Date of Plan: _____

Diabetes Medical Management Plan

This plan should be completed by the student's personal 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 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: _____ Homeroom Teacher: _____

Physical Condition: D Diabetes type 1 D 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 Contact: ◆

Name: _____ ◆

Relationship: _____ ◆

Telephone: Home _____ Work _____ Cell _____ ◆

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

_____

_____

Blood Glucose Monitoring

Target range for blood glucose is D 70-150 D 70-180 D Other _____

Usual times to check blood glucose _____

Times to do extra blood glucose checks *(check all that apply):*

D before exercise

D after exercise

D when student exhibits symptoms of hyperglycemia

D when student exhibits symptoms of hypoglycemia

D other (explain): _____

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

Exceptions: _____

_____

Type of blood glucose meter student 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? D Yes D No

Can student determine correct amount of insulin? D Yes D No

Can student draw correct dose of insulin? D Yes D No

For Students with Insulin Pumps

Type of pump: _____ Basal rates: _____ 12 am 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	D Yes	D No
Bolus correct amount for carbohydrates consumed	D Yes	D No
Calculate and administer corrective bolus	D Yes	D No
Calculate and set basal profiles	D Yes	D No
Calculate and set temporary basal rate	D Yes	D No
Disconnect pump	D Yes	D No
Reconnect pump at infusion set	D Yes	D No
Prepare reservoir and tubing	D Yes	D No
Insert infusion set	D Yes	D No
Troubleshoot alarms and malfunctions	D Yes	D 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? D Yes D No

Meal/Snack	*Time*	*Food content/amount*
Breakfast	_____	_____
Mid-morning snack	_____	_____
Lunch	_____	_____

Physicians Name (printed)_____ Signature:_____

Parent Name (printed) _____ Signature:_____