

DIABETES MEDICAL MANAGEMENT PLAN FOR SCHOOL

Effective Date: _____

Student: _____

DOB: _____

Student ID#: _____

School: Ottawa Township High School

Type of Diabetes: Type 1 Type 2

Date of Diagnosis: _____

Other: _____

Blood glucose Monitoring

<input type="checkbox"/> Meter Type: _____	<input type="checkbox"/> Blood glucose target range: _____ - _____ mg/dl
<input type="checkbox"/> Blood glucose monitoring times: _____	
<input type="checkbox"/> For suspected hypoglycemia	<input type="checkbox"/> At student's discretion excluding suspected hypoglycemia
<input type="checkbox"/> No blood glucose monitoring at school	<input type="checkbox"/> Supervision of monitoring and results
<input type="checkbox"/> Permission to monitor independently	
<input type="checkbox"/> Assistance with monitoring and results.	
<input type="checkbox"/> Check blood glucose 10 to 20 minutes before boarding bus.	

Diabetes Medication

<input type="checkbox"/> No insulin at school: Current insulin at home: _____
<input type="checkbox"/> Oral diabetes medication at school: _____
<input type="checkbox"/> Insulin at school: <input type="checkbox"/> Humalog <input type="checkbox"/> Novolog <input type="checkbox"/> Apidra <input type="checkbox"/> Other: _____
Insulin delivery device: <input type="checkbox"/> Syringe and vial <input type="checkbox"/> Insulin pen <input type="checkbox"/> Insulin pump
Insulin dose for school: _____
Standard lunchtime dose: _____
<input type="checkbox"/> Meal bolus: _____ units of insulin per _____ grams of carbohydrate.
<input type="checkbox"/> Correction for blood glucose: _____ units of insulin for every _____ mg/dl above _____ mg/dl. (Correction bolus can be given with meals or every 3 hours if blood glucose levels are high)

Correction Scale

Blood Glucose Value (mg/dl)	Units of Insulin
Less than 100	
100-150	
151-200	
201-250	
251-300	
301-350	
352-400	
More than 400	

Note: Insulin dose is a total of meal bolus and correction bolus.

Parent/Guardian may adjust insulin doses within the following range: _____

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Meal Plan

1 carbohydrate choice = _____ Grams of carbohydrate

Meal plan prescribed (see below) Meal plan variable

Breakfast Time: _____ # of carb choices = _____

Morning Snack Time: _____ # of carb choices = _____

Lunch Time: _____ # of carb choices = _____

Afternoon Snack Time: _____ # of carb choices = _____

Plan for pre-activity: _____

Plan for after school activities: _____

Plan for class parties: _____

Extra food allowed: Parent/guardian's discretion Student's discretion

Hypoglycemia

Blood Glucose < _____ mg/dl

Self treatment of mild lows Assistance for all lows

Immediately treat with 15 gm of fast-acting carbohydrate (e.g.; 4 oz juice, 3-4 glucose tabs, 6oz regular soda, 3 tsp glucose gel)

Recheck blood glucose in 15 minutes and repeat 15 gm of carbohydrate if blood glucose remains low.

If more than 1 hour until next meal or snack student should have another 15 gm of carbohydrate.

If child will be participating in additional exercise or activity before the next meal, provide an additional carbohydrate choice.

If student is using an insulin pump, suspend pump until blood glucose is back in goal range.

Severe Hypoglycemia

If the child is unconscious or having seizures due to low blood glucose immediately administer injection of: **Glucagon**
_____ mg (glucagon emergency kit)

- Immediately after administering the Glucagon, turn the student onto their side. Vomiting is a common side effect of Glucagon.
- Notify parent/guardian and EMS per protocol

Hyperglycemia

Blood Glucose > _____ mg/dl

Check ketones when blood glucose > _____ mg/dl or student is sick.

Use Correction Scale insulin orders when blood glucose is _____ mg/dl.

Unlimited bathroom pass.

Notify parent immediately of blood glucose > _____ mg/dl or if student is vomiting.

If student is using an insulin pump, follow DKA prevention protocol

Special Occasions

Arrange for appropriate monitoring and access to supplies on all field trips.

Signature of Physician/Licensed Prescriber

Date

Print name of Physician/Licensed Prescriber

Clinic Address

Phone

Fax

Returned to: Trisha D. Modeen PEL CSN
RN, School Nurse

(815) 431-2461
Phone

(815) 431-3350
Fax