



**(Blood Glucose Monitoring continued)**

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:

Student may test discreetly in the classroom setting     Yes     No

Student must test in the school health room                 Yes     No

Type of blood glucose meter student uses:

**Blood glucose Management**

Refer to appropriate treatments as indicated on Parts A and B Quick Reference Emergency Plan

**FOR STUDENTS TAKING ORAL DIABETES MEDICATIONS**

Type of medication:

Timing:

Other medications:

Timing:

**INSULIN**

*Administration of insulin during school-sanctioned activities requires complete, appropriate, Medication Authorization forms.*

**Usual Lunchtime Dose**

Base dose of, (*select appropriate type*)

<b>Regular</b>	insulin is	Units.	<b>Intermediate</b>	insulin is	Units.	<b>Basal</b>	insulin is	Units.
<b>Novolog</b>	insulin is	Units.	<b>NPH</b>	insulin is	Units.	<b>Lantus</b>	insulin is	Units.
<b>Humalog</b>	insulin is	Units.	<b>Lente</b>	insulin is	Units.	<b>Ultralente</b>	insulin is	Units.

**Insulin Correction Doses**

Parental authorization required 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?                                 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 PENS**

Type of pen:

Insulin / carbohydrate ratio:

Correction factor:

Special instructions, if any:

**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:

Special instructions if any:

***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**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**

Check blood glucose levels prior to PE/activity  Yes  No

Student should **not** exercise if blood glucose level is below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl or if moderate to large urine ketones are present.

Student will carry a fast-acting carbohydrate such as \_\_\_\_\_ to the site of exercise.

Restrictions on activity, if any:

**HYPOGLYCEMIA (Low Blood Sugar)**

**Complete Part A of Diabetes Medical Management Plan**

Usual symptoms of hypoglycemia:

Treatment of hypoglycemia:

**GLUCAGON**

*Administration of Glucagon during school-sanctioned activities requires complete appropriate Medication Authorization forms.*

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

Route          Dosage          Site:  arm           thigh           other.

**If Glucagon is required, administer it promptly. Call 911 and the parents/guardian.**

**HYPERGLYCEMIA (High Blood Sugar)**

**Complete Part B of Diabetes Medical Management Plan**

Usual symptoms of hyperglycemia:

Treatment of hyperglycemia:

Urine should be checked for ketones when blood glucose levels are above \_\_\_\_\_ mg/dl.

Treatment for ketones:

**DISASTER PLANNING**

Special considerations, if any

**OTHER CONSIDERATIONS FOR THE PLAN**

**PARENTAL PROVIDED SUPPLIES TO BE KEPT AT SCHOOL**

- Blood glucose meter and test strips
- Batteries for meter
- Lancet device and lancets
- Urine ketone strips
- Insulin vials and syringes
- Insulin pump
- Batteries for pump
- Infusion set and supplies
- Insulin pen, pen needles, insulin cartridges
- Fast-acting source of glucose
- Carbohydrate containing snack
- Glucagon emergency kit
- 3 days supply of food and drink (disaster preparedness)

**Signatures**

**This Diabetes Medical Management Plan has been formulated and approved by:**

\_\_\_\_\_  
Licensed Health Care Provider

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
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:**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**PART III TO BE COMPLETED BY PRINCIPAL OR REGISTERED NURSE**

**ACTION PLAN CHECK LIST FOR SCHOOL PERSONNEL**

- Diabetes Medical Management Plan pages 1-5 completed  Yes  No
- Quick Reference Emergency Plan Part A and B completed  Yes  No
- Medication authorization complete  Yes  No
- Medication maintained in school-designated area  Yes  No
- Expiration date of medication (s)
  
- Parental provided supplies maintained in school  Yes  No
- Staff trained in medication administration  Yes  No
- Staff trained in Diabetes education  Yes  No
- Copies of plan provided to:
 

Educational	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
Athletic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a

After school	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a
Food service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a

Full Diabetes Action Plan has been implemented

\_\_\_\_\_  
Principal or Registered Nurse

\_\_\_\_\_  
Date

Source: U.S. Department of Health and Human Resources, National Diabetes Education Program. (June 2003). *Helping the Student with Diabetes Succeed: A Guide for School Personnel*. NIH Publication No. 03-5217,