Diabetes Medical Management Plan

School District: _____ **School:** _____ **School Year:** _____ **Grade:** _____

Student Name: _____ **DOB:** _____

Provider Name: _____ **Phone #:** _____ **Fax #:** _____

Blood Glucose Monitoring at School

Blood Glucose Target Range: _____ - _____ **mg/dl**

Monitoring Schedule:
❒ Before breakfast ❒ Before lunch ❒ 10-20 min. before boarding bus ❒ Suspected hyper/hypoglycemia
❒ Is ill or requests testing ❒ Other: _____

Student Self Monitoring:
❒ Can test independently ❒ Needs supervision ❒ Needs assistance with testing and blood glucose management
❒ Other:_____

Diabetes Medication

Oral medications: Home: _____ School: _____

Insulin: (***Opened insulin must be discarded after 28 days.***)
❒ **No insulin at School**
Insulin at Home: ❒ Humalog ❒ Novolog ❒ Lantus Other: _____
Insulin at School: ❒ Humalog ❒ Novolog ❒ Lantus Other: _____

Insulin delivery devise at school:
❒ Syringe & vial ❒ Insulin Pen ❒ Insulin Pump (See Pump Section.)

Insulin management at school:

Student is able to:				
	Give own injections.	❒ Y	❒ N	❒ With supervision
	Draw up correct dose of insulin.	❒ Y	❒ N	❒ With supervision
	Determine correct amount of insulin.	❒ Y	❒ N	❒ With supervision
	Independently self manage pump or insulin injection.	❒ Y	❒ N	❒ With supervision

Meals & Snacks at School

Independent in Carbohydrate calculations and management: ❒ Yes ❒ No ❒ Needs Supervision

Meal/Snack	Carbohydrate Count	Not on Fixed Carb Count	Meal/Snack	Carbohydrate Count	Not on Fixed Carb Count
Breakfast			Lunch		
Mid-morning Snack			Mid-morning Snack		

Snack before exercise: ❒ Yes ❒ No ❒ As Needed **Snack after exercise:** ❒ Yes ❒ No ❒ As Needed

Snack/content/amount at other times: ❒ As Needed **OR** _____

Food to avoid: Liquid sugars such as fruit juice, regular soda and Gatorade. Use only for low blood sugars.
Other: _____

Instructions when food provided in classroom (e.g. class party, food sampling): _____

Carbohydrate Counting and Correction Sheet

Humalog/Novolog Insulin

Food: _____ units of insulin for every _____ grams of carbohydrate for meals and snacks.
Blood Sugar: _____ units of insulin for every _____ mg/dl starting at target of _____mg/dl.
Correction can be made every 3 hours as needed.

❒ Not yet Carb counting. Pre-meal novolog/humalog dose is _____ units before breakfast. _____units before lunch.

Daily Lantus/Levemir Insulin: _____ units a.m. _____ at bedtime

❒ **Insulin Pump:** Use pump dosing. Dose listed above to be used in event of pump failure. See insulin pump care.

❒ **Parent authorized to adjust insulin dosage under the following circumstances:** _____
_____

Precautions

- **Unless otherwise stated, cover all carbohydrates/snacks with insulin except those used to treat low blood sugar.**
- **Parents need to communicate modifications of carbohydrate counting/insulin coverage to school nurse in writing.**

Pre-Meal Humalog/Novolog Doses

Blood Sugar Correction			+	Food Carbohydrates		
Under	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units

Hypoglycemia (Low Blood Sugar) = _____mg/dl and/or Physical Symptoms

Symptoms of Hypoglycemia:

Shaky Headache Confused Clumsy Sweaty Drowsy Hungry Pale
Uncooperative Irritable Weak Behavior Changes Other:_____

Precautions

- **Never leave this student unattended! If treatment is to be provided in the Health Office, a responsible adult needs to accompany the student to the Health Office.**
- **Check blood sugar if student has not done so and is symptomatic.**
- **Notify School Nurse and Parent when any of the following treatments are performed.**

Low Blood Sugar Treatment:

- Give ½ cup (4 oz.) of juice or regular soda or 3-4 glucose tablets (or 15 grams of fast acting carbohydrate). Do not cover with insulin. The carbohydrate is given to treat the low blood sugar.
- Recheck blood glucose in 15 minutes. If blood sugar is still **below**_____ give another 15 grams of carbohydrate.
- If the student's blood sugar is **above**_____ **:** ❒ give____ gram carbohydrate snack or lunch **:** ❒ give protein snack or lunch
- Make sure the student feels well before sending to lunch.
- Comments_____

