

# 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:) \_\_\_\_\_