DIABETES MEDICAL MANAGEMENT PLAN (School Year							
Student's Name: Date of Birl	h: Diabetes □Type 1 ; □Type 2 Date of Diagnosis :						
	HomeroomPlan Effective Date(s)						
Parent/Guardian #2: Diabetes Healthcare Provider Other Emergency Contact EMERGENCY NOTIFICATION: Notify parents of the follow a. Loss of consciousness or seizure (convulsion) immediate	Relationship: Phone Number: HomeWork/Cel/Pager ring conditions (If unable to reach parents, call Diabetes Healthcare Provider listed above)						
b. Blood sugars in excess ofmg/dl c. Positive urine ketones.							
d. Abdominal pain, nausea/vomiting, diarrhea, fever, altered							
MEALS/SNACKS: Student can:	☐ Mid-afternoon ☐ Before PE/Activity ☐ After PE/Activity						
BLOOD GLUCOSE MONITORING AT SCHOOL: Yes	No Type of Meter:						
If yes, can student ordinarily perform own blood glucose checks?							
OPTIONAL: Target Range for blood glucose:mg/dl tomg/dl (Completed by Diabetes Healthcare Provider).							
INSULIN INJECTIONS DURING SCHOOL: ☐ Yes ☐ No ☐ Parent/Guardian elects to give insulin needed at school) If yes, can student: Determine correct dose? ☐ Yes ☐ No ☐ Draw up correct dose? ☐ Yes ☐ No ☐ Give own injection? ☐ Yes ☐ No ☐ Needs supervision? ☐ Yes ☐ No							
	o worn, use "Supplemental Information Sheet for Student Wearing an Insulin Pump")						
Standard dally insulin <u>at school</u> : ☐ Yes ☐ No Type: Dose: Time to be given:	Correction Dose of Insulin for High Blood Glucose: □Yes □No If yes: □Regular □Humalog □Novolog Time to be given:						
Calculate insulin dose for carbohydrate intake: □Yes □N If yes, use: □Regular □Humalog □Novolog# unit(s) per grams Carbohydrate □ Add carbohydrate dose to correction dose	Determine dose per sliding scale below (in units): Blood sugar: Insulin Dose: (Blood glucose - Blood sugar: Insulin Dose:) ÷ Blood sugar: Insulin Dose: = Blood sugar: Insulin Dose: units of insulin						
OTHER ROUTINE DIABETES MEDICATIONS AT SCHOOL:							
Name of Medication Dose	Time Route Possible Side Effects						
EXERCISE, SPORTS, AND FIELD TRIPS Blood glucose monitoring and snacks as above. Quick access to sugar-free liquids, fast-acting carbohydrates, snacks, and monitoring equipment. A fast-acting carbohydrate such asshould be available at the site. Child should not exercise if blood glucose level is belowmg/dl OR if							
SUPPLIES TO BE FURNISHED/RESTOCKED BY PARENT/ Blood glucose meter/strips/lancets/lancing device Ketone testing strips	GUARDIAN: (Agreed-upon locations noted on emergency card/nursing care plan) Fast-acting carbohydrate						

MANAGEMENT OF HIGH BLOOD GLUCOSE (overmg/dl)					
✓Usual signs/symptoms for this student:	Indicate treatment choices:				
☐ Increased thirst, urination, appetite	☐ Sugar-free fluids as tolerated				
☐ Tiredness/sleepiness	☐ Check urine ketones if blood glucose overmg/dl				
☐ Blurred vision	☐ Notify parent if urine ketones positive.				
☐ Warm, dry, or flushed skin	☐ May not need snack: call parent				
□ Other	☐ See "Insulin Injections: Correction Dose of Insulin for High Blood Glucose"				
	□ Other				
MANAGEMENT OF VERY HIGH BLOOD GLUCOSE (overmg/dl)					
✓Usual signs/symptoms for this student	Indicate treatment choices:				
□ Nausea/vomiting	☐ Carbohydrate-free fluids if tolerated				
☐ Abdominal pain	☐ Chcck urine for ketones				
☐ Rapid, shallow breathing	□ Notify parents per "Emergency Notification" section				
□ Extreme thirst □	☐ If unable to reach parents, call diabetes care provider				
☐ Weakness/muscle aches	☐ Frequent bathroom privileges				
☐ Fruity breath odor	☐ Stay with student and document changes in status				
Other	☐ Delay exercise. ☐ Other				
MANAGEMENT OF LOW BLOOD GLUCOSE (below	mg/dl)				
✓Usual signs/symptoms for this child Indicate	treatment choices:				
☐ Hunger	to a first and able to explore				
☐ Change in personality/behavior	ff student is awake and able to swallow, givegrams fast-acting carbohydrate such as:				
☐ Paleness	givegrams last-acting calbonydrate such as. 4oz. Fruit juice or non-diet soda or				
☐ Weakness/shakiness	□ 3-4 glucose tablets or				
☐ Tiredness/sleepiness	☐ Concentrated gel or tube frosting or				
☐ Dizziness/staggering	B oz. Milk or				
☐ Headache☐ Rapid heartbeat	Other				
☐ Nausea/loss of appetite	A5-90-179-				
☐ Clamminess/sweating	Retest BG 10-15minutes after treatment				
☐ Blurred vision	Repeat treatment until blood glucose over 80mg/dl				
☐ Inattention/confusion	Follow treatment with snack of				
☐ Slurred speech	if more than 1 hour till next meal/snack or if going to activity				
☐ Loss of consciousness	Other				
☐ Seizure	The second secon				
Other					
 	IMPORTANT!!				