Treatment if disoriented, combative, and incoherent but is <u>conscious</u>:

- Give ½ to 1 tube of glucose gel or cake decorating gel. Place gel between cheek and gum.
- Massage the outside of cheek to facilitate absorption through the membrane of the cheek.
- Encourage student to swallow.
- Recheck blood sugar in 10 minutes.
- If still **below** ____**,** repeat treatment as above.
- Give sugar containing liquid and snack when student is alert and able to swallow safely.
- Comments_____

Treatment for seizures, loss of consciousness, inability/unwillingness to take gel or juice:

- Stay with student
- Position student on side
- Give glucagon immediately by injection. Dose: ❒ **0.3cc** ❒ **0.5cc** ❒ **1.0cc**
- Call 911
- **Notify parents**
- Comments_____

Hyperglycemia (High Blood Sugar) = <u>❒ 250 or ❒ 300 mg/dl</u>

Symptoms of Hyperglycemia:

Extreme Thirst Frequent Urination Abdominal Pain Headache Nausea
Other:_____

Check Ketones:

- Urine should be checked for ketones when blood glucose levels are above 300 mg/dl.
- If urine ketones are moderate to large, CALL PARENT IMMEDIATELY!
- If student is on pump, and urine ketones are moderate to large OR blood ketones are 0.6mmol/l or more, call parents.

Treatment for ketones and/or high blood sugar:

- Increase sugar free liquid intake
- Allow student to use restroom as often as necessary
- Call parent immediately if student is vomiting

Treatment for high glucose with ketones, moderate, large or <u>≥</u> 0.6 or greater: (check all that apply)

❒ Call parent immediately for action plan
❒ Parent will determine the insulin coverage needed
❒ Follow blood sugar correction guidelines – see dosing sheet

Exercise and Sports

A fast-acting carbohydrate such as juice, regular soda, Gatorade, or glucose tablets need to always be available at the site of exercise or sports.

Individual Activity Restrictions for Student: ❒ Y ❒ N
If yes, list restrictions:_____

General Restrictions from Exercising:

- If blood sugar is below **80 mg/dl**, treat for hypoglycemia with above fast acting carbohydrates.
  Snack listed above should be given: ❒ Y ❒ N
- If glucose is above **300 mg/dl** **OR** moderate to large urine ketones are present **OR** blood ketones are **≥0.6 mmol/l**, **Notify** physician or parent/guardian.
- If student is symptomatic.

Supplies Kept at School

❒ Blood glucose meter, test strips, meter batteries
❒ Meter location:_____
❒ Insulin, pen, pen needles, insulin cartridges
❒ Lancet device, lancets, gloves, etc.
❒ Glucagon Emergency Kit
❒ Urine ketone strips
❒ Insulin vials and syringes
❒ Carbohydrate containing snack
❒ Fast-acting source of glucose
❒ Blood ketone meter and strips
❒ Insulin pump and supplies

Insulin Pump

❒ Insulin Pump Care Information Attached

Student able to operate insulin pump: ❒ Y ❒ N ❒ With Supervision

Student can troubleshoot problems: ❒ Y ❒ N ❒ With Supervision
(e.g. Urine Ketones, pump malfunction)

Insulin Adjustments by Healthcare Provider or Parent (for use by School Nurse)

Date New Orders Obtained	Order * Note Change in Care Sheet	Nurse Signature
	❒ Verbal ❒ Written	
	❒ Verbal ❒ Written	
	❒ Verbal ❒ Written	

SIGNATURES:

This Diabetes Medical Management Plan has been approved by:

_____ _____ _____ _____
Student Healthcare Provider **Phone** **Date** **E-mail**

_____ _____ _____ _____
Diabetes Educator **Phone** **Date** **E-mail**

I give my permission to the school, school nurse, licensed/unlicensed assistive personnel, and other designated staff member(s) to perform and carry out the diabetes care tasks as outlined by this Diabetes Medical Management Plan for my child, and I acknowledge that I have received a copy of the signed plan.

I also consent to the release of the information contained in this plan to all staff 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. I will notify extra-curricular staff about health plan and care to be given during after school activities. I give my permission for the school nurse to contact my child's healthcare provider(s) regarding the above condition.

