

Diabetes Medical Management Plan for School Year 2020-2021

****Parent to Complete Shaded Areas, Health Care Providers to Complete Non-Shaded Areas**

Student's Name:		DOB:	School:	Grade:
Emergency Contact # 1	Parent Name	Emergency Contact # 2	Parent Name	
	Home phone		Home phone	
	Work phone		Work phone	
	Cell phone		Cell phone	
Emergency Contact # 3	Name	Emergency Contact # 4	Name	
	Relationship		Relationship	
	Home phone		Home phone	
	Work phone		Work phone	
	Cell phone		Cell phone	
Health Care Provider			Office Contact Person	
Office Phone			Office FAX	
Diagnosis: DIABETES: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2			Age at Diagnosis	
Preferred Hospital			Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes ^{(note):}	
MONITORING (Physician to complete)				
Target blood sugar range: _____mg/dl to _____mg/dl				
BLOOD SUGAR MONITORING				
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Before meals <input type="checkbox"/> For symptoms of hypo or hyperglycemia & anytime student does not feel well <input type="checkbox"/> Before gym/activity <input type="checkbox"/> After gym/activity <input type="checkbox"/> Before dismissal <input type="checkbox"/> Other		
		<input type="checkbox"/> Student requires assistance <input type="checkbox"/> Student requires supervision <input type="checkbox"/> Student is independent <input type="checkbox"/> Permission to self-carry Where Performed: <input type="checkbox"/> Clinic <input type="checkbox"/> Classroom <input type="checkbox"/> Other		
Notify parent/guardian if blood sugar is ↑ _____ or ↓ _____mg/dl				
<u>KETONE TESTING</u>		Check ketones if blood sugar is ↑ _____mg/dl. Also when student is ill or complains of nausea/vomiting/abdominal pain.		
Notify parent/guardian and physician if ketones are moderate or large.				

OUT-OF-RANGE BLOOD GLUCOSE MANAGEMENT: General guidelines for treating hyperglycemia and hypoglycemia will be followed according to the attached decision trees unless other instructions are specifically detailed by the Health Care Provider.

LOW BLOOD SUGAR (HYPOGLYCEMIA)
 UNDER 70mg/dl or 80mg/dl (circle one)

Treatment

- ✓ Check blood sugar
- ✓ Give 15 grams of a fast acting carbohydrate if blood sugar is ↓ 70mg/dl and if the student is conscious and able to swallow.
- ✓ **DOUBLE the amount of carbohydrates to 30 grams if blood sugar is ↓ 50.**
- ✓ Examples of 15 grams of fast acting carbs:
 4oz. juice 3-4 glucose tabs
- ✓ Retest blood sugar 15 minutes after treating
- ✓ Repeat treatment if needed until blood sugar ↑ target blood sugar goal

If more than 1 hour until next meal/snack, or if going to activity, may follow treatment with a protein-containing snack if available.

HIGH BLOOD SUGAR (HYPERGLYCEMIA)
 OVER 300mg/dl

Treatment

- ✓ Check blood sugar
- ✓ Check for ketones
- ✓ Have student drink 6-8 oz. of a non-carb liquid every hour
- ✓ Notify parent and physician if ketones are moderate or large

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SPECIAL OCCASIONS (Parent to Complete)		
Plan for class parties:	Plan for after school activities:	Plan for field trips:
GLUCAGON EMERGENCY INJECTION (Physician to Complete)		
<p>If student is unconscious or having a seizure, assume it is a low blood sugar reaction. Call 911 immediately and notify parents.</p> <p> <input type="checkbox"/> Glucagon injection (circle dose) $\frac{1}{2}$ mg or 1 mg should be given SQ or IM by trained personnel. </p> <p> <input type="checkbox"/> Following injection, turn student on side until fully awake. When alert enough to swallow, give fast acting carbohydrates. </p>		
ITEMS TO BE FURNISHED BY PARENTS IMMEDIATELY UPON REQUEST		
<input type="checkbox"/> Blood glucose meter/strips/lancets/lancing device <input type="checkbox"/> Insulin vials, syringes, pens, needles, cartridges etc <input type="checkbox"/> Ketone testing strips <input type="checkbox"/> Fast- acting carbohydrate foods for lows <input type="checkbox"/> Oral medications for diabetes if ordered	<input type="checkbox"/> Carbohydrate free beverages/water bottles for highs <input type="checkbox"/> Glucagon Emergency Kit <input type="checkbox"/> Routine daily snacks if ordered <input type="checkbox"/> Glucose tablets <input type="checkbox"/> Diabetes paperwork and updated orders	
STATEMENT OF RESPONSIBILITY (Parent Read)		
<p>Parents/Guardians are responsible to:</p> <ul style="list-style-type: none"> • Notify school personnel of all changes in their child’s medical management plan. • Give permission for the school nurse to consult with student’s Health Care Provider when necessary. • Provide an adequate amount of all necessary diabetes supplies for student at all times. • Provide current information on how to be contacted if necessary due to student’s medical needs. • Designate a knowledgeable person who will be available to be contacted, and who will be responsible for the student if the school is unable to contact parents/guardians. • Make sure that the medical management plan is updated at least yearly and that the school has a copy. <p>School Personnel are responsible to:</p> <ul style="list-style-type: none"> • Follow medical management plan as outlined above while student is at school. • Notify parents/guardians of any required treatment for low and/or high blood sugars. • Provide copies of blood sugar logs and care given to parents and Health Care Providers upon request. • Notify parents/guardians when supplies need replenished. <p>If a Diabetes Medical Management Plan for the current school year is not provided to the school, the most recent plan available will be followed until the school receives an updated one.</p>		
<p>SIGNATURES: <i>The following have read and agree to adhere to the above plan (and pump supplement if using pump.) Parents agree to give permission to the school nurse, trained diabetes personnel, and other designated school staff members to perform and carry out the diabetes care tasks as outlined by the student’s Diabetes Medical Management Plan. Parents also consent to the release of the information contained in this Diabetes Medical Management Plan, including child’s photo, to all staff members and other adults who have custodial care of the child and who may need to know this information to maintain the child’s health and safety.</i></p>		
Health Care Provider	Date	
Parent/Guardian	Date	
Student	Date	
School Nurse	Date	