



DIABETES MEDICAL MANAGEMENT PLAN FOR SCHOOL

Effective Date: _____
 Student: _____ DOB: _____
 Student ID#: _____ School: _____
 Type of Diabetes: Type 1 Type 2 Other: _____
 Date of Diagnosis: _____

Blood glucose Monitoring

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

Diabetes Medication

No insulin at school: Current insulin at home: _____
 Oral diabetes medication at school: _____
 Insulin at school: Humalog Novolog Apidra Other: _____
 Insulin delivery device: Syringe and vial Insulin pen Insulin pump
 Insulin dose for school: _____
 Standard lunchtime dose: _____
 Meal bolus: _____ units of insulin per _____ grams of carbohydrate.
 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: _____
RN, School Nurse Phone Fax