

# DIABETES MELLITUS MEDICAL MANAGEMENT PLAN

School Year: 20\_\_ to \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**BLOOD GLUCOSE (BG) MONITORING:** (Treat BG below \_\_\_\_mg/dl or above \_\_\_\_mg/dl as outlined below.)

- Before meals
- as needed for suspected low/high BG
- 2 hours after correction
- Midmorning
- Mid-afternoon

**INSULIN ADMINISTRATION:** Dose determined by:  Student  Parent  School nurse or Trained Diabetes Personnel

Insulin delivery system:  Syringe  Pen  Pump

MEAL INSULIN: (It is best if given right **before eating**. For small children, can give within 15-30 minutes of the first bite of food-or right after meal)

Insulin Type: Humalog Novolog Apidra

- Insulin to Carbohydrate Ratio: \_\_\_\_ unit per \_\_\_\_\_ grams carbohydrate
- Set Doses: Give \_\_\_\_\_ units (Eat \_\_\_\_\_ grams of carbohydrates)

**CORRECTION INSULIN:** (For high blood sugar. Add before meal insulin to correction/ sliding scale insulin for total meal time insulin dose.)

- Use the following correction formula (for pre lunch blood sugar over \_\_\_\_):  
**(BG - \_\_\_\_) ÷ \_\_\_\_ = extra units insulin to provide**
- Sliding Scale:  
BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ u  
BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ u  
BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ u  
BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ u

## MILD low sugar: Alert and cooperative student (BG below 70)

- Never leave student alone
- Give 15 grams glucose; recheck in 15 minutes
- If BG remains below 70, retreat and recheck in 15 minutes
- Notify parent if not resolved
- If no meal is scheduled in the next hour, provide an additional snack with carbohydrate, fat, protein.

## SEVERE low sugar: Loss of consciousness or seizure

- Call 911. Open airway. Turn to side.
- Glucagon injection  0.25 mg  0.50 mg  1.0 mg IM/SQ
- Notify parent.
- For students using insulin pump, stop pump by placing in "suspend" or stop mode, disconnecting at pigtail or clip, and/or removing an attached pump. If pump was removed, send with EMS to hospital.

## MANAGEMENT OF HIGH BLOOD GLUCOSE (above 200 mg/dl)

- Sugar-free fluids/frequent bathroom privileges.
- If BG is greater than 300, and it's been 2 hours since last dose, give  HALF  FULL correction formula noted above.
- If BG is greater than 300, and it's been 4 hours since last dose, give FULL correction formula noted above.
- If BG is greater than 300 check for ketones. Notify parent if ketones are present.
- Note and document changes in status.
- Child should be allowed to stay in school unless vomiting and moderate or large ketones are present.

## MANAGEMENT DURING PHYSICAL ACTIVITY:

Student shall have easy access to fast-acting carbohydrates, snacks, and blood glucose monitoring equipment during activities. Child should NOT exercise if blood glucose levels are below 70 mg/dl or above 300 mg/dl and urine contains moderate or large ketones.

- Check blood sugar right before physical education to determine need for additional snack.
- If BG is less than 70 mg/dl, eat 15-45 grams carbohydrate before, depending on intensity and length of exercise.
- Student may disconnect insulin pump for 1 hour or decrease basal rate by \_\_\_\_\_.
- At the beginning of a new activity check blood sugar before and after exercise only until a pattern for management is established.
- A snack is required prior to participation in physical education.

## MEAL PLAN:

- A snack will be provided each day at: \_\_\_\_\_
- If regularly scheduled meal plan is disrupted: call parent for care instructions

## SPECIAL MANAGEMENT OF INSULIN PUMP:

- Contact Parent in event of:
  - pump alarms or malfunctions
  - detachment of dressing / infusion set out of place
  - Leakage of insulin
  - Student must give insulin injection
  - Student has to change site
  - Soreness or redness at site
  - Corrective measures do not return blood glucose to target range within \_\_\_\_ hrs.
- Parents will provide extra supplies including infusion sets, reservoirs, batteries, pump insulin, and syringes.

**DIABETES MELLITUS MEDICAL MANAGEMENT PLAN**

School Year: 20\_\_ to \_\_\_\_

**This student requires assistance by the School Nurse or Trained Diabetes Personnel with the following aspects of diabetes management:**

- Monitor and record blood glucose levels
- Respond to elevated or low blood glucose levels
- Administer glucagon when required
- Administer insulin or oral medication
- Monitor blood or urine ketones
- Follow instructions regarding meals and snacks
- Follow instructions as related to physical activity
- Insulin pump management: administer insulin, inspect infusion site, contact parent for problems
- Provide other specified assistance: \_\_\_\_\_

**This student may independently perform the following aspects of diabetes management:**

- Monitor blood glucose:
- in the classroom
  - in the designated clinic office
  - in any area of the school and at any school related activity
- Monitor urine or blood ketones
  - Administer insulin
  - Treat hypoglycemia (low blood sugar)
  - Treat hyperglycemia (elevated blood sugar)
  - Carry supplies for blood glucose monitoring
  - Carry supplies for insulin administration
  - Determine own snack/meal content
  - Manage insulin pump
  - Replace insulin pump infusion set

**LOCATION OF SUPPLIES/EQUIPMENT:** (To be completed by school personnel and parent. Parent to provide and restock snacks and low blood sugar supplies box.)

	Clinic room	With student		Clinic room	With student
Blood glucose equipment	<input type="checkbox"/>	<input type="checkbox"/>	Glucagon kit	<input type="checkbox"/>	<input type="checkbox"/>
Insulin administration supplies	<input type="checkbox"/>	<input type="checkbox"/>	Glucose gel	<input type="checkbox"/>	<input type="checkbox"/>
Ketone supplies	<input type="checkbox"/>	<input type="checkbox"/>	Juice / low blood glucose snacks	<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY NOTIFICATION: Notify parents of the following conditions:**

- a. Loss of consciousness or seizure (convulsion) immediately after calling 911 and administering glucagon.
- b. Blood sugars in excess of 300 mg/dl, when ketones present.
- c. Abdominal pain, nausea/vomiting, fever, diarrhea, altered breathing, altered level of consciousness.

Parent/Guardian: \_\_\_\_\_ Phone at Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone at Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Other emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

**SIGNATURES:** I understand that all treatments and procedures may be performed by the student and/or Trained Diabetes Personnel within the school, or by EMS in the event of loss of consciousness or seizure. I also understand that the school is not responsible for damage, loss of equipment, or expenses utilized in these treatments and procedures. I give permission for school personnel to contact my child's diabetes provider for guidance and recommendations. I have reviewed this information form and agree with the indicated information. This document serves as the Diabetes Medical Management Plan as specified by Georgia state law.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL NURSE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*My signature provides authorization for the above Diabetes Mellitus Medical Management Plan. I understand that all procedures must be implemented within state laws and regulations. This authorization is valid for one year.*

- Dose/treatment changes may be relayed through parent.
- Student is due for medical appointment for review of diabetes management plan.

HEALTHCARE PROVIDER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Diabetes Care Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_