



**DIABETES MEDICAL MANAGEMENT PLAN FOR SCHOOL**



School \_\_\_\_\_ Fax Number \_\_\_\_\_ Effective Dates \_\_\_\_\_

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Room Teacher: \_\_\_\_\_

Physical Education Days and Times: \_\_\_\_\_

Parents: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**IF BLOOD SUGAR RESULT IS THIS**

**Below 70  
Above 300**

**PERFORM THIS ACTION**

**Follow Emergency Low Blood Sugar Instructions  
Check Urine Ketones—Follow Instructions**

DESIGNATED BLOOD TESTING AREA IN SCHOOL: \_\_\_\_\_

SNACKS TO BE EATEN IN CLASSROOM: \_\_\_\_\_

Close by Designated Snack Area \_\_\_\_\_

**Supplies (glucose meter, insulin pen, lancets, needles, snacks) located in \_\_\_\_\_**

Staff members trained to work with this student:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_



# DIABETES MEDICAL MANAGEMENT PLAN FOR SCHOOL



Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Room Teacher: \_\_\_\_\_

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

### BLOOD GLUCOSE MONITORING

- Meter Type: \_\_\_\_\_  Blood glucose target range: \_\_\_\_\_ mg/dl
- Blood glucose monitoring times:  Before lunch  Before activity
- For suspected hypoglycemia
- At student's discretion for symptoms
- Assistance with monitoring and results
- Check blood glucose 10 to 20 minutes before boarding bus if any symptoms
- Other

### DIABETES MEDICATION

- Insulin at school:  Humalog  Novolog  Apidra  Other: \_\_\_\_\_
  - Insulin delivery device:  Syringe and vial  Insulin pen  Insulin pump
  - Standard lunchtime dose: \_\_\_\_\_
  - Meal bolus: \_\_\_\_\_ units of insulin per \_\_\_\_\_ grams of carbohydrate
  - Correction for blood glucose: \_\_\_\_\_ units of insulin for every \_\_\_\_\_ md/dl above \_\_\_\_\_ mg/dl.
- (Give the extra insulin only with the pre-meal dose as needed over 170).
- Extra insulin if pre-meal blood glucose is elevated (over 165):**

Blood Glucose Value (mg/dl)	Units of Insulin
Less than 120	
120-145	
146-170	
171-185	
186-210	
211-235	
236-260	
261-285	
286-300	

### MEAL PLAN

- Meal plan prescribed: Short-acting \_\_\_\_\_ to be given prior to eating if the carbohydrate content of food is greater than 15 grams, and if not treating low blood glucose.
- Give \_\_\_\_\_ units of insulin for every \_\_\_\_\_ grams of carbohydrate to be eaten,**
- May also need to give insulin for every \_\_\_\_\_ points the blood glucose is over 120 (see page 2).**
- Plan for pre-activity: \_\_\_\_\_
- Plan for after school activities: \_\_\_\_\_
- Plan for class parties: \_\_\_\_\_



# DIABETES MEDICAL MANAGEMENT PLAN FOR SCHOOL



## HYPOGLYCEMIA

If student exhibits the following symptoms, **CHECK BLOOD GLUCOSE:**

- \*Shakiness    \*Excessive hunger    \*Excessive fatigue    \*Excessive urination    \*Irritability
- \*Confusion    \*Pallor    \*Headache    \*Stomach ache    \*Sweatiness

### IF BLOOD GLUCOSE < 70 MG/DL:

- Provide assistance for all low blood sugar readings
- Immediately treat with 15 gm of fast-acting carbohydrate** (e.g.; 4 oz juice, 3-4 glucose tabs, 4 oz regular soda, 3 tsp glucose gel)
- Recheck blood glucose in 15 minutes**
  - \*If blood glucose remains less than 70, repeat sequence every 15 minutes until blood glucose greater than 70.
  - \*If blood glucose is greater than 70, give 2-4 cheese or peanut butter crackers
  - \*Observe student. If no further treatment is necessary, student may return to class.

### IF BLOOD GLUCOSE IS GREATER THAN 70:

- \*Monitor symptoms and recheck blood glucose as needed for symptoms, students may return to class when symptoms disappear.

## SEVERE HYPOGLYCEMIA

If the child is unconscious or having seizures due to low blood glucose, immediately administer:

- Glucagon Nasal Spray** \_\_\_\_\_ mg
- Glucagon Injection** \_\_\_\_\_ mg (glucagon emergency kit)
- Immediately after administering the Glucagon, turn the student onto their side. Vomiting is a common side effect of Glucagon.
- Notify parent/guardian and EMS per protocol

## HYPERGLYCEMIA

### Blood Glucose >300 mg/dl

- Check ketones when blood glucose > **300** \_\_\_\_\_ mg/dl or student is sick.
- If Ketones are negative, no further monitoring is needed
  - If Ketones are trace: encourage water intake every 1-2 hours during the school day, no further monitoring is needed, but notify parents.
  - If Ketones are small, moderate or large, encourage 8 ounces of water intake and notify parent as the student will need to be taken home to follow the "ketone management plan" at home
- Unlimited bathroom pass.
- Notify parent if student is vomiting.

## SPECIAL OCCASIONS

- Arrange for appropriate monitoring and access to supplies on all field trips.

1. As parent/guardian of \_\_\_\_\_, I give permission for this plan to be available for use in my child's school, and for the nurse consultant to contact the above named physician by phone, fax, or in writing when necessary to complete this plan.
2. It is understood by parents and physicians that this plan may be carried out by school personnel other than the school nurse. The school's Registered Nurse is responsible for delegation of this plan to unlicensed school personnel when appropriate.
3. This plan will be reviewed annually and/or whenever the health status or medications change and it is the responsibility of the parent to notify the school nurse of these changes.

Physician Signature:		Date:
Parent Signature:		Date:
School Nurse Signature:		Date:
Student Signature:		Date: