

Diabetes Medical Management Plan

School District: _____

School Year: _____

Student Name: _____	DOB: _____
School: _____	Grade: _____
Provider Name: _____	Office Ph # _____ Fax # _____

Blood Glucose Monitoring Times at School

Blood Glucose Target Range: _____ - _____ mg/dl					
<input type="checkbox"/> Before Breakfast	<input type="checkbox"/> Before Lunch	<input type="checkbox"/> 10 to 20 minutes before boarding bus	<input type="checkbox"/> Suspected hyper/hypoglycemia	<input type="checkbox"/> If child is ill or if child requests a test	<input type="checkbox"/> Other _____
Managing Student Monitoring (check all that apply): <input type="checkbox"/> Permission to test independently <input type="checkbox"/> Supervision of testing/results <input type="checkbox"/> Student will need assistance with testing and blood glucose management <input type="checkbox"/> Other: _____					

Diabetes Medication

<input type="checkbox"/> No insulin at school: Current insulin at home: _____				
<input type="checkbox"/> Oral diabetes medication at school: _____				
<input type="checkbox"/> Oral diabetes medication at home: _____				
<input type="checkbox"/> Insulin at school:	<input type="checkbox"/> Humalog	<input type="checkbox"/> Novolog	<input type="checkbox"/> Lantus	<input type="checkbox"/> Other: _____
Insulin delivery device at school:				
<input type="checkbox"/> Syringe and vial		Once the insulin bottle has been <u>opened</u> it is only good for 28 days and must be replaced after expiration.		
<input type="checkbox"/> Insulin Pen				
<input type="checkbox"/> Insulin Pump (see Pump Section)				
Delivery management at school:				
<input type="checkbox"/> Student can give own injections <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With Supervision		<input type="checkbox"/> Student can draw correct dose of insulin <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With Supervision		
<input type="checkbox"/> Student can determine correct amount of insulin <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With Supervision		<input type="checkbox"/> Student can self manage pump <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With Supervision		

Meals and Snacks Eaten at School

Student is independent in carbohydrate calculations and management: <input type="checkbox"/> Yes <input type="checkbox"/> With Supervision <input type="checkbox"/> No		
Meal/Snack	Food Carbohydrate Count	Not on fixed Carbohydrate Count
Breakfast		<input type="checkbox"/>
Mid-morning snack		<input type="checkbox"/>
Lunch		<input type="checkbox"/>
Mid-afternoon snack		<input type="checkbox"/>
Snack before exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As needed		
Snack after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As needed		
Other times to give snacks and content/amount: <input type="checkbox"/> As needed, OR _____		
Foods to avoid, if any: <i>Liquid sugars such as fruit juice, regular soda and Gatorade (should be used for low blood sugars only)</i> Other: _____		
Instructions for when food is provided to the class (e.g. as part of a class party or food sampling event): _____		

Carbohydrate Counting and Correction Sheet

Food: _____ units of Humalog/Novolog for every _____ grams of carbohydrate for meals and snacks.

Blood Sugar: _____ units of Humalog/Novolog for every _____ mg/dl over _____ mg/dl. Correction for blood sugars can be made every 3 hours if needed.

EVERY DAY Lantus/Levemir is _____ am _____ at bedtime.

Use pump dosing. Dose listed above to be used in event of pump failure. See insulin pump care.

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

Unless otherwise stated, cover all carbohydrates and snacks with insulin. Do not cover carbs used to treat low blood sugar.

Parents must communicate modifications of carbohydrate counting/insulin coverage to school nurse in writing.

PRE-MEAL Humalog/Novolog Doses

Blood Sugar Correction			+	Food Carbohydrate	
Under	=	Units		Grams	= Units
to	=	Units		Grams	= Units
to	=	Units		Grams	= Units
to	=	Units		Grams	= Units
to	=	Units		Grams	= Units
to	=	Units		Grams	= Units
to	=	Units		Grams	= Units
to	=	Units		Grams	= Units
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to	=	Units		Grams	= Units
to	=	Units		Grams	= Units
to	=	Units		Grams	= Units
to	=	Units		Grams	= Units
to	=	Units		Grams	= Units
to	=	Units		Grams	= Units

Exercise and Sports

A fast acting carbohydrate such as Juice, regular soda, Gatorade, glucose tablets should be available at the site of exercise or sports. No Restrictions

Restrictions on activity, if any: _____

Student should not exercise if:

- Blood glucose is below **80 mg/dl** *treat for hypoglycemia with above fast acting carbohydrates.*
 - *Snack listed above should be given:* Yes No
- Blood glucose is above **300 mg/dl** **OR** moderate to large urine ketones **OR** blood ketones are ≥ 0.6 mmol/l
 - *Physician or parents must be notified if ketones are in above range*

OR
- Symptomatic.

