Date of Plan: _____

Diabetes Medical Management Plan

Effective Dates: _____

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.

Student's Name: _____

Date of Birth: _____ Date of Diabetes Diagnosis: _____

Grade: _____Homeroom Teacher: _____

Diabetes Type: ❑ 1 ❑ 2

Contact Information

Mother/Guardian: _____

Address: _____

Phone(s): Home: _____Work: _____Cell:_____

Father/Guardian: _____

Address: _____

Phone(s): Home: _____Work: _____Cell: _____

Student's Doctor/Health Care Provider:

Name: _____

Address: _____

Phone: _____Emergency Number: _____

Other Emergency Contacts:

Name: _____

Relationship: _____

Phone(s): Home: _____Work: _____Cell: _____

Name: _____

Relationship: _____

Phone(s): Home: _____Work: _____Cell: _____

Notify parents/guardian or emergency contact in the following situations:

_____

_____

_____

Blood Glucose Monitoring
Target Range for blood glucose is ❑ 70-150 ❑ 70-180 ❑ Other_____

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
❑ When student exhibits symptoms of hypoglycemia
❑ Other (explain):_____

Can student perform own blood glucose checks: ❑ Yes ❑ No

Exceptions: _____

Type of blood glucose meter student uses: _____

Insulin
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 high blood glucose levels. ❑ Yes ❑ No

_____ units if blood glucose is _____ to _____ ❑ mg/dl ❑ mmol/l
_____ units if blood glucose is _____ to _____ ❑ mg/dl ❑ mmol/l
_____ units if blood glucose is _____ to _____ ❑ mg/dl ❑ mmol/l
_____ units if blood glucose is _____ to _____ ❑ mg/dl ❑ mmol/l
_____ units if blood glucose is _____ to _____ ❑ mg/dl ❑ mmol/l

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:

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 ratio: _____ Correction factor:_____

Student Pump Abilities/Skills	*Needs Assistance*
Count carbohydrates	❑ Yes ❑ No
Bolus correct amount for carbohydrates consumed	❑ Yes ❑ No
Calculate and administer corrective bolus	❑ Yes ❑ No
Calculate and set basal profiles	❑ Yes ❑ No
Calculate and set temporary basal rate	❑ Yes ❑ No
Disconnect pump	❑ Yes ❑ No
Reconnect pump at infusion set	❑ Yes ❑ No
Prepare reservoir and tubing	❑ Yes ❑ No
Insert infusion set	❑ Yes ❑ No
Troubleshoot alarms and malfunctions	❑ Yes ❑ No

For Students Taking Oral Diabetes Medications

Type of medication: _____ Timing: _____

Other medications: _____ Timing:_____

Meals and Snacks Eaten at School

Is student independent in carbohydrate calculations and management? ❑ Yes ❑ No

Meal/Snack	*Time*	*Food content/amount*
Breakfast	_____	_____
Mid-morning snack	_____	_____
Lunch	_____	_____
Mid-afternoon snack	_____	_____
Dinner	_____	_____

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 ❑ mmol/l or above _____❑ mg/dl ❑ mmol/l or if moderate to large urine ketones are present.

Hypoglycemia (Low Blood Sugar)

Usual symptoms of hypoglycemia: _____

_____

Treatment of hypoglycemia: _____

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

Route_____, Dosage_____, site for glucagons injection: ❑ arm ❑ thigh ❑ other

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

Hyperglycemia (High Blood Sugar)

Usual symptoms of hyperglycemia: _____

_____

Treatment of hyperglycemia: _____

_____

Urine should be checked for ketones when blood glucose levels are above _____
❑ mg/dl ❑ mmol/l.

Treatment for ketones: _____

Supplies to be Kept at School

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

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 _____ school 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 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

Adapted from Helping the Student with Diabetes Succeed, a guide from the U.S. Dept. of Health and Human Services. – August 2007