



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 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: _____

Type of blood glucose meter student uses: _____

Insulin

Usual Lunchtime Dose

Base does of Humalog/Novolg/Regular insulin at lunch (circle type of rapid-/short-acting 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: _____ 12 am 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

| <i>Meal/Snack</i> | <i>Time</i> | <i>Food content/amount</i> |
|---------------------|-------------|----------------------------|
| 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.

