

Student: _____ **DOB:** _____
Diabetes Medical Management Plan (Effective: _____ **to** _____)

This patient has been diagnosed with: Diabetes: Type 1 Type 2 Other: _____ Date of Dx: _____

The current medical treatment plan is for insulin administration via **Multiple Daily Injections (MDI)**. Long acting insulin is provided to cover “background” insulin needs 24 hours a day. Short/rapid acting insulin’s are given to correct high blood glucose values, and cover Carbohydrate (CHO) consumption. The insulin administration daily management plan is as follows:

Pre breakfast: _____ (name and dose)

Pre-lunch: _____ (name and dose)

Pre-dinner: _____ (name and dose)

Pre bedtime: _____ (name and dose)

AT SCHOOL DIABETES MANAGEMENT RECOMMENDATIONS FOR MDI ARE AS FOLLOWS:

BLOOD GLUCOSE MONITORING:

Student can:

- Yes No Perform own test?
- Yes No Interpret results?

Times BG should be monitored while at school:

- Before breakfast Mid-morning, before snack Before lunch mid-afternoon Before PE/recess
- After PE/recess With s/s hypo or hyperglycemia Before dismissal Other: _____

INSULIN ADMINISTRATION REQUIRED: Daily PRN

- Yes No *Parent/Guardian has knowledge/permission to determine insulin dose with parameters set below.*

Student can independently: Determine correct dose/ Draw up correct dose/ Give own injection
 Student requires direct visual observation and/or direct administration of insulin dose

Standing Insulin dose while at school? _____ (type/amount/time)

For **pre-lunch** blood sugars in the range of _____ to _____, the Nurse will add CHO’s and use the ratio 1:_____ to calculate meal dose. Give _____ (name of insulin) sq.

For **pre-lunch** blood sugars above _____, the Nurse will calculate correction dose with the sliding scale provided below, and add the calculated meal dose with the Correction dose. Give _____ (name of insulin) sq.

| BG Level sliding scale | Correction Dose of Insulin | Add CHO meal dose | Total pre-meal insulin |
|------------------------|----------------------------|-------------------|------------------------|
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NUTRITION AND CARBOHYDRATE (CHO)COUNTING:

- Yes No Student requires a set meal plan: If Yes, then give _____ grams CHO at meal time.
- Yes No Student can independently determine carbohydrate amount in meal accurately.
- Yes No Student requires assistance with CHO Counting.
- Yes No Student requires snack at school? If Yes, then give _____ grams CHO at _____ (time)
- Yes No Student requires pre-dismissal snack? If Yes, then give _____ grams CHO at _____ (time)

Other _____

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EXERCISE-RECESS AND PE CLASS

A fast acting carbohydrate such as juice (4 ounces) or glucose tabs (3-4) or glucose gel (1 tube), must be available at the site of exercise or sports.

- No adjustment necessary
- Before activity, administer _____ grams of fast-acting CHO
- After activity, administer _____ grams of fast-acting CHO
- If sign and symptoms of hypoglycemia occur, give above listed fasting CHO. BG test not required.
- No PE/recess should be done while hypoglycemic or if symptoms of hypoglycemia are occurring. Discontinue activity.
- No PE/recess should be done with urine ketones present or symptoms of DKA.
- Other: _____

HYPOGLYCEMIA MANAGEMENT (BG < 70 mg/dL)

Student may *self-administer* treatment if able

Usual Symptoms: Dizziness Shaky Sweating Confusion Fatigue Hunger Other: _____

- INITIAL TREATMENT:** 4oz Juice 3-4 glucose tabs 12-15g fast-acting CHO Other: _____
- Repeat** BG in 15-20 minutes if symptoms of hypoglycemia persist.
- Follow INITIAL TREATMENT with additional snack of 10-15 grams CHO, if > 1 hour to next meal/snack

For **SEVERE HYPOGLYCEMIA**, ie. unable to self-administer treatment, unable to swallow, seizure or unconsciousness

- Administer _____ mg Glucagon IM/SQ if school RN present, call 911 and notify parent
- Administer 1 tube glucose gel to inside of mouth, between cheek and gums, call 911 and notify parent
- May d/c glucagon order for field trip if school RN not present, but continue glucose gel order

HYPERGLYCEMIA MANAGEMENT (BG > 250 mg/dL)

Consider Diabetic Ketoacidosis (DKA) for any complaints of nausea, 2 BG's over 250mg separated by 2 hours, or a report that long acting insulin was not administered within the last 24 hours.

- No adjustments necessary if student feels well – notify parent of BG level at end of day
- Encourage PO intake of sugar-free fluids
- Repeat BG in 2 hours – if remains > 250 mg/dL, contact parent/guardian or Diabetes Care Provider for further instructions

Ketone assessments.

- Check for Urine Ketones if BG > 250 mg/dl 2 consecutive times, 2 hours apart. Contact parent if + ketones.
- Check for Urine Ketones if Nausea/vomiting anytime. Contact parent if + ketones.
- Encourage 8 ounces sugar-free fluid q 30-60 minutes.

ADDITIONAL ORDERS None

Clinician Name: _____ **Signature:** _____ **Date:** _____

Clinician Phone: _____

To be completed by parent/Guardian

I hereby give my permission for my child to receive the medication and diabetes care in school as ordered by his/her physician or other authorized prescriber. On days that opening of school is delayed, the parent or guardian must notify the school nurse if any change in the student's schedule is needed. I give my permission for communication between the school nurse and the Diabetes Care Provider as needed for implementation of this care in school.

Parent/Guardian signature

Date

Best phone contact for daily needs/emergencies: _____

Alternate contact for emergencies: _____