

# School Medical Management Plan for Student with Diabetes

Diabetes type I       Diabetes type      **Student Name:** \_\_\_\_\_ **Diagnosis Date:** \_\_\_\_\_

**Trained Personnel:** \_\_\_\_\_

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

**Times to check blood glucose with glucometer or CGM:** (classroom location preferred)

- symptoms of hypoglycemia       symptoms of hyperglycemia       before breakfast       before snack       before lunch  
 before getting on the bus/home       before/after exercise       other \_\_\_\_\_

The blood glucose does not need to be checked prior to gym or recess if it occurs within 1 hour after snack, breakfast, or lunch.

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

## **Students on a Continuous Glucose Monitor**

Type of CGM: \_\_\_\_\_ Calibration required at school  Yes  No Frequency of calibration: \_\_\_\_\_

When to test blood glucose with glucometer:  before meal/snack       child's symptoms do not match the sensor reading

calibration       symptoms of hypoglycemia       CGM reading "LO" or "HI"

15 minutes after treatment of hypoglycemia       Other: \_\_\_\_\_

Cell Phone medically necessary?  Yes  No

**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**.

## **Insulin Dosing:**

**Lunchtime Dose: Humalog/Lispro/Novolog/Aspart/Apidra/Fiasp/Admelog (circle type used)**  Pens  Syringes  Pump

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

Set dose \_\_\_\_\_ units       use attached chart (provided by parents)

**Additional Dose:**  Breakfast       Snack       Other: \_\_\_\_\_

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

Set dose \_\_\_\_\_ units       use attached chart (provided by parents)

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.)*

## **Students on Injections:**

Can student determine correct dose of insulin?  Yes       No

Can student give own injections?  Yes       No

Student must have adult supervision with every injection to ensure insulin is administered  Yes  No

**Students on a Pump:** The pump is a device filled with insulin worn on the body. **Pump must always be with student**

Type of Pump: \_\_\_\_\_ Type of Infusion Set: \_\_\_\_\_

## **Student's Pump Abilities/Skills:**

Determine correct dose of insulin?  Yes       No

Disconnect/reconnect pump at infusion set?  Yes       No

Prepare reservoir, tubing and insert infusion set?  Yes       No

Student must have adult supervision with every bolus to ensure insulin is administered  Yes  No