



DIABETES MEDICAL MANAGEMENT PLAN FOR SCHOOL Year: \_\_\_\_\_ - \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_  
Student ID #: \_\_\_\_\_ School: \_\_\_\_\_

Type of Diabetes:  Type 1  Type 2  Pre-Diabetes Date of diagnosis: \_\_\_\_\_

Blood Glucose Monitoring

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.

Oral diabetes medication at school: \_\_\_\_\_

Insulin at school:  Humalog  Novolog  Lantus  Other: \_\_\_\_\_

Insulin delivery device:  Syringe and vial  Insulin pen  Insulin pump

Insulin dose at school:

Breakfast \_\_\_\_\_ units of insulin per \_\_\_\_\_ grams of carbohydrate.

Lunch \_\_\_\_\_ units of insulin per \_\_\_\_\_ grams of carbohydrate.

Other: \_\_\_\_\_

Correction for high glucose: \_\_\_\_\_ units of insulin for every \_\_\_\_\_ mg/dl above \_\_\_\_\_ mg/dl.  
(Correction bolus is given with meals or as directed by prescribing physician)

Blood Glucose Value (mg/dl)	Units of Insulin

*Note: Meal bolus and correction bolus equals the total insulin dose.*  
Parent may adjust meal insulin doses as needed within a range of \_\_\_\_\_ to \_\_\_\_\_ units.

Insulin Pump Instructions

**Before Lunch**

Basal Rate in school: \_\_\_\_\_ units/hour.

Programs a temporary Basal Rate before gym: \_\_\_\_\_ units/hour.

**Hyperglycemia: give usual pre-lunch bolus plus a CORRECTION:**

Bolus following the insulin/carbohydrate ratio: \_\_\_\_\_ gm CHO in lunch divided by \_\_\_\_\_ units insulin.

**Hyperglycemia/ Sensitivity Factor: 1 unit of insulin will decrease the BG by \_\_\_\_\_ mg/dl.**

Hypoglycemia

**Option One:** Calculate after hypoglycemia has been resolved and give usual pre-lunch bolus.

**Option Two:** Administer a reduced pre-lunch insulin bolus ( BG \_\_\_\_\_ minus target BG \_\_\_\_\_ divided by Sensitivity which equals \_\_\_\_\_). (Subtract from pre-lunch bolus).

If the BG has not dropped or is higher, pump may be malfunctioning. Call parent.

Student is fully instructed and should be responsible for: giving boluses & changing the infusion site.

Please provide the following diet for \_\_\_\_\_ at school.

**Meal Plan**

1 carbohydrate choice =	Grams of carbohydrate
<input type="checkbox"/> Student follows insulin carb ratio as stated on page 1.	
<input type="checkbox"/> OR - Meal plan prescribed (see below)	
Breakfast Time: _____	# of carbohydrate choices = _____
Morning Snack Time: _____	# of carbohydrate choices = _____
Lunch Time: _____	# of carbohydrate choices = _____
Afternoon Snack Time: _____	# of carbohydrate choices = _____
<input type="checkbox"/> Plan for pre-activity: _____	
<input type="checkbox"/> Plan for after school activities: _____	
<input type="checkbox"/> Plan for class parties: _____	
Extra food allowed: <input type="checkbox"/> Parent/guardian's discretion <input type="checkbox"/> Student's discretion	

**Hypoglycemia**

Low Blood Glucose <	mg/dl
<input type="checkbox"/> Self treatment of mild lows	<input type="checkbox"/> Assistance for all lows
<input type="checkbox"/> Immediately treat with 15 gm of fast-acting carbohydrate (e.g., 4 oz juice, 3 -4 glucose tabs, 4 oz regular pop, 8 oz skim milk)	
<input type="checkbox"/> Recheck blood glucose in 15 minutes and repeat 15 gm of carbohydrate if blood glucose remains low.	
<input type="checkbox"/> If more than 1 hour until next meal or snack student should have another 15 gm of carbohydrate.	
<input type="checkbox"/> If child will be participating in additional exercise or activity before the next meal, provide an additional carbohydrate choice.	
<input type="checkbox"/> 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 the full-time school nurse will 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
<input type="checkbox"/> Check ketones when blood glucose > _____ mg/dl or student is sick.	
<input type="checkbox"/> Use correction scale insulin orders when blood glucose is _____ mg/dl.	
<input type="checkbox"/> Unlimited bathroom pass.	
<input type="checkbox"/> Notify parent immediately of blood glucose > _____ mg/dl or if student is vomiting.	
<input type="checkbox"/> If student is using an insulin pump, follow DKA prevention protocol.	

**Special Occasions**

<input type="checkbox"/> Arrange for appropriate monitoring and access to supplies on all field trips.
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_____	_____
Signature of Physician/Licensed Prescriber	Date

\_\_\_\_\_  
Print name of Physician/Licensed Prescriber

_____	_____	_____
Clinic Address	Phone	Fax

Returned to: _____	_____	_____
Licensed School Nurse	Phone	Fax