

Washington Elementary School

Diabetes Medical Management Plan

Effective Date(s): _____

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

Student's Name: _____

Date of Birth: _____ Date of Diabetes Diagnosis: _____

Grade: _____ Homeroom 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 parent/guardian or emergency contact in the following situations:

Diabetes Medical Management Plan *Continued*

Blood Glucose Monitoring

Target Range for blood glucose is: 70-150 70-180 Other _____

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 Humalog/Novolog/Regular insulin at lunch (circle type of rapid-/short-acting insulin used is _____ units or does flexible dosing using _____ units/ _____ grams carbohydrate. Use of other insulin at lunch: (circle type of insulin used): intermediate/NPH/lente _____ units or basal/Lantus/Ultralente _____ units.

Insulin Correction Doses

Parental authorization should be obtained 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

_____ 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: _____ 12 am to _____
_____ to _____
_____ to _____

Type of insulin in pump: _____

Type of infusion set: _____

Insulin/carbohydrate ratio: _____ Correction factor: _____

Diabetes Medical Management Plan *Continued*

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: _____

Instruction for when food is provided to the class (e.g., as part of a class party or food sampling event):

Exercise and Sport

A fast-acting carbohydrate such as _____ should be available at the site of exercise or sports.

Restrictions on activity, if any: _____

Student should not exercise if blood glucose level is below _____ mg/dl or above _____ mg/dl or if moderate to large urine ketones are present.

WASHINGTON ELEMENTARY SCHOOL

Emergency Health Care Plan

for a Student with Diabetes

Hyperglycemia

(High Blood Sugar)

Photo

Student's Name _____

Grade/Teacher _____

Date of Plan _____

Emergency Contact Information:

Mother/Guardian _____

Father/Guardian _____

Home phone _____

Work phone _____

Cell _____

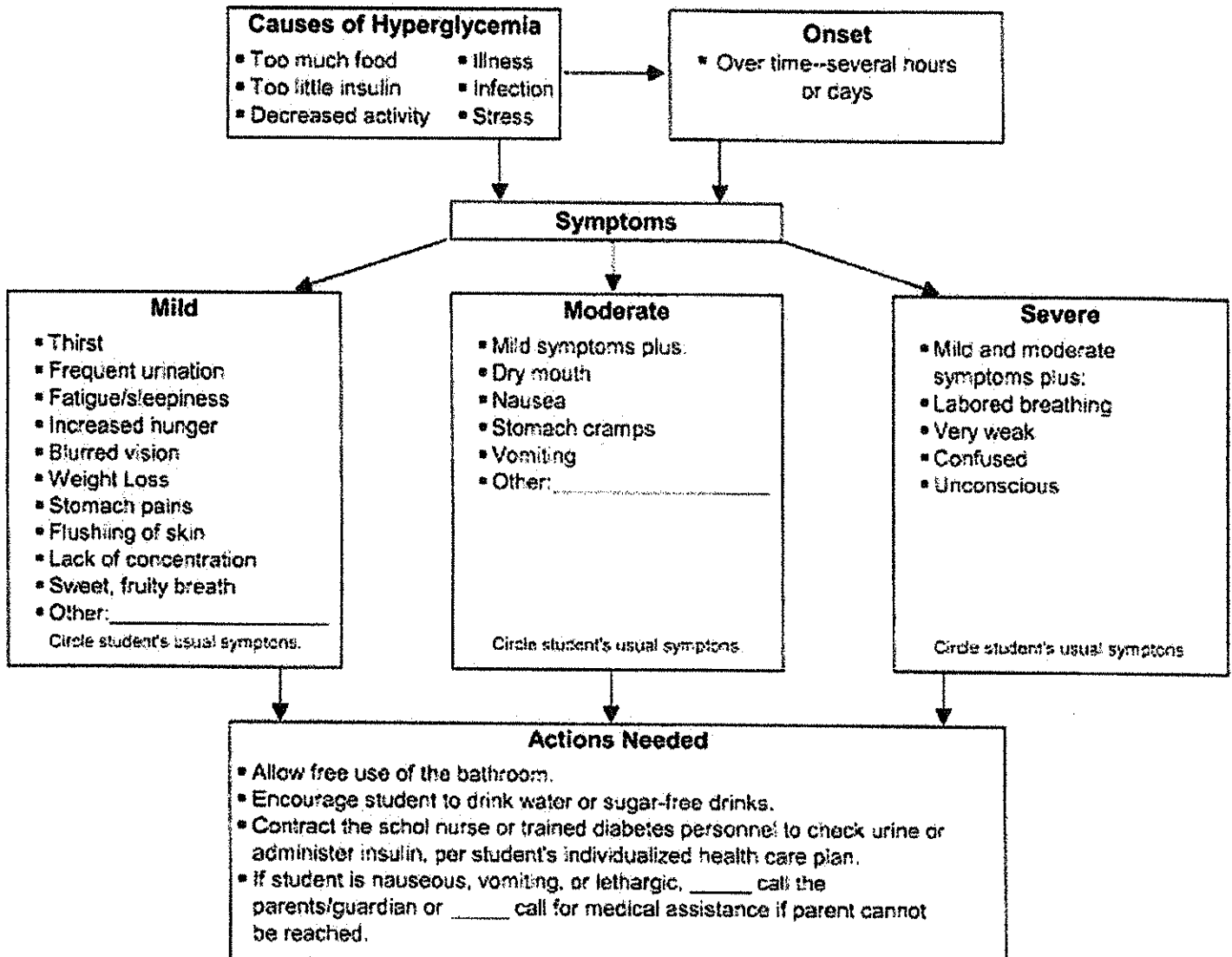
Home phone _____

Work phone _____

Cell _____

School Nurse/Trained Diabetes Personnel _____

Contact Number(s) _____



WASHINGTON ELEMENTARY SCHOOL

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Never send a child with suspected low blood sugar anywhere alone.

Causes of Hypoglycemia

- Too much insulin
- Missed food
- Delayed food
- Too much or too intense exercise
- Unscheduled exercise

Onset

- Sudden

Symptoms

Mild

- Hunger
- Shakiness
- Weakness
- Paleness
- Anxiety
- Irritability
- Dizziness
- Sweating
- Drowsiness
- Personality change
- Inability to concentrate
- Other _____

Circle student's usual symptoms.

Moderate

- Headache
- Behavior change
- Poor coordination
- Blurry vision
- Weakness
- Slurred Speech
- Confusion
- Other _____

Circle student's usual symptoms.

Severe

- Loss of consciousness
- Seizure
- Inability to swallow

Circle student's usual symptoms.

Actions Needed

Notify School Nurse or Trained Diabetes Personnel. If possible, check blood sugar, per Diabetes Medical Management Plan. When in doubt, always TREAT FOR HYPOGLYCEMIA

Mild

- Student may/may not treat self.
- Provide quick-sugar source.
 - 3-4 glucose tablets
 - or
 - 4 oz. juice
 - or
 - 6 oz. regular soda
 - or
 - 3 teaspoons of glucose gel
- Wait 10 to 15 minutes.
- Recheck blood glucose.
- Repeat food if symptoms persist or blood glucose is less than _____
- Follow with a snack of carbohydrate and protein (e.g., cheese and crackers).

Moderate

- Someone assists.
- Give student quick-sugar source per MILD guidelines.
- Wait 10 to 15 minutes.
- Recheck blood glucose.
- Repeat food if symptoms persist or blood glucose is less than _____
- Follow with a snack of carbohydrate and protein (e.g., cheese and crackers).

Severe

- Don't attempt to give anything by mouth.
- Position on side, if possible.
- Contact school nurse or trained diabetes personnel.
- Administer glucagon, as prescribed.
- Call 911
- Contact parents/guardian
- Stay with student.