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

Symptoms of Hypoglycemia Include:

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

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 checked blood sugar and has symptoms

** Notify School Nurse and Parent when any of these treatments are done at school**

To Treat Low Blood Sugar:

- 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 _____

If student becomes 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 _____

If student has seizures, loss of consciousness, unable/unwilling 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) = 250 300 mg/dl

Symptoms of Hyperglycemia Include:

Extreme Thirst Frequent Urination Abdominal Pain Headache Nausea

Additional Symptoms _____

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 and Student Monitoring

Supplies to be kept at school:

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

Insulin Pump

See Attached Insulin Pump Care

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 RN)

Date New Orders Obtained	Order (Verbal or Written) * See 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 _____'s Diabetes Medical Management Plan. I also consent to the release of the information contained in the Diabetes Medical Management Plan to all staff members and other adults who have custodial care of my child and whom 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.

Acknowledged and received by:

Parent/Guardian Phone # Date E-mail

School Nurse Phone # Date E-mail

Change in Care Sheet

Student Name: _____ DOB: _____

Date of new orders: _____

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.

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		
Under	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units

Your Lantus dose is: _____ AM _____ at bedtime.

Bedtime Corrections:

At bedtime you should correct blood sugar to: _____.

Bedtime & 3:00 am Correction:

Under	=	Units
To	=	Units
To	=	Units
To	=	Units
To	=	Units
To	=	Units

If blood sugar is less than _____ at bedtime, give _____ grams of carbohydrate + protein without Humalog/Novolog coverage for this snack.

- Change in Carb Counting and Blood Sugar correction per parent (if applicable).
- Change in Carb Counting and Blood Sugar Correction per provider
- Additional Changes to Initial Orders: _____

Signature

Printed Name

GUIDELINES FOR INSULIN PUMP USERS-PREVENTING KETOACIDOSIS

WHY ARE PUMPERS AT RISK FOR KETOACIDOSIS?

Pumpers have no long acting insulin in their body (Lantus or Levemir). If something happens to stop the flow of insulin from the pump, 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.

HOW CAN KETOACIDOSIS BE PREVENTED?

TEST URINE OR BLOOD KETONES. (Make sure the urine or blood ketone test strips have not expired. If the blood ketone strips are past their expiration date, the machine will not read them.)

- If feeling sick or nauseated
- If blood sugar is over 300
- If blood sugar is over 250 for 2 tests in a row
- **If there are ketones follow the directions below:**

IF BLOOD KETONES ARE LESS THAN 0.6 mmol/l (URINE KETONES TRACE/SMALL):

- TAKE a correction bolus through the pump
 - RECHECK blood sugar and ketones in one hour
 - DRINK 4 to 8 ounces of sugar free liquids every hour
- If blood sugars are not improved in one hour:**
- GIVE a correction dose of insulin by syringe
 - The correction dose is the amount recommended by the bolus wizard for the blood sugar level
 - REMOVE catheter from the skin
 - REPLACE insulin, cartridge, tubing and catheter
 - RECHECK blood sugar in 2 hours
 - TAKE the next bolus through pump with the new set in place

IF BLOOD KETONES ARE BETWEEN 0.6 AND 3.0 mmol/l (URINE KETONES MODERATE TO LARGE):

- GIVE correction dose of insulin with a syringe, using fresh insulin immediately
- The correction dose is the amount recommended by the bolus wizard for the blood sugar level
- DRINK 4 to 8 ounces of sugar free liquids every hour
- After the shot has been given, CHANGE the catheter, tubing and reservoir (use fresh insulin).
- RECHECKC blood sugar and ketones every 2-3 hours. Give boluses through the pump once the new set is in place.

IF BLOOD KETONES ARE MORE THAN 3.0 mmol/l:

- GIVE double the correction dose of insulin with a syringe IMMEDIATELY. For example, if the bolus wizard recommends 5 units, give 10 units by syringe.
- CHANGE the catheter, tubing and reservoir (use fresh insulin) and continue to check blood sugar and ketones every 2-3 hours. After changing the set take future correction does through the pump.
- DRINK 4 to 8 ounces of sugar free liquids every hour.
- CALL the health care provider and the parent/guardian.