Date of Plan:	·
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Diabetes Medical Management Plan

Effective Dates:			
This plan should be completed by the streviewed with relevant school staff and nurse, trained diabetes personnel; and s	comies should the kept in a blace t	hat is easily acces	sed by the schools
Student's Name:			
Date of Birth:	Date of Diabetes Diagnos	sis:	
Grade:	Homeroom Teacher:		
Physical Condition: Diabetes type	1 ☐ Diabetes type 2		
Contact Information			
Mother/Guardian:			
Address:		n	
Telephone: Home	Work		
Father/Guardian:			
Address:			
Telephone: Home			
Student's Doctor/Health Care Provider			
Name:			
Address:			
Telephone:	Emergency Number:		
Other Emergency Contacts:			
Name:			
Relationship:			
Telephone: Home	Work	Cell	
Notify parents/guardian or emergency			

Diabetes Medical Management Plan Continued

Blood Glucose Monitoring
Target range for blood glucose is □ 70-150 □ 70-180 □ Other □ 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
units if blood glucose is to mg/dl
units if blood glucose is to mg/dl
units if blood glucose is to mg/dl
units if blood glucose is to mg/dl
Can student give own injections? \(\text{Yes} \) No Can student determine correct amount of insulin? \(\text{Yes} \) No Can student draw correct dose of insulin? \(\text{Yes} \) 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:

Diabetes Medical Management Plan Continued

Student Pump Abilities/S	kills:	Needs Assistance		
Count carbohydrates Bolus correct amount for Calculate and administer Calculate and set basal p Calculate and set tempor Disconnect pump Reconnect pump at infus Prepare reservoir and tub Insert infusion set Troubleshoot alarms and	rofiles ary basal rate ion set ing	☐ Yes ☐ No		
•	ral Diabetes Medications	a.	a	
7 A				
Other medications:			minig.	
Meals and Snacks Eate	n at School			
ls student independent in	carbohydrate calculations	and management?	□ Yes □ No	
Meal/Snack	Time	Food con	itent/amount	
Breakfast				
Mid-morning snack				
Lunch				
Mid-afternoon snack				
Dinner				
Snack before exercise?	🗆 Yes 🚨 No			•
Snack after exercise?	☐ Yes ☐ No			
Other times to give sna	cks and content/amount:_			
Preferred snack foods:	·····			
Instructions for when fo	od is provided to the class	(e.g., as part of a cl	ass party or food samp	oling event):
Exercise and Sports				
A fast-acting carbohydravailable at the site of ϵ	exercise or sports.			should be
Restrictions on activity	, if any:			
	rcise if blood glucose leve	el is below	— mg/dl or above—	-mg/dl

Diabetes Medical Management Plan Continued -

Hypoglycemia (Low Blood Sugar)	
Usual symptoms of hypoglycemia:	
Treatment of hypoglycemia:	
Glucagon should be given if the student is unconscious Route, Dosage, site for glucagon inje	s, having a seizure (convulsion), or unable to swallow.
If glucagon is required, administer it promptly. Then, parents/guardian.	
Hyperglycemia (High Blood Sugar)	
Usual symptoms of hyperglycemia:	
Treatment of hyperglycemia:	
Urine should be checked for ketones when blood gluco	ose levels are above mg/dl.
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 vials and syringes	Insulin pump and suppliesInsulin pen, pen needles, insulin cartridgesFast-acting source of glucoseCarbohydrate containing snackGlucagon emergency kit
Signatures This Diabetes Medical Management Plan has been	approved by:
Student's Physician/Health Care Provider	Date
's Diabetes Medical Management	m and carry out the diabetes care tasks as outlined by Plan. I also consent to the release of the information to all staff members and other adults who have custodial
Acknowledged and received by:	
Student's Parent/Guardian	Date
Student's Parent/Guardian	Date

Quick Reference Emergency Plan for a Student with Diabetes

Hypoglycemia (Low Blood Sugar) Photo

Student's Name	<u>, , , , , , , , , , , , , , , , , , , </u>			· · ·		
Grade/Teacher		<u> </u>		Date of	f Plan	
Emergency Contact Int	formation:					
Mother/Guardian			Father/Guardian			
Home phone	Work phone	Cell	Home phone	Work phon	e Cell	
School Nurse/Trained I	Diabetes Personnel		Contact Number(s)		
	Never send a	child with suspec	ted low blood sugar a	nywhere alone	·.	
	Causes of Hy • Too muc • Misse • Delaye • Too much or too • Unschedul	ch insulin d food ed food o intense exercise ed exercise		Onset Sudden		
					Severe	
Mild • Hunger • Sweating • Drowsiness • Weakness • Personality change • Paleness • Anxiety • Irritability • Dizziness Circle student's usual symptoms.		Headache Behavior change Poor coordination	Blurry vision Weakness Slurred Speech Confusion Other	•	Loss of consciousness Seizure Inability to swallow Circle student's usual symptoms.	
Carre states a s issue	symptoms.		Cree simon s in a simple simon s in a simple simon s in a			
Notify School N	urse or Trained I Management Plar	Diabetes Personi	ons Needed nel. If possible, chec always TREAT FOR	k blood sugar LHYPOGLYC	; per Diabetes Medical CEMIA.	
Mild • Student may/may r • Provide quick-sugar 3-4 glucose of 4 oz. juice 6 oz. regular or 3 teaspoons of g • Wait 10 to 15 minus • Recheck blood glue • Repeat food if sym or blood glucose is	r source. tablets r soda lucose gel ntes. cose. ptoms persist less than	 Someone as: Give student per MILD gr Wait 10 to 1 Recheck blo Repeat food or blood glue Follow with 	quick-sugar source aidelines. 5 minutes. od glucose. if symptoms persist cose is less than a snack of	• Positi • Conta diabet • Admi prescr	on on side, if possible. act school nurse or trained tes personnel. nister glucagon, as ribed.	
• Follow with a snack of carbohydrate and protein (e.g., cheese and crackers).		carbohydrate cheese and c	e and protein (e.g., crackers).	• Stay	with student.	

Quick Reference Emergency Plan for a Student with Diabetes

Hyperglycemia (High Blood Sugar) Photo

Student's Name					
Grade/Teacher Emergency Conta	ct Information:			Date of Plan	
Mother/Guardian		_ 	Father/Guardian		
Home phone	Work phone	Cell	Home phone	Work phone	Cell
School Nurse/Trai	ned Diabetes Personne	el			
Contact Number(s	s)				
	Causes of Hy • Too much food • Too little insulir • Decreased active	n • Infection	• Over time—	Onset -several hours or days	
		Sy	————↓ mptoms		
Thirst Frequer Fatigue Increase Blurred Weight Stomac Flushin Lack of	loss h pains g of skin concentration fruity breath		h cramps	• Mild and symptom • Labored • Very wea • Confused • Unconsor	s plus: breathing k
	nt's usual symptoms.		nt's usual symptoms.	Circle student	s usual symptoms.
	• Encourag • Contact t urine or a Managen • If studen	the use of the bathrough student to drink the school nurse or administer insulin, the properties of th	ons'Needed oom. water or sugar-free trained diabetes per per student's Diaber iting, or lethargic, ll for medical assist	rsonnel to check tes Medical call the	

cannot be reached.