

Diabetes Medical Management Plan

This form is to be completed and signed by the healthcare provider

Student Name: _____ DOB: _____ Grade/Teacher: _____

Type of Diabetes: Type 1 Type 2 Pre-Diabetes Date of Diagnosis: _____

Blood Glucose Monitoring

Meter type: _____ Blood Glucose target Range: _____ - _____ mg/dl

Blood glucose testing times (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> For suspected hypoglycemia | <input type="checkbox"/> At student's discretion excluding suspected hypoglycemia |
| <input type="checkbox"/> Only at student's discretion | <input type="checkbox"/> No blood glucose testing at school |
| <input type="checkbox"/> Permission to test independently | <input type="checkbox"/> Supervision of testing/results |
| <input type="checkbox"/> Test prior to gym | <input type="checkbox"/> Student will need assistance with testing and blood glucose management |
| <input type="checkbox"/> Test prior to recess | <input type="checkbox"/> Test blood glucose 10 to 20 minutes before end of day/boarding bus |

Diabetes Medication

- No insulin at school: Current insulin at home: _____
- Oral diabetes medication at school: _____
- Insulin at School: Humalog Novolog Lantus Other: _____
- Insulin delivery device: Syringe and vial Insulin pen Insulin pump
- Meal bolus: _____ units of insulin per _____ grams of carbohydrates.
- Correction for blood glucose: _____ units of insulin for every _____ md/dl above _____ mg/dl.
Correction bolus can be given with meals or every _____ hours if blood glucose levels are high

Blood Glucose Value (mg/dl)	Units of Insulin
Less than 100	
100 – 150	
151 – 200	
201 – 250	
251 – 300	
301 – 350	
352 - 400	
More than 400	

Note: Insulin dose is a total of meal bolus and correction bolus.

Parent/guardian may adjust insulin doses within the following range: _____.

As the healthcare provider I have assessed this student capable of self management of their diabetes care

Meal Plan (Check and complete as appropriate)

1 carbohydrate choice = _____ Grams of carbohydrate

- | | |
|---|---|
| <input type="checkbox"/> Meal plan prescribed (see below) | <input type="checkbox"/> Meal plan variable |
| Breakfast Time _____ | # of carb choices = _____ |
| Morning Snack Time _____ | # of carb choices = _____ |
| Lunch Time _____ | # of carb choices = _____ |
| Afternoon Snack Time _____ | # of carb choices = _____ |
- Plan for pre-activity _____
- Plan for after school activities _____
- Plan for class parties _____
- Extra food allowed: Parent/guardian's discretion Student's discretion

Diabetes Medical Management Plan

Hypoglycemia

- Self treatment of mild lows
- Assistance for all lows
- Immediately treat with 15 gm of fast-acting carbohydrate (e.g., 4 oz juice, 3-4 glucose tabs, 4 oz regular soda, 8 oz skim milk)
- Recheck blood glucose in 15 minutes and repeat 15 gm of carbohydrate if blood glucose remains low
- If more than 1 hour until next meal or snack student should have another 15 gm of carbohydrates
- If child will be participating in additional exercise or activity before the next meal, provide an additional carbohydrate choice.
- 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 seizure due to low blood glucose 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

- Check ketones when blood glucose > _____ mg/dl or student is sick.
- Use correction scale insulin orders when blood glucose is _____ mg/dl.
- Unlimited bathroom pass.
- Notify parent immediately of blood glucose > _____ mg/dl or if student is vomiting
- If student is using an insulin pump, follow DKA prevention protocol.

Healthcare Provider Authorization

Signature of Healthcare Provider / Licensed Prescriber

Date

Print name of Healthcare Provider / Licensed Prescriber

Clinic Address

Phone

Fax