

EDMOND PUBLIC SCHOOLS
Diabetes Medical Management Plan

Date of Plan _____ School Year _____

This plan should be completed by the student's health care team and parents/guardian. It should be reviewed with relevant school staff and copies should be kept in a place that is easily accessible by the school nurse, trained diabetes personnel, and other authorized personnel.

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

Contact Information

Mother/Guardian: _____
Address: _____

Telephone: Home _____ Work _____ Cell _____

Father/Guardian: _____
Address: _____
Telephone: Home _____ Work _____ Cell _____

Student's Doctor/Health Care Provider:
Name: _____
Address: _____

Telephone: _____ Emergency Number: _____

Other Emergency Contacts:
Name: _____
Relationship: _____
Telephone: Home _____ Work _____ Cell _____

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

Blood Glucose Monitoring

Target range for glucose is ___ 70-150 or ___ 70-180 ___ other _____ to _____

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): _____

Can student perform own blood glucose checks? ___ Yes ___ No

Exceptions: _____

Type of blood glucose meter student uses: _____

Insulin

Usual Lunchtime Dose

Base dose of (check which one) ___ Humalog ___ Novolog or ___ Regular insulin at lunch is _____ units or does flexible dosing using _____ units/_____ grams carbohydrate.

Use of other insulin at lunch: ___ Intermediate ___ NPH ___ Lente _____ units or ___ Basal ___ Lantus ___ Ultralente _____ units.

Insulin Correction Doses

Do you require parental authorization before administering a correction dose for high blood glucose levels? ___ Yes ___ No

_____ 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

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

_____ Parents are authorized to adjust the insulin dosage under the following circumstances: _____

For Students with Insulin Pumps

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

Type of insulin in pump: _____

Type of infusion set: _____

Insulin/carbohydrate ratio: _____ Correction factor: _____

Student Pump Abilities/Skills:

Needs Assistance

Count carbohydrates	___ Yes	___ No
Bolus correct amount for carbohydrates consumed	___ Yes	___ No
Calculate and administer corrective bolus	___ Yes	___ No
Calculate and set basal profiles	___ Yes	___ No
Calculate and set temporary basal rate	___ Yes	___ No
Disconnect pump	___ Yes	___ No
Reconnect pump at infusion set	___ Yes	___ No
Prepare reservoir and tubing	___ Yes	___ No
Insert infusion set	___ Yes	___ No
Troubleshoot alarms and malfunctions	___ Yes	___ No

For students taking oral diabetes medications

Type of medication: _____

Timing: _____

Other medications: _____

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 or exercise or sports.

Restrictions on activity, if any: _____

Students 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: _____

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 it promptly. Then, call 911 (or other emergency assistance) and the parents/guardian.

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 for ketones: _____

Supplies to be kept at schools

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

This Diabetes Medical Management Plan has been approved by:

Student's Physician /Health Care Provider Signature

Date

I give permission to the school nurse, trained diabetes personnel, and other designated staff members of _____ School to perform and carry out the diabetes care tasks 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.

Parent/Guardian Signature

Date

Acknowledged and received by:

School Nurse

Date

Hypoglycemia Emergency Care Plan

(For Low Blood Glucose)

Student's Name: _____

Grade/Teacher: _____

Date of Plan: _____

Emergency Contact Information

Mother/Guardian: _____

Email address: _____ Home phone: _____

Work phone: _____ Cell: _____

Father/Guardian: _____

Email address: _____ Home phone: _____

Work phone: _____ Cell: _____

Health Care Provider: _____

Phone number: _____

School Nurse: _____

Contact number(s): _____

Trained Diabetes Personnel: _____

Contact number(s): _____

The student should never be left alone, or sent anywhere alone, or with another student, when experiencing hypoglycemia.

Causes of Hypoglycemia	Onset of Hypoglycemia
<ul style="list-style-type: none">• Too much insulin• Missing or delaying meals or snacks• Not eating enough food (carbohydrates)• Getting extra, intense, or unplanned physical activity• Being ill, particularly with gastrointestinal illness	<ul style="list-style-type: none">• Sudden—symptoms may progress rapidly

Hypoglycemia Symptoms

Circle student's usual symptoms.

