

SCHOOL DISTRICT OF LEE COUNTY
HEALTH SERVICES

Print Form



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, trained diabetes personnel, and other authorized personnel.

Effective Dates: Date from Date to

Student's name

Date of birth Date diagnosed

Grade HR Teacher

Physical Condition:

Diabetes type

Contact Information

Mother/Guardian

Mother's Address

Home phone Work phone Cell phone

Father's Address

Home phone Work phone Cell phone

Student's Doctor/Health Care Provider

Doctor's name

Address

Doctor's phone Doctor's emergency phone

Other Emergency Contacts: Emergency contact name

Relationship

Home phone Work phone Cell phone

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

When to notify parent/guardian

Blood Glucose Monitoring

Target range

Usual times to check blood sugar

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?

Exceptions

Type of blood glucose meter student uses

Insulin

Usual Lunchtime Dose

Base dose of

insulin at lunch is

units. Or does flex dosing using

units/

grams of carbohydrate.

Use of other insulin at lunch

units or

Units.

Insulin Correction Doses

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

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

Can student give own injections?

Can student determine correct amount of insulin?

Can student draw correct dose of insulin?

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

For Students with Insulin Pumps

Type of Pump:

Basal rates: From 12am To

Rates 2 From To

Rates 2 From To

Type of insulin in pump:

Type of infusion set:

Insulin/carbohydrate Ratio:

Correction factor:

Student Pump Abilities/Skills:

Counts carbohydrate:

Bolus correct amount for carbohydrates consumed:

Calculates and administers corrective bolus:

Calculates and set basal profile

Calculates and set temporary basal rate

Disconnect pump

Reconnect pump at infusion set

Prepare reservoir tubing

Insert infusion set

Troubleshoots alarms and malfunctions

For Students Taking Oral Diabetes Medications

Type of medication:

Timing:

Other type of medication:

Timing:

Meals and Snacks Eaten at School

Is student independent in carbohydrate calculations and management?

Meal/Snack

Time

Food content/amount/coverage if needed

Breakfast: Food/amount/coverage:

Morning snack: Food/amount/coverage:

Lunch: Food/amount/coverage:

Afternoon snack: Food/amount/coverage:

Dinner: Food/amount/coverage:

Snack before exercise? Snack after exercise?

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

What fast-acting carbohydrate should be available at the site of exercise or sports?

Restriction on activity, if any:

Student should not exercise if blood glucose level is below mg/dl or above 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:

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 or blood should be checked for ketones when blood glucose levels are above: mg/dl

Treatment for ketones:

- | | |
|---|--|
| <input type="checkbox"/> glucose meter, blood glucose test strips, batteries for meter | <input type="checkbox"/> device, lancets, gloves, etc. |
| <input type="checkbox"/> Urine ketone strips or blood monitor for ketones | <input type="checkbox"/> Insulin pump and supplies |
| <input type="checkbox"/> Insulin pen, pen needles, insulin cartridges or insulin vials and syringes | <input type="checkbox"/> Fast-acting source of glucose (glucose gel) |
| <input type="checkbox"/> Carbohydrate containing snack | <input type="checkbox"/> Carbohydrate free beverage/snack |
| <input type="checkbox"/> Glucagon emergency kit | <input type="checkbox"/> Sharps container for classroom |

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

School Nurse

Date

ADADiabeticCarePlan+

