

# Diabetes Medical Management Plan

IDENTIFIERS

## Student Information

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom teacher: \_\_\_\_\_

## Clinical Provider Information

School Nurse: \_\_\_\_\_

Endocrinologist: \_\_\_\_\_ Phone: \_\_\_\_\_

STUDENT  
PHOTO

## Designated Staff

Designated staff to provide support with diabetes care (minimum 2):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

CONTACTS

	Name	Relationship	Preferred phone #	Alternate phone #
1st				
2nd				
3rd				

GENERAL

## School Day

Before-school care: No ☐ Yes ☐ \_\_\_\_\_ After-school care: No ☐ Yes ☐ \_\_\_\_\_

School bus #: a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ Emergency Release ☐ School Bus ☐ Parent Pick Up ☐

## Plans

☐ Individual Health Plan ☐ Emergency Action Plan ☐ 504 Plan ☐ IEP

## Level of Management

☐ Dependent ☐ Developing Self-Management Skills ☐ Self-Manager

EMERGENCY KITS / SUPPLIES

**SCHOOL** must ensure a kit is accessible at all times (class, gym, field trips, lockdowns, fire drills, etc.). Advise parents when running low on supplies. **PARENT** must maintain/refresh supplies.

CONTENTS (check all that apply)	With student	Classroom	Office	Other location(s)
Blood glucose meter, test strips, lancets				
Fast-acting glucose				
Carbohydrate snack(s)				
Glucagon (expiry date: ____/____)				
Sharps disposal container				
Ketone strips/meter				
Insulin pen, pen needles, insulin (in case of pump failure)				
Extra batteries for meter				
Other:				

**Checking Blood Glucose**

Target Blood Glucose range: \_\_\_\_\_ to \_\_\_\_\_

☐ **Capillary Blood Glucose Checking**

- ☐ Before breakfast    ☐ Before Lunch    ☐ Scheduled: \_\_\_\_\_  
☐ Before PE    ☐ Before Recess    ☐ When symptoms do not match CGM reading  
☐ 2 Hours after correction dose    ☐ Before bus ride  
☐ As needed for high/low    ☐ Other: \_\_\_\_\_

Preferred site of testing: \_\_\_\_\_

**Student's self-care blood glucose checking skills:**

- ☐ Independently checks own blood glucose  
☐ May check blood glucose with supervision  
☐ Requires school nurse or trained diabetes personnel to check blood glucose  
☐ Uses a smartphone or other monitoring technology to track blood glucose value

**Continuous Glucose Monitor**    ☐ Yes    ☐ No    Brand/Model: \_\_\_\_\_☐ Alarms set for Severe low: \_\_\_\_\_ low: \_\_\_\_\_ high: \_\_\_\_\_

Predictive alarm: \_\_\_\_\_

Threshold for suspend setting (if applicable): \_\_\_\_\_

- ☐ CGM may be used for insulin calculations if glucose is between \_\_\_\_\_ and \_\_\_\_\_  
☐ CGM may be used for hypoglycemia management    ☐ CGM may be used for hyperglycemia management  
☐ Student is able to troubleshoot alarms and malfunctions    ☐ Student is able to calibrate CGM  
☐ Student is able to manage HIGH alarm    ☐ Student is able to manage LOW alarm

**Procedures:**

- ☐ Refer to *Procedure for CBG Testing*

**General Nutrition**

- ☐ Student can eat snack and lunch at regular school times  
☐ Student has scheduled snack times
  - ☐ Before PE
  - ☐ Before Recess
  - ☐ Before dismissal

**Meals**

- ☐ Student eats school provided    ☐ breakfast    ☐ lunch  
☐ Student brings meals from home

**Counting Carbohydrates**

- ☐ Student requires assistance counting carbohydrates  
☐ Student requires supervision counting carbohydrates  
☐ Student can count carbohydrates independently

**Procedures:**

- ☐ Refer to *Procedure for Counting Carbohydrates*

**Insulin Management**

Insulin dosage is ordered for:

- ☐ Lunchtime
- ☐ When BG is greater than \_\_\_\_\_ mg/dL (if it has been more than 3 hours since last dose)
- ☐ When student has ketones present
- ☐ Other

**Form of Insulin Administration**

- ☐ Vial/syringe   ☐ Pen   ☐ Pump Model: \_\_\_\_\_

**Insulin Management**

- ☐ Not independent. Student needs complete assistance with insulin administration.
  - Caregiver to draw up, check dose with another trained caregiver, and administer insulin.
- ☐ Partially independent. Student needs assistance from caregiver with drawing up and checking insulin dose but administers injection independently.
  - Student will draw up or dial appropriate dose of insulin.
  - Caregiver will verify number of units in syringe or insulin pen and check dose with another trained caregiver.
- ☐ Completely independent. Student requires no assistance from caregiver with drawing and administering injection.

