**Date of Plan: _____**

# Diabetes Medical Management Plan

**Effective Dates: _____**

This plan should be completed by the student's personal health care team and parents/guardian. It should be reviewed with relevant school staff and copies should be kept in a place that is easily accessed by the school nurse, trained diabetes personnel, and other authorized personnel.

Student's Name: _____

Date of Birth: _____ Date of Diabetes Diagnosis: _____

Grade: _____ Homeroom Teacher: _____
Physical Condition: □ Diabetes type 1 □ Diabetes type 2

**Contact Information**
Mother/Guardian: _____

Address: _____

Telephone: Home_____ Work_____ Cell_____

Father/Guardian: _____

Address: _____

Telephone: Home_____ Work_____ Cell_____

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 contact in the following situations:
_____
_____
_____

**Blood Glucose Monitoring**

Target range for blood glucose is □ 70-150 □ 70-180 □ Other _____
Usual times to check blood glucose _____

Times to do extra blood glucose check (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 check? □ 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 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? □ 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 Pumps**

Type of pump: _____ Basal rates: _____ 12am to _____
_____ _____ to _____
_____ _____ to _____
Type of insulin in pump: _____
Type of infusion set: _____
Insulin/carbohydrate ratio: _____ Correction factor: _____

| *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 |

**For Students Taking Oral Diabetes Medications**

Type of medication: _____ Timing: _____
Other medications: _____ Timing: _____

**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**

A fast-acting carbohydrate such as _____ should be available at the site of exercise or sports.
Restrictions on activity, if any: _____
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.

**Hypoglycemia (Low Blood Sugar)**
Usual symptom of hypoglycemia: _____
_____
Treatment of hypoglycemia: _____
_____
Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow.
Route_____, Dosage_____, site for glucagon injection: □arm □thigh □other _____
If glucagon is required, administer it promptly. Then, call 91 1 (or other emergency assistance) and the parents/guardian.

**Hyperglycemia (High Blood Sugar)**
Usual symptom of hyperglycemia: _____
Treatment of hyperglycemia: _____
Urine should be checked for ketones when blood glucose levels are above _____ mg/dl.
Treatment for ketones: _____

**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 supplies
□Insulin pen, pen needles, insulin cartridges
□Fast-acting source of glucose
□Carbohydrate containing snack
□Glucagon emergency kit

**Signatures**

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

_____ _____
Student's Physician/Health Care Provider 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 task 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:**

_____ _____
Student's Parent/Guardian Date

_____ _____
Student's Parent/Guardian Date