If student is unconscious or having a seizure, pr	resume the student is having a low blood glucose and:				
Call 911 immediately and notify parents.					
	ired dose) should be given by trained personnel.				
Glucose gel 1 tube can be administered li administration of Glucagon by staff mem	nside cheek and massaged from outside while awaiting or during her at scene.				
☐ Glucagon/Glucose gel could be used if student has documented low blood sugar and is vomiting or unable to					
swallow.					
Student should be turned on his/her side and maintained in this "recovery" position till fully awake".					
SIGNATURES					
I/we understand that all treatments and procedures may be performed by the student and/or trained unlicensed assistive personnel within the school or by					
utilized in these treatments and procedures. I have reviewed this information sheet and agree with the indicated instructions. This formation					
school health personnel in developing a nursing care plan					
Parent's Signature:	Date:				
Physician's Signature	Date:				
School Nurse's Signature:	Date.				
The state of the s					
This document follows the guiding principles outlined by the American Diabetes Association					
Revised December 5, 2003					

DIABETES MEDICAL MANAGEMEI Si	chool Year							
Student Name:	Date of Birth:F			Pump Brand/Model	ump Brand/Model:			
Pump Resource Person:	Phone/Beeper			(See basic diabe				
Child-Lock On? ☐ Yes ☐ No How long has stud	ent wom an ins	ulin pum	p?					
Blood Glucose Target Range:	Blood Glucose Target Range: Pump Insulin: Humalog Di Novolog Regular							
Insulin: Carbohydrate Ratios:								
(Student to receive carbohydrate bolus immediately before	re /minu	tes before	e eating)					
Lunch/Snack Boluses Pre-programmed? ☐Yes ☐ No	Times							
Insulin Correction Formula for Blood Glucose Over Targe					contractor modes before			
Extra pump supplies fumished by parent/guardian: 🗆 inf	usion sets on	eservoirs						
STUDENT PUMP SKILLS	0.1	NEEDS HELP?		IF YES, TO BE ASSISTED BY AND COMMENTS:				
Independently count carbohydrates	□Yes	□No						
Give correct bolus for carbohydrates consumed.	☐ Yes	□ No						
3. Calculate and administer correction bolus.	☐ Yes	□ No						
Recognize signs/symptoms of site infection.	☐ Yes	□ No						
Calculate and set a temporary basal rate.	☐ Yes	□ No						
Disconnect pump if needed.	☐ Yes	□ No	<u> </u>					
7. Reconnect pump at infusion set.	□Yes	No						
Prepare reservoir and tubing.	☐ Yes	□No						
Insert new infusion set.	☐ Yes	□No						
10. Give injection with syringe or pen, if needed.	☐ Yes				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
11. Troubleshoot alarms and malfunctions.	☐ Yes	□No						
12. Re-program basal profiles if needed.	□ Yes	 □No						
MANAGEMENT OF HIGH BLOOD GLUCOSE			l basic diabetes m	nedical manageme	nt plan, but in addition:			
If blood glucose over target range hours after last bol glucose + units if blood glucose over 250, check urine ketones 1. If no ketones, give bolus by pump and recheck in 2 hour 2. If ketones present or, give correct if two consecutive blood glucose readings over 250 (2 hrs or no 1. Check urine ketones	nsulin rs ion bolus as an i	njection i	mmediately and con					
Give correction bolus as an injection Change infusion set.								
4. Call parent								
MANAGEMENT OF LOW BLOOD GLUCOSE Follow i								
If low blood glucose recurs without explanation, notify pare	nt/diabetes prov	ider for po	tential instructions	to suspend pump;				
If seizure or unresponsiveness occurs:								
1. Call 911 (or designate another individual to do so). 2. Treat with Glucagon (See basic Diabetes Medical It Stop insulin pump by: ☐ Placing in "suspend" or stop mode (See attached copy ☐ Disconnecting at pigtail or clip (Send pump with EM ☐ Cutting tubing 4. Notify parent 5. If pump was removed, send with EMS to hospital.	Management Plai		tions)		-			
ADDITIONAL TIMES TO CONTACT PARENT		_						
Soreness or redness at infusion site Detachment of dressing/infusion set out of place			njection given					
Leakage of insulin	,,							
Constitute Destricts of Primer alless				477				
Effective Date(s) of Pump plan: Parent's Signature:				Date:				
School Nurse's Signature:								
Diabetes Care Provider Signature								