basal rate          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disconnect pump                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reconnect pump at infusion set                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prepare reservoir and tubing                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Insert fusion set                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Troubleshoot alarms and malfunctions            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The following actions should be taken in the event of a pump failure:

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**For Students Taking Oral Diabetes Medication**

Type of medication: \_\_\_\_\_ Timing: \_\_\_\_\_

Other medications: \_\_\_\_\_ Timing: \_\_\_\_\_

**Meals and Snacks Eaten at School**

Is student independent in carbohydrate calculations and management?  Yes  No

Snack before exercise?  Yes  No

Snack after exercise?  Yes  No

Other times to give snacks and content/amount:

Preferred snack foods:

Foods to avoid, if any:

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

#### Exercise and Sports

A fast-acting carbohydrate such as \_\_\_\_\_ should be available at the site of exercise or sports.

Restrictions on activity, if any:

\_\_\_\_\_ Student should not exercise if blood glucose level is below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl or

\_\_\_\_\_ if moderate to large urine ketones are present.

\_\_\_\_\_ Other: \_\_\_\_\_

#### Hypoglycemia (Low Blood Sugar)

**Usual symptoms of hypoglycemia:** Circle student's usual symptoms.

##### Mild:

- Hunger
- Sweating
- Shakiness
- Drowsiness
- Weakness
- Personality change
- Paleness
- Inability to concentrate
- Anxiety
- Irritability
- Dizziness
- Other: \_\_\_\_\_

##### Moderate:

- Headache
- Blurry vision
- Behavior change
- Weakness
- Slurred Speech
- Poor coordination
- Confusion
- Other: \_\_\_\_\_

##### Severe:

- Loss of consciousness
- Seizure
- Inability to swallow

#### **Treatment of hypoglycemia:**

Notify School Nurse or Trained Diabetes Personnel. If possible, check blood sugar, per Diabetes Medical Management Plan. When in doubt, always TREAT FOR HYPOGLYCEMIA.

Mild

- Student may/may not treat self
- Provide quick-sugar source
  - 3-4 glucose tablets  
or
  - 4 oz. juice  
or
  - 6 oz. regular soda  
or
  - 3 teaspoons of glucose gel
    - Wait 10 to 15 minutes
    - Recheck blood glucose
    - Repeat food if symptoms persist or blood glucose is less than \_\_\_\_\_
    - Follow with a snack of carbohydrate and protein (e.g., cheese and crackers).

Moderate

- Someone assists
- Give student quick-sugar source per MILD guidelines
- Wait 10 to 15 minutes
- Recheck blood glucose
- Repeat food if symptoms persist or blood glucose is less than \_\_\_\_\_
- Follow with a snack of carbohydrate and protein (e.g. cheese and crackers)

Severe

- Don't attempt to give anything by mouth
- Position on side, if possible
- Contact school nurse or trained diabetes personnel
- Administer glucagon, as prescribed \*
- Call 911
- Contact parents/guardian
- Stay with student

\*Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow.

Dosage \_\_\_\_\_, site for glucagon injection: \_\_\_\_\_ arm, \_\_\_\_\_ thigh, \_\_\_\_\_ other

If glucagon is required, administer it promptly. Then, call 911 (or other emergency assistance) and the parents/guardians.

Hyperglycemia (High Blood Sugar):

Usual symptoms of hyperglycemia: Circle student's usual symptoms.

Mild:

- Thirst
- Frequent urination
- Fatigue/sleepiness
- Increased hunger
- Blurred vision
- Weight loss
- Stomach pains
- Flushing of skin
- Lack of concentration
- Sweet, fruity breath
- Other: \_\_\_\_\_

Moderate:

- Mild symptoms plus:
- Dry mouth

- Nausea
- Stomach cramps
- Vomiting
- Other: \_\_\_\_\_

Severe:

- Mild and moderate symptoms plus:
- Labored breathing
- Very weak
- Confused
- Unconscious

Treatment of hyperglycemia:

- Allow free use of the bathroom
- Encourage student to drink water or sugar-free drinks
- Contact the school nurse or trained diabetes personnel to check urine or administer insulin, per student's Diabetes Medical Management Plan.
- If student is nauseous, vomiting, or lethargic, call the parents/guardian or call for medical assistance if parent be reached.
- Urine should be checked for ketones when blood glucose levels are above \_\_\_\_\_ mg/dl.

- Treatment for ketones: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Supplies to be kept at School: (Please, check)*

- \_\_\_\_\_ Blood glucose meter, blood glucose test strips, batteries for meter
- \_\_\_\_\_ Lancet device, lancets, gloves, etc.
- \_\_\_\_\_ Urine ketone strips
- \_\_\_\_\_ Insulin pump and supplies
- \_\_\_\_\_ Insulin pen, pen needles, insulin cartridges
- \_\_\_\_\_ Fast-acting source of glucose
- \_\_\_\_\_ Carbohydrate containing snack
- \_\_\_\_\_ Glucagon emergency kit
- \_\_\_\_\_ Other: \_\_\_\_\_

Signatures

This Diabetes Medical Management Plan has been approved by:

\_\_\_\_\_  
 Student's Physician/Health Care Provider \_\_\_\_\_  
 Date

I give permission to the school nurse, trained diabetes personnel, and other designated staff members of Y.A.L.E. School to perform and carry out the diabetes care tasks as outlined by this student's Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management 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.

Acknowledged and received by:

\_\_\_\_\_  
 Student's Parent/Guardian \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Student's Parent/Guardian \_\_\_\_\_  
 Date

Quick Reference Emergency Plan for a Student with Diabetes

Student's Name: \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_

Date of Plan: \_\_\_\_\_

Emergency Contact Information:

Mother/Guardian: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell No. \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell No. \_\_\_\_\_

\_\_\_\_\_  
School Nurse/Trained Diabetes Personnel

\_\_\_\_\_  
Contact Number(s)

Never send a child with suspected low blood sugar anywhere alone.

