

School Medical Management Plan for Student with Diabetes

Diabetes type 1 Diabetes type 2 Date of diagnosis: _____

Required blood sugar testing at school:

May student perform own blood glucose test (Exception: may need assistance if blood sugar is low) Yes No

Trained personnel must perform blood glucose test Yes No

Trained personnel: _____

Times to test blood glucose: (It is preferred that student be allowed to check the blood sugar in the classroom)

symptoms of hypoglycemia symptoms of hyperglycemia before breakfast before snack before lunch

before getting on the bus/home before/after exercise.

The blood glucose does not need to be checked prior to gym or recess if it occurs after snack, breakfast, or lunch.

If blood glucose is below 80 or above 300 refer to Quick Reference Guide

Exercise and Sports

A fast-acting carbohydrate such as 4 ounces of juice or 4 glucose tablets should be available at the site of exercise or sports.

Restrictions on activity: Student should not exercise if blood glucose level is **below 100mg/dl** (without taking a snack) or **above 300mg/dl** with **moderate to large urine ketones present.**

For students on insulin

Lunchtime Dose: Humalog/Novolog/Apidra (circle type used) Pens Syringes Pump

Set dose _____ units use attached chart (provided by parents)

Flexible dose: Insulin/carb ratio: _____ Correction factor: _____ Target blood sugar: _____

Parents are authorized to adjust the insulin dosage? Yes No

*Insulin doses for children are constantly changing due to growth spurts, etc. - Parents are instructed how to do this.
(Does not require a physician's order - Parents will inform school of dosing changes.)*

Can student determine correct amount of insulin? Yes No/Needs assistance or supervision

Can student draw correct dose of Insulin? Yes No/Needs assistance or supervision

Can student give own injections? Yes No/Needs assistance or supervision

For students on a Pump

Type of Pump: _____ Type of Infusion Set: _____

The student wears a device the size of a cell phone filled with insulin. **This device must be with the student at all times.**

Student's Pump Abilities/Skills:

Bolus correct amount for carbohydrate consumed? Yes No/Needs assistance or supervision

Calculate and administer corrective bolus? Yes No/Needs assistance or supervision

Calculate and set temporary basal rate? Yes No/Needs assistance or supervision

Disconnect/reconnect pump at infusion set? Yes No/Needs assistance or supervision

Prepare reservoir and tubing? Yes No/Needs assistance or supervision

Insert/replace infusion set? Yes No/Needs assistance or supervision

Location of Glucagon: _____

Additional Recommendations (School supplies: Insulin, Syringes, Pen Needles, Pump supplies, Glucometer, Test Strips, Glucagon, Ketone Strips:) _____



Student Name: _____ Date of Birth: _____ School Grade: _____
 Mother/Guardian: _____ Telephone: Home _____ Work/Cell _____
 Father/Guardian: _____ Telephone: Home _____ Work/Cell _____
 Other Emergency Contact: Name: _____ Relationship: _____ Telephone: _____

Glucagon is stored:

Hypoglycemia – Low Blood Sugar

Common Causes
 Too much insulin
 Missed or delayed food
 Too much or too intense exercise
 Unscheduled exercise

Hyperglycemia – High Blood Sugar

Common Causes
 Too little insulin
 Too much food
 Decreased activity
 Illness / infection or stress

| | | |
|---|--|---|
| MILD | S Y M P T O M S | SEVERE |
| Hunger Dizziness Shakiness Sweating Lack of concentration Poor coordination Personality or behavior change Other _____ | | Loss of consciousness Seizure Inability to swallow Other _____ |

| | | |
|--|--|---|
| MILD | S Y M P T O M S | SEVERE |
| Increased hunger/thirst Frequent urination Fatigue / sleepiness Blurred vision Stomach pains Lack of concentration Other _____ | | Nausea / vomiting Moderate or large ketones Sweet, fruity breath Labored breathing Confused Unconscious Other _____ |

| | | |
|--|---|---|
| BLOOD GLUCOSE < 65 or 65-80 with symptoms | A C T I O N P L A N | SEVERE |
| - Provide 15 grams of carbohydrate (4oz of juice OR 4 glucose tablets) - Wait 15 minutes - Recheck blood glucose - Repeat treatment if blood glucose is < 80 - If > 1 hour before a meal, give a snack of carbohydrate and protein | | - Call 911 - DO NOT give anything by mouth - Contact trained medical personnel - Administer Glucagon _____ mg - Roll child on his/her side after glucagon administered. - Stay with child - Contact parents |

| | | |
|---|---|---|
| Check Urine KETONES | A C T I O N P L A N | SMALL KETONES |
| If BS >300 or symptoms of severe hyperglycemia NEGATIVE or TRACE KETONES - Give extra water - Allow use of bathroom as needed - Inform parents of frequent high readings | | - Give at least 8oz. water every hour - Recheck ketones at next urination - Call parent |
| | | MODERATE TO LARGE |

- Call parent
 - Encourage water until parent is contacted
 - If child has abdominal pain or is nauseous, vomiting or lethargic, call for medical assistance if parent can't be reached.
 - Child cannot exercise if mod-large ketones present

School Medical Management Plan Acknowledged and Approved by:

| | |
|--|-------|
| _____ | _____ |
| Student's Parent/Guardian | Date |
| _____ | _____ |
| School Personnel | Date |
| _____ | _____ |
| Student's Physician/Health Care Provider | Date |