CENTENNIAL SCHOOL DISTRICT
DIABETES MEDICAL MANAGEMENT PLAN

Effective Date: _____Today's Date: _____

This plan should be completed by the students personal medical doctor 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 and other authorized personnel.

Student's Name: _____

Date of Birth: _____Date of Diabetes Diagnosis: _____

School: _____

Grade: _____ Homeroom Teacher/Team_____

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: _____ Telephone: _____

Address:_____Emergency Number: _____

Other Emergency Contacts:

Name: _____

Relationship: _____

Telephone: Home: _____Work: _____Cell:_____

Diabetes Medical Management Plan ***Continued***

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): _____

Can student perform own blood glucose checks? □ Yes □ 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

Parental authorization should be obtained before administering a correction dose for high blood glucose levels.

□ Yes □ No

_____ units if blood g1ucose is _____ to _____ mg/dl
_____ units if blood g1ucose is _____ to _____ mg/dl
_____ units if blood g1ucose is _____ to _____ mg/dl
_____ units if blood g1ucose is _____ to _____ mg/dl
_____ units if blood g1ucose 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: _____ 12 am to _____
_____ _____ to _____
_____ _____ to _____
Type of insulin in pump: _____
Type of infusion set: _____
Insulin/carbohydrate ratio: _____Correction factor: _____

Diabetes Medical Management Plan *Continued*

Student Pump Abilities/Skills:

	Needs Assisstance?
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

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

Meal/Snack	*Time*	*Food Content/Amount*
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 _____ mgldl or if moderate to large urine ketones are present.

Diabetes Medical Management Plan *Continued*

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 or 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 School

_____ Blood glucose meter, blood glucose test strips, batteries for meter
_____ Lancet device, lancets, gloves, etc.
_____Urine ketone strips
_____ Insulin vials and syringes
_____ 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, 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.

Acknowledged and received by:

_____ _____
Student's Parent/Guardian **Date**

_____ _____
Student's Parent/Guardian **Date**