**Procedures**

- ☐ Refer to *Procedure for Injectable Insulin Administration*
- ☐ Refer to *Procedure for Insulin Pen Administration*
- ☐ Refer to *Procedure for Insulin Pump*

**The student may use these words to describe a high blood sugar:**

\_\_\_\_\_

**Usual symptoms of high blood sugar for this student are:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Extreme thirst     | <input type="checkbox"/> Frequent urination | <input type="checkbox"/> Headache       |
| <input type="checkbox"/> Hunger             | <input type="checkbox"/> Abdominal pain     | <input type="checkbox"/> Blurred vision |
| <input type="checkbox"/> Warm, flushed skin | <input type="checkbox"/> Irritability       | <input type="checkbox"/> Other: _____   |

**Usual symptoms of SEVERE high blood sugar**

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> Rapid, shallow breathing | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Fruity-smelling breath |
|---|-----------------------------------|---|

**Level of Care**

- ☐ Student needs assistance with high blood glucose management
- ☐ Student requires supervision with high blood glucose management
- ☐ Student manages high blood glucose independently

**Procedures**

- ☐ Refer to *Procedure for high or low blood glucose*

**Checking for Ketones**

- ☐ This student does not check for ketones at school
  - ☐ If BG is above \_\_\_\_\_, check ketones using
- Student uses ☐ urine sticks   ☐ ketone blood meter

**Level of Care**

- ☐ Student requires assistance checking ketones
- ☐ Student requires supervision checking ketones
- ☐ Student checks ketones independently

**Procedures**

- ☐ Refer to *Procedure checking ketones*

## MILD-TO-MODERATE LOW BLOOD SUGAR

When blood sugar (BG) is low, the student may have these symptoms:

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Shakiness | <input type="checkbox"/> Irritable/grouchy | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Sweating  | <input type="checkbox"/> Blurred vision    | <input type="checkbox"/> Headache  |
| <input type="checkbox"/> Hunger    | <input type="checkbox"/> Weakness/fatigue  | <input type="checkbox"/> Paleness  |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Other(s) _____    |                                    |

The student may also use these words to describe feeling low:

\_\_\_\_\_

**Do not leave student with low blood glucose unattended.**

**Treat the low blood sugar IMMEDIATELY.**

**Remain with student.**

First, check blood sugar (BG). Even students who do their own checks may need help when their blood sugar is low.

Then follow these steps:

## CHECK

- If BG is under \_\_\_\_\_ OR
- If symptoms of hypoglycemia are present

## TREAT

- Immediately give \_\_\_\_\_ grams of fast-acting sugar (See below for student preferences and amounts)

## REPEAT

- After 15 minutes, check BG again:
- If still under \_\_\_\_\_ treat again as above.
- Repeat cycle every 10 to 15 minutes until BG is above \_\_\_\_\_

**When BG is over \_\_\_\_\_:**

- If meal or snack is more than 1 hour away, give long lasting carbohydrate snack
- If meals or snack less than 1 hour away, no action needed. Student can eat at regular time

## How much fast-acting sugar to give

✓		10 g	15 g
	Glucose tablets (4 g each)	2 tabs (8 g)	4 tabs (16 g)
	Juice or regular soft drink	½ cup	¾ cup
	Skittles	10 pieces	15 pieces
	Rockets (roll candy)	1 roll (7 g)	2 rolls (14 g)
	Table sugar	2 tsp / 2 pkgs	1 Tbsp / 3 pkgs

## SEVERE HYPOGLYCEMIA

## Symptoms

- Unresponsive or unconscious
- Having a seizure
- So uncooperative that you can't give juice or sugar by mouth

## What to do

1. Place the student in recovery position.
2. Have someone call 911. Then call parents.
3. Stay with the student until ambulance arrives. Do not give food or drink (choking hazard).
4. Give Glucagon, if ordered.

☐ **Yes, give glucagon**

☐ **No, do not give glucagon**

\_\_\_\_\_

## Procedures

- ☐ Refer to *Procedure for Injectable Glucagon Administration*
- ☐ Refer to *Procedure for Intranasal Glucagon Administration*

**Authorization for:**

- ☐ Hospital transport
- ☐ Emergency glucagon administration
- ☐ Insulin Calculations
- ☐ Insulin Administration
- ☐ Blood Glucose Monitoring
- ☐ Ketone Checking
- ☐ Carbohydrate counting
- ☐ Communication to provider

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian name (print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Student signature: \_\_\_\_\_

Nurse's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse's name (print): \_\_\_\_\_