Mild to Moderate		Severe
<ul style="list-style-type: none"> • Shaky or jittery • Sweaty • Hungry • Pale • Headache • Blurry vision • Sleepy • Dizzy • Confused • Disoriented 	<ul style="list-style-type: none"> • Uncoordinated • Irritable or nervous • Argumentative • Combative • Changed personality • Changed behavior • Inability to concentrate • Weak • Lethargic • Other: _____ 	<ul style="list-style-type: none"> • Inability to eat or drink • Unconscious • Unresponsive • Seizure activity or convulsions (jerking movements)

Actions for Treating Hypoglycemia

Notify School Nurse or Trained Diabetes Personnel as soon as you observe symptoms.

If possible, check blood glucose (sugar) at fingertip.

Treat for hypoglycemia if blood glucose level is less than ____mg/dL.

WHEN IN DOUBT, ALWAYS TREAT FOR HYPOGLYCEMIA AS SPECIFIED BELOW.

Treatment for Mild to Moderate Hypoglycemia	Treatment for Severe Hypoglycemia
<ul style="list-style-type: none"> • Provide quick-acting glucose (sugar) product equal to _____ grams of carbohydrates. Examples of 15 grams of carbohydrates include: <ul style="list-style-type: none"> ○ 3 or 4 glucose tablets ○ 1 tube of glucose gel ○ 4 ounces of fruit juice (not low-calorie or reduced sugar) ○ 6 ounces of soda (½ can) (not low-calorie or reduced sugar) • Wait 10 to 15 minutes. • Recheck blood glucose level. • Repeat quick-acting glucose product if blood glucose level is less than ____mg/dL. • Contact the student's parents/guardian. 	<ul style="list-style-type: none"> • Position the student on his or her side. • Do not attempt to give anything by mouth. • Administer glucagon: _____ mg at _____ site. • While treating, have another person call 911 (Emergency Medical Services). • Contact the student's parents/guardian. • Stay with the student until Emergency Medical Services arrive. • Notify student's health care provider.

Hyperglycemia Emergency Care Plan

(For High Blood Glucose)

Student's Name: _____

Grade/Teacher: _____

Date of Plan: _____

Emergency Contact Information

Mother/Guardian: _____

Email address: _____ Home phone: _____

Work phone: _____ Cell: _____

Father/Guardian: _____

Email address: _____ Home phone: _____

Work phone: _____ Cell: _____

Health Care Provider: _____

Phone number: _____

School Nurse: _____

Contact number(s): _____

Trained Diabetes Personnel: _____

Contact number(s): _____

Causes of Hyperglycemia	Onset of Hyperglycemia
<ul style="list-style-type: none">• Too little insulin or other glucose-lowering medication• Food intake that has not been covered adequately by insulin• Decreased physical activity• Illness• Infection• Injury• Severe physical or emotional stress• Pump malfunction	<ul style="list-style-type: none">• Over several hours or days

Hyperglycemia Signs

Hyperglycemia Emergency Symptoms

(Diabetic Ketoacidosis, DKA, which is associated with hyperglycemia, ketosis, and dehydration)

Circle student's usual signs and symptoms.

- | | |
|---|--|
| <ul style="list-style-type: none"> • Increased thirst and/or dry mouth • Frequent or increased urination • Change in appetite and nausea • Blurry vision • Fatigue • Other: _____ | <ul style="list-style-type: none"> • Dry mouth, extreme thirst, and dehydration • Nausea and vomiting • Severe abdominal pain • Fruity breath • Heavy breathing or shortness of breath • Chest pain • Increasing sleepiness or lethargy • Depressed level of consciousness |
|---|--|

Actions for Treating Hyperglycemia

Notify School Nurse or Trained Diabetes Personnel as soon as you observe symptoms.

Treatment for Hyperglycemia

Treatment for Hyperglycemia Emergency

- | | |
|---|---|
| <ul style="list-style-type: none"> • Check the blood glucose level: _____ mg/dL. • Check urine or blood for ketones if blood glucose levels are greater than: _____ mg/dL. • If student uses a pump, check to see if pump is connected properly and functioning. • Administer supplemental insulin dose: _____. • Give extra water or non-sugar-containing drinks (not fruit juices): _____ ounces per hour. • Allow free and unrestricted access to the restroom. • Recheck blood glucose every 2 hours to determine if decreasing to target range of _____ mg/dL. • Restrict participation in physical activity if blood glucose is greater than _____ mg/dL and if ketones are moderate to large. • Notify parents/guardian if ketones are present. | <ul style="list-style-type: none"> • Call parents/guardian, student's health care provider, and 911 (Emergency Medical Services) right away. • Stay with the student until Emergency Medical Services arrive. |
|---|---|