

**Diabetes Medical Management Plan- Deer Creek Public Schools**

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

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Diabetes Diagnosis: \_\_\_\_\_ Grade: \_\_\_\_\_

Physical Condition: Diabetes Type 1      Diabetes Type 2

**Contact Information**

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

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Student's Doctor/ Health Care Provider:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

Notify parent/guardian or emergency contact in the following situations: \_\_\_\_\_

\_\_\_\_\_

**Blood Glucose Monitoring**

- Target range for blood glucose is: 70-150    70-180    other \_\_\_\_\_
- Time to check blood glucose (circle all that apply) Before Meals, before exercise, after exercise, signs of hypoglycemia or hyperglycemia
- Can student perform own blood glucose check? Yes    No
- Type of glucose meter \_\_\_\_\_

**Insulin: Usual Lunchtime Dose**

- Insulin/Carbohydrate ratio is: \_\_\_\_\_ unit for every \_\_\_\_\_ carbohydrates.
- Type of Insulin: Novolog, Humalog, Apidra, other \_\_\_\_\_
- Insulin is delivered via: Insulin pen, vial
- Student’s correction factor is: \_\_\_\_\_ units if BS is \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ units if BS is \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ units if BS is \_\_\_\_\_ to \_\_\_\_\_
- Can student give own injection? Yes No Can student determine correct amount of insulin?  
 Yes No

**An adult must always supervise the administration and verify the dose of insulin to be given.**

**Insulin Pump**

- Type of Pump: \_\_\_\_\_
- Type of Insulin in pump: Humalog, Novalog, Apidra, other \_\_\_\_\_
- Basal rates: \_\_\_\_\_ 12am to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_
- Insulin/Carbohydrate ratio is \_\_\_\_\_ unit to \_\_\_\_\_ grams carbohydrates.
- Correction factor is: \_\_\_\_\_ unit for every point above \_\_\_\_\_.

**Student Pump Abilities/Skills**

- |   |     |    |
|---|-----|----|
| • Count carbohydrates                     | Yes | No |
| • Bolus correct amount for carbs consumed | Yes | No |
| • Calculate and set basal profiles        | Yes | No |
| • Calculate and set temporary rates       | Yes | No |
| • Disconnect pump                         | Yes | No |
| • Insert infusion set                     | Yes | No |
| • Troubleshoot alarms                     | Yes | No |

**Parents will be responsible for providing an emergency backup plan for insulin administration such as extra syringes, needles, and insulin in case of any problems with the pump or infusion site.**

**For Student’s Taking Oral Diabetes Medications**

- Type of medication: \_\_\_\_\_ Time: \_\_\_\_\_

**Meals and Snacks Eaten at School**

- Is student able to manage carbohydrate calculation? Yes No
- Breakfast Yes No Mid-morning snack Yes No
- Lunch Yes No Mid Afternoon snack Yes No
- Snack before exercise Yes No Snack after exercise Yes No

- Other times to give snacks \_\_\_\_\_
- Preferred snacks (content & amount) \_\_\_\_\_
- Foods to avoid \_\_\_\_\_
- Instructions for when food is provided to the class(party)  
\_\_\_\_\_

### Exercise and Sports

- Will student participate in school sports? Yes No
- Restrictions on activity? Yes No
- Student should not exercise if blood glucose level is below \_\_\_\_\_mg/ml or above\_\_\_\_mg/ml.
- Student should not exercise id there is moderate to large amount of ketones present. Yes No
- A fast acting carbohydrate such as \_\_\_\_\_should be present during exercise.

**Transportation:** How does student get to and from school? Bus Car Walk

### Hypoglycemia or Low Blood Sugar

- Usual signs of hypoglycemia include( circle all that apply) shaking, sweating, paleness, excessive hunger, irritability, headache, dizziness, confusion, crying, fatigue, poor concentration, dazed
- Treat if blood glucose is less than \_\_\_\_\_
- Treat with: \_\_\_\_\_
- Recheck blood glucose 15 minutes after treatment
- If blood glucose is not greater than \_\_\_\_\_ repeat procedure.
- Glucagon should be given if student is unconscious, having a seizure, or unable to swallow.
- Route: SQ or IM Dosage\_\_\_\_\_ Site: arm thigh
- Roll student on side to prevent aspiration is vomiting occurs.
- If glucagon required, **administer immediately, call 911** and parent/guardian/doctor.

### Hyperglycemia or High Blood Sugar

- Usual symptoms of hyperglycemia include (circle all that apply) excessive urination, excessive thirst, sleepy, hungry, blurred vision, stomach ache, vomiting
- Treatment: If blood glucose is greater than \_\_\_\_\_, push sugar free caffeine free fluids.
- If blood glucose is greater than \_\_\_\_\_, check urine or blood ketones.
- Treatment for ketones: \_\_\_\_\_

### Supplies to be kept at school (provided by legal guardian

\_\_\_\_\_ Blood glucose meter & strips \_\_\_\_\_ Lancet device & lancets

\_\_\_\_\_ Ketone strips

\_\_\_\_\_ Insulin vial, syringes, pen device, pen, needles

\_\_\_\_\_ Insulin pump & supplies

\_\_\_\_\_ Fast acting glucose source

\_\_\_\_\_ Carbohydrate snacks

\_\_\_\_\_ Glucagon emergency kit

**Signatures:**

This Diabetes Medical Management Plan has been approved by: \_\_\_\_\_  
Physician Signature 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 task as outlined by \_\_\_\_\_ Diabetes Medical Management Plan. I also consent to the release of the information contained in this 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. I also consent for medical information related to my child's diabetic condition to be released to or from my child physician.

Acknowledged by:

Student/Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_