DIABETES MANAGEMENT MEDICAL PLAN

Student Name: _____ Date of Birth:_____ School Year:_____ Date: _____

BLOOD GLUCOSE MONITORING

Student routinely checks blood glucose via glucose monitor prior to insulin administration at mealtime and before PE (unless given permission by doctor to use Dexcom number instead of insulin check). Student may check blood glucose as needed throughout the school day.

Target range of blood glucose: _____ mg/dL

INSULIN DOSING

Type of insulin (circle one): Novolog Humalog Apidra Fiasp Admelog

INSULIN PUMP: ☐ **FOLLOW INSULIN DOSING GUIDANCE INDICATED ON PUMP**

*If pump malfunctions, proceed with insulin coverage via ☐ Syringe/Vial or ☐ Pen until pump can be checked by parent/guardian.

Meal time insulin dose to be given: ☐ pre-meal ☐ post-meal ☐ either pre-or post-meal

INSULIN DOSING GUIDANCE FOR STUDENTS USING ☐ INSULIN PEN AND/OR ☐ SYRINGE

Before School Meal	***Lunch***	***After School Meal***
Insulin dose= _____ units Insulin dose=_____units/____grams of carbohydrates	Insulin dose= _____ units Insulin dose=_____units/____grams of carbohydrates	Insulin dose= _____ units Insulin dose=_____units/____grams of carbohydrates

☐ Parents/guardians are authorized to increase or decrease insulin-to-carbohydrate ratio by _____ units per +/- _____ grams of carbohydrates.

Sliding Scale: (DO NOT USE IF WITHIN ____ HOURS OF PREVIOUS INSULIN CORRECTION DOSE)

Sliding Scale is based on correction Factor of ____units/_____mg/dL Blood sugar greater than ____mg/dL	Sliding Scale is based on correction Factor of ____units/_____mg/dL Blood sugar greater than ____mg/dL	Sliding Scale is based on correction Factor of ____units/_____mg/dL Blood sugar greater than ____mg/dL

☐ Follow pump instructions to cover snack ☐ Do not use insulin to cover snacks

☐ Use this dose if insulin is used to cover snacks: Insulin dose = _____units/_____ grams of carbohydrates

☐ Parents/guardians are authorized to change correction dose scale by +/- _____ units of insulin.

School Nurse (Licensed RN or LVN) may decrease or increase total insulin dosage up to (+/-) 1 unit.

Student's Level of Independence:

Student can perform own blood glucose checks	☐ No	☐ With Supervision	☐ Yes
Student can calculate carbohydrates independently	☐ No		☐ Yes
Student can determine correct amount of insulin	☐ No	☐ With Supervision	☐ Yes
Student can draw correct dose of insulin	☐ No	☐ With Supervision	☐ Yes
Student can give own injections	☐ No	☐ With Supervision	☐ Yes
Student can bolus correctly (for carbohydrates and for correction of hyperglycemia)	☐ No	☐ With Supervision	☐ Yes
Student can troubleshoot alarms and malfunctions on pump	☐ No	☐ With Supervision	☐ Yes
Student will carry own diabetic supplies (i.e., pen/glucometer)		☐ No	☐ Yes
Student uses a Continuous Glucose Monitor (CGM)		☐ No	☐ Yes
Dosing and Treatment can be provided using CGM data, without glucose checks		☐ No	☐ Yes
CGM should be calibrated during school hours if not doing blood glucose checks		☐ No	☐ Yes

******If symptoms of student do not match readings of CGM, student must perform a check with glucose meter ******

DIABETES MANAGEMENT MEDICAL PLAN

Student Name: _____ Date of Birth:_____ School Year:_____ Date: _____

PHYSICAL EDUCATION (PE) or STRENUOUS EXERCISE

When checking before PE or strenuous exercise and blood glucose is between _____ and _____ mg/dL, provide _____ grams of carbohydrates. Student should not participate in PE or strenuous activity for blood sugar below _____ mg/dL or above _____ mg/dL or if urine/blood ketones are moderate to large.

HYPOGLYCEMIA (LOW BLOOD SUGAR)

If conscious and able to swallow:

If blood glucose is < _____mg/dL, give ☐ 10 or ☐ 15 grams of carbohydrates and recheck blood glucose in 15 min.

Repeat until blood glucose is > _____mg/dL.

If unconscious or having a seizure, give Glucagon.

Dose: ☐ 0.5 mg or ☐ 1.0 mg Glucagon injection ☐ 3 mg BAQSIMI

Route: ☐ subcutaneous (SC) or ☐ intramuscular (IM) ☐ BAQSIMI nasal powder

Site: ☐ arm ☐ thigh ☐ buttocks ☐ nasal powder (BAQSIMI) ☐ other: _____

If Glucagon is indicated, administer it simultaneously while calling 911. Contact parent/guardians and nurse.

HYPERGLYCEMIA (HIGH BLOOD SUGAR)

☐ Check urine/blood ketones if blood glucose is > _____ mg/dL for greater than ____ hours.

☐ Give Insulin per dosing guidance indicated on pump or insulin sliding scale as previously noted.

☐ Give ____oz of water, non-sugar drinks.

☐ Notify parent/guardian for blood glucose over ____mg/dL for ____ hrs.

****IF KETONES are MODERATE or LARGE, student will be sent home.***

If ketones are trace or small and student is without symptoms, student may stay in school.

PHYSICIAN'S AUTHORIZATION FOR DIABETES MEDICAL MANAGEMENT PLAN

My signature below provides authorization for this Diabetes Medical Management Plan. I understand in some school districts, specialized health care services may be provided by unlicensed designated school personnel under the training provided by a school nurse or RN. **This authorization is for the current school year. If changes are indicated, I will provide new written authorization.** ☐ Additional guidance is included on a separate signed sheet attached to this form.

Physician's name (Print): _____

Physician's Signature: _____ Date: _____

Health Care Organization: _____

Physician's Telephone Number: (____) ____ - _____ Physician's Fax Number: (____) _____ - _____

Physician's NPI # _____ ORP Provider: ☐ YES ☐ NO

Parent/Guardian Name (Print): _____ Phone Number: (____) _____ - _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print): _____ Phone Number: (____) _____ - _____

Parent/Guardian Signature: _____ Date: _____

This form was adapted from the collaborative efforts from the Center of Excellence in Diabetes and Endocrinology, UC Davis Medical Center, Kaiser Pediatric Endocrinology, San Juan USD, Natomas USD, Sac City USD, Twin Rivers USD, Elk Grove USD, Robla USD, Folsom Cordova USD, Sacramento County Office of Education, Placer County Office of Education, California School Nurses Organization, Sac State Division of Nursing and adapted for use by DJUSD.