

EDMOND PUBLIC SCHOOLS
Diabetes Medical Management Plan

Date of Plan _____ School Year _____

This plan should be completed by the student's 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 accessible by the school nurse, trained diabetes personnel, and other authorized personnel.

Student's Name: _____
Date of Birth _____ Date of Diabetes Diagnosis: _____
Grade: _____ 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 glucose is ___ 70-150 or ___ 70-180 ___ other _____ to _____

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 dose of (check which one) ___ Humalog ___ Novolog or ___ Regular insulin at lunch is _____ units or does flexible dosing using _____ units/_____ grams carbohydrate.

Use of other insulin at lunch: ___ Intermediate ___ NPH ___ Lente _____ units or ___ Basal ___ Lantus ___ Ultralente _____ units.

Insulin Correction Doses

Do you require parental authorization 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

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

<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 or exercise or sports.

Restrictions on activity, if any: _____

Students 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 symptoms 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 911 (or other emergency assistance) and the parents/guardian.

Hyperglycemia (High Blood Sugar)

Usual symptoms 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 schools

- _____ Blood glucose meter, blood glucose test strips, batteries for meter
- _____ Lancet device, lancets, gloves, etc.
- _____ Fast acting source of glucose
- _____ Carbohydrate containing snack
- _____ Glucagon emergency kit
- _____ Insulin pump and supplies
- _____ Insulin pen, pen needles, insulin cartridges
- _____ Urine ketone strips
- _____ Insulin vials and syringes

This Diabetes Medical Management Plan has been approved by:

Student's Physician /Health Care Provider Signature

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 tasks 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.

Parent/Guardian Signature

Date

Acknowledged and received by:

School Nurse

Date