_____ _____ _____ _____
Parent/Guardian **Phone** **Date** **E-mail**

Acknowledged and received by:

_____ _____ _____ _____
School Nurse **Phone** **Date** **E-mail**

Change in Care Management Plan

Student Name:_____ **DOB:** _____ **New Order Date:**_____

Carbohydrate Counting and Correction

Food: _____ units of Humlog/Novolog for every _____grams of carbohydrate.
Blood Sugar: _____ units of Humalog/Novolog for every _____ mg/dl over _____mg/dl.

- **Corrections for blood sugar can be made every 3 hours if needed.**
- **Unless otherwise stated, cover all carbohydrates and snacks with insulin. Do not cover carbs used to treat low blood sugar.**

PRE-MEAL Humalog/Novolog Doses

Blood Sugar Corrections			Food Carbohydrate		
Under	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units

❒ Not yet carb counting. Pre-meal novalog/humalog dose is ____units before breakfast, ____ units before lunch, ____units before dinner.

Lantus dose is: _____**AM** _____ **at bedtime.**

Bed Time Corrections:
At bed time correct blood sugar level to _____

Bedtime & 3:00 AM Correction

Under	=	Units	to	=	Units
to	=	Units	to	=	Units
to	=	Units	to	=	Units
to	=	Units	to	=	Units

If blood sugar is less than _____ at bedtime, give _____ grams of carbohydrate + protein without Humalog/Novolog coverage for this snack.

❒ **Change in Carb Counting and Blood Sugar correction per parent (if applicable).**
❒ **Change in Carb Counting and Blood Sugar correction per provider (if applicable).**
❒ **Additional changes to Initial Orders:** _____

_____ _____
Signature Printed Name

PREVENTING KETOACIDOSIS IN INSULIN PUMP USERS

Why are insulin pumpers at risk for ketoacidosis?

Pumpers have no long-acting insulin (Lantus or Levemir) in their bodies. If the flow of insulin from the pump stops, the body will make ketones very quickly.

What are the signs of high ketones?

■ Nausea ■ Stomach cramps ■ Vomiting ■ Trouble breathing

Usually blood sugar level is high when there is a high number of ketones, but ketoacidosis can occur if the blood sugar is under 200. A person may think he/she has the stomach flu when, in fact, he/she is becoming ill from high ketones. Symptoms are exactly the same. If insulin is not given immediately, ketoacidosis will result.

Test urine or blood for ketones if the following symptoms are present. (Check expiration date on strips; if blood ketone strips are past expiration date, the machine will not read them.)

■ Feeling sick or nauseated ■ Blood sugar over 300 ■ Blood sugar over 250 two times in a row

Follow directions below if ketones are present.

Less than 0.6 mmol/l Blood Ketones OR Trace/Small Urine Ketones

- ADMINISTER correction bolus through insulin pump.
- RECHECK blood sugar and ketones in 1 hour.
- GIVE 4-8 oz. sugar free liquids by mouth every hour.
- **If blood sugar not improved in one hour,** ADMINISTER insulin correction dose by syringe in amount equal to that recommended by the bolus wizard for the current blood sugar level.
- REMOVE catheter and REPLACE insulin, cartridge, tubing and catheter.
- RECHECK blood sugar in two hours.
- ADMINISTER next bolus through pump with new set in place.

0.6 mmol/l to 3.0 mmol/l Blood Ketones OR Moderate to Large Urine Ketones

- ADMINISTER correction dose of fresh insulin by syringe **immediately** in amount equal to that recommended by bolus wizard for the current blood sugar level.
- GIVE 4-8 ounces sugar free liquids by mouth every hour.
- REMOVE catheter and REPLACE insulin, cartridge, tubing and catheter.
- RECHECK blood sugar and ketones every 2-3 hours.
- ADMINISTER next bolus through pump with new set in place.

More than 3.0 mmol/l Blood Ketones

- ADMINISTER **double** amount of correction insulin dose by syringe **immediately.**
- REMOVE catheter and REPLACE insulin, cartridge, tubing and catheter.
- CHECK blood sugar and ketones every 2-3 hours and set future correction doses using bolus wizard.
- ADMINISTER 4-8 oz. of sugar free liquids every hour.
- CALL the healthcare provider and parent/guardian.