

# Special School District

## Health Services

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### Diabetes Medical Management Plan

*This plan should be completed by the student's personal health care team (physician) 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. This plan needs to be updated annually prior to the first day of school attendance.*

Student's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Diabetes Diagnosis: \_\_\_\_\_  
Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_  
Physical Condition: Diabetes type 1 \_\_\_\_\_ Diabetes type 2 \_\_\_\_\_ Other \_\_\_\_\_

#### Contact Information

Parents: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Other important numbers: \_\_\_\_\_

#### Student's Health Care Provider

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax \_\_\_\_\_  
Emergency number \_\_\_\_\_  
Other Emergency Contacts:  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Notify parents/guardian or emergency contact in the following situations:

\_\_\_\_\_  
\_\_\_\_\_

#### Blood Glucose Monitoring

Target range for blood glucose is : \_\_\_\_\_  
Usual times to check blood glucose \_\_\_\_\_  
Times to do extra blood glucose checks: before exercise\_\_\_\_\_, after exercise\_\_\_\_\_, when student exhibits symptoms of high blood sugar\_\_\_\_\_, when student exhibits symptoms of low blood sugar\_\_\_\_\_, other (explain)\_\_\_\_\_.  
Can student perform own blood glucose checks?- \_\_\_\_\_  
Exceptions: \_\_\_\_\_  
Type of blood glucose meter student uses: \_\_\_\_\_

#### Insulin

Please describe insulin regimen \_\_\_\_\_

**Insulin Correction Dose:**

\_\_\_\_ units if blood glucose is \_\_\_\_ to \_\_\_\_ mg/dl  
\_\_\_\_ units if blood glucose is \_\_\_\_ to \_\_\_\_ mg/dl  
\_\_\_\_ units if blood glucose is \_\_\_\_ to \_\_\_\_ mg/dl  
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**For students with insulin pumps**

Type of pump: \_\_\_\_\_ Basal rates: \_\_\_\_\_ 12am to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

Type of insulin in pump: \_\_\_\_\_

Type of infusion set: \_\_\_\_\_

Insulin/Carbohydrate ratio: \_\_\_\_\_ Correction factor: \_\_\_\_\_

**Student Pump Abilities/Skills:**

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 rates: 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 student taking oral diabetes medications**

Type and dosage of medication: \_\_\_\_\_ Timing: \_\_\_\_\_  
Other medications: \_\_\_\_\_ Timing: \_\_\_\_\_  
Other medications: \_\_\_\_\_ Timing: \_\_\_\_\_

**Meals and Snacks Eaten at School**

Is student independent in carbohydrate calculations and management? Yes \_\_\_\_ No \_\_\_\_  
Breakfast: time \_\_\_\_\_ Food content/amount \_\_\_\_\_  
Mid-morning snack: time \_\_\_\_\_ Food content/amount \_\_\_\_\_  
Lunch: time \_\_\_\_\_ Food content/amount \_\_\_\_\_  
Mid-afternoon snack: time \_\_\_\_\_ Food content/amount \_\_\_\_\_  
Dinner: time \_\_\_\_\_ Food content/amount \_\_\_\_\_  
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: \_\_\_\_\_

**Exercise and Sports**

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.

**Hypoglycemia (Low blood Sugar)**

Usual symptoms of hypoglycemia: \_\_\_\_\_

Treatment of hypoglycemia: \_\_\_\_\_

Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow. Route \_\_\_\_\_, Dosage \_\_\_\_\_, site for glucagon injection: \_\_\_\_\_ thigh or \_\_\_\_\_ other. If glucagon is required, administer promptly (*by the nurse, if no nurse is available, 911 will be called to administer*). Then, call 911 (or other emergency assistance) and then parents/guardian.

**Hyperglycemia (High Blood Sugar)**

Usual symptoms of hyperglycemia: \_\_\_\_\_

Treatment of hyperglycemia: \_\_\_\_\_

Urine should be checked for ketones when blood sugar is above \_\_\_\_\_ mg/dl.

Treatment for ketones: \_\_\_\_\_

**Supplies to be kept at school:**

Meter \_\_\_\_\_ Strips \_\_\_\_\_ Battery for meter \_\_\_\_\_  
lancet device \_\_\_\_\_ lancets \_\_\_\_\_ ketone strips \_\_\_\_\_ Insulin vials, pens \_\_\_\_\_  
syringes \_\_\_\_\_ Insulin pen needles \_\_\_\_\_ insulin cartridges \_\_\_\_\_ insulin pump and  
supplies \_\_\_\_\_ fast acting source of glucose \_\_\_\_\_ carbohydrate snack \_\_\_\_\_  
Glucagon emergency kit \_\_\_\_\_

**Signatures**

This Diabetes Medical Management Plan has been approved by:

Student's Health Care Provider \_\_\_\_\_

Date \_\_\_\_\_

I give permission to the school nurse, trained diabetes personnel, and other designated staff members of \_\_\_\_\_ school to perform and carry out the diabetes care tasks as outlined by \_\_\_\_\_'s Diabetes Medical Management Plan. I also consent to release of the information to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

Student's  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Student's  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

School Nurse \_\_\_\_\_ Date \_\_\_\_\_

Adapted from *Diabetes Management in the School Setting* by Special School District  
8/11/09.