

DIABETES MEDICAL MANAGEMENT PLAN FOR SCHOOL

Student: _____ DOB: _____
 Student ID #: _____ School: _____
 Type of Diabetes: Type 1 Type 2 Pre-Diabetes Date of Diagnosis: _____
 Other: _____

Blood Glucose Monitoring

Meter type: _____ Blood glucose target range: _____ - _____ mg/dl

Blood glucose testing times: _____

For suspected hypoglycemia At student's discretion excluding suspected hypoglycemia

Only at student's discretion No blood glucose testing at school

Permission to test independently Supervision of testing/results

Student will need assistance with testing and blood glucose management.

Test blood glucose 10 to 20 minutes before boarding bus.

Diabetes Medication

No insulin at school: Current insulin at home: _____

Oral diabetes medication at school: _____

Insulin at school: Humalog Novolog Lantus Other: _____

Insulin delivery device: Syringe and vial Insulin pen Insulin pump

Insulin dose for school: _____

Standard lunchtime dose: _____

Meal bolus: _____ units of insulin per _____ grams of carbohydrate.

Correction for blood glucose: _____ units of insulin for every _____ mg/dl above _____ mg/dl.
 (Correction bolus can be given with meals or every 3 hours if blood glucose levels are high)

Blood Glucose Value (mg/dl)	Units of Insulin
Less than 100	
100-150	
151-200	
201-250	
251-300	
301-350	
352-400	
More than 400	

Note: Insulin dose is a total of meal bolus and correction bolus.

Parent may adjust insulin doses as needed. Student may self manage.

DIABETES MEDICAL MANAGEMENT PLAN FOR SCHOOL (cont.)

Meal Plan

1 carbohydrate choice = _____ Grams of carbohydrate

- Meal plan prescribed (see below) Meal plan variable
- Breakfast Time: _____ # of carb choices = _____
- Morning Snack Time: _____ # of carb choices = _____
- Lunch Time: _____ # of carb choices = _____
- Afternoon Snack Time: _____ # of carb choices = _____
- Plan for pre-activity: _____
- Plan for after school activities: _____
- Plan for class parties: _____
- Extra food allowed: Parent/guardian's discretion Student's discretion

Hypoglycemia

Low Blood Glucose < _____ mg/dl

- Self treatment of mild lows Assistance for all lows
- Immediately treat with 15 gm of fast-acting carbohydrate (e.g.; 4 oz juice, 3 -4 glucose tabs, 4 oz regular pop 8 oz of skim milk)
- Recheck blood glucose in 15 minutes and repeat 15 gm of carbohydrate if blood glucose remains low.
- If more than 1 hour until next meal or snack student should have another 15 gm of carbohydrate.
- If child will be participating in additional exercise or activity before the next meal, provide an additional carbohydrate choice.
- If student is using an insulin pump, suspend pump until blood glucose is back in goal range.

Severe Hypoglycemia

If the child is unconscious or having seizures due to low blood glucose immediately administer injection of:

Glucagon _____ mg (glucagon emergency kit)

- Immediately after administering the Glucagon, turn the child onto their side. Vomiting is a common side effect of Glucagon.
- Notify parent and EMS per protocol

Hyperglycemia

High Blood Glucose > = _____ mg/dl

- Check ketones when blood glucose > _____ mg/dl or student is sick.
- Use correction scale insulin orders when blood glucose is _____ mg/dl.
- Unlimited bathroom pass.
- Notify parent immediately of blood glucose > _____ mg/dl or if student is vomiting.
- If student is using an insulin pump, follow DKA prevention protocol

Special Occasions

- Arrange for appropriate monitoring and access to supplies on all field trips.

Signature of Physician/Licensed Prescriber _____

Date _____

Print name of Physician/Licensed Prescriber _____

Clinic Address _____

Phone _____

Fax _____

Returned to: _____

RN, School Nurse

Phone _____

Fax _____