



Blessed Sacrament School

Health Services

Diabetes Medical Management Plan

This plan should be completed by the student's personal health care team and parent/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 (RN), Diabetes Trained School Personnel (DTP) and other authorized personnel.

Effective Date: _____
Student's Name: _____
Date of Birth: _____ Date of Diabetes Diagnosis: _____
Grade: _____ Teacher: _____
Physical Condition: Diabetes type 1 Diabetes type 2

Contact Information

Mother/Guardian: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____
Home Phone: _____ Cell: _____ Work: _____

Father/Guardian: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____
Home Phone: _____ Cell: _____ Work: _____

Student's Doctor/Health Care Provider:

Name: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____
Work Phone: _____ Emergency Phone: _____

Other Emergency Contact:

Name: _____
Relationship: _____
Home Phone: _____ Cell: _____ Work: _____

Notify parent/guardian or emergency contact in the following situations:

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): _____



Blessed Sacrament School

Health Services

Can student perform own blood glucose checks? Yes No

Exceptions: _____

Type of blood glucose meter students 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

Sliding Scale Method

_____ 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

Correction Factor Method

Correct blood glucose greater than _____ mg/dl Correction factor: _____

Target blood sugar for correction _____

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

For Students with Insulin Pumps

Type of pump: _____ Basal rates: _____ 12am to _____
 _____ to _____
 _____ to _____
 _____ to _____
 _____ to _____

Type of insulin pump: _____

Type of infusion set: _____

Insulin/carbohydrate rate: _____ Correction Factor: _____



Blessed Sacrament School

Health Services

Student Pump Abilities/Skills:

- Count carbohydrates
- Bolus correct amount for carbohydrates consumed
- Calculate and administer corrective bolus
- Calculate and set basal profiles
- Calculate and set temporary basal rate
- Disconnect pump
- Reconnect pump at infusion set
- Prepare reservoir and tubing
- Insert infusion set
- Troubleshoot alarms and malfunctions

Needs Assistance

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

For Students Taking Oral Diabetes Medications

Type of medication: _____ Timing: _____
 Other medication: _____ 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: _____

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

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: _____



Blessed Sacrament School

Health Services

Glucagon should be given if the student is unconscious, having a seizure (convulsion) or unable to swallow. Route _____, Dosage _____, site for glucagon injection: ____ arm, ____ thigh, ____ other. If glucagon is required, administer is promptly. Then follow district policy for medical care.

Hyperglycemia (High Blood Sugar)

Usual symptoms of hyperglycemia: _____

Treatment of hyperglycemia: _____

Urine should be checked for ketones when blood glucose levels are above _____mg/dl.

Treatment of ketones: _____

Supplies to be Kept at School

- _____ Blood glucose meter, blood glucose test strips, batteries for meter
- _____ Lancet device, lancets, gloves, etc.
- _____ Urine ketone strips
- _____ Insulin pump and supplies
- _____ Insulin pen, pen needles, insulin cartridges
- _____ Fast-acting source of glucose
- _____ Carbohydrate containing snack
- _____ Glucagon emergency kit

Signatures

This Diabetes Medical Management Plan has been approved by:

Student's Physician/Health Care Provider

Date

I give permission to the school nurse(RN), Diabetes-Trained School Personnel(DTP), and other designated staff members of BLESSED SACRAMENT SCHOOL to perform and carry out the diabetes care task as outlined by _____'s Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan 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.

Acknowledged and received by:

Student's Parent/Guardian

Date

Student's Parent/Guardian

Date