

DIABETES MEDICAL MANAGEMENT PLAN

Student's Name: _____ Medical Record #: _____ Date of Birth: _____

BLOOD GLUCOSE MONITORING

Student routinely checks blood glucose prior to insulin administration at meal time. Student may check blood glucose as needed throughout the school day.

INSULIN DOSING

Type of insulin: Novolog or Humalog or Apidra

INSULIN PUMP: FOLLOW INSULIN DOSE PER PUMP DIRECTIONS ☐

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

<i>Before school meal</i>	<i>Lunch</i>	<i>After school meal</i>
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
Sliding Scale: (DO NOT USE IF WITHIN 3 HOURS OF PREVIOUS INSULIN DOSE).		
_____ 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	_____ 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	_____ 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
_____ units if blood glucose is _____ to _____ mg/dl	_____ units if blood glucose is _____ to _____ mg/dl	_____ units if blood glucose is _____ to _____ mg/dl
<i>Sliding scale is based on correction factor of _____ units/_____ mg/dl blood sugar.</i>	<i>Sliding scale is based on correction factor of _____ units/_____ mg/dl blood sugar.</i>	<i>Sliding scale is based on correction factor of _____ units/_____ mg/dl blood sugar.</i>

- ☐ Use this dose if insulin is used to cover snacks: Insulin dose = _____ units/_____ grams carb.
- ☐ Do not use insulin to cover snacks.
- ☐ OK to use Dexcom G5 readings to dose insulin if directional arrows are horizontal and no acetaminophen has been taken in last 6 hours.

School Nurse (licensed RN) may decrease total insulin dosage.

Student's Level of Independence:

- | | | | |
|--|-----------------------------|---|------------------------------|
| Student can perform own blood glucose checks | <input type="checkbox"/> No | <input type="checkbox"/> With Supervision | <input type="checkbox"/> Yes |
| Student can calculate carbohydrates independently | <input type="checkbox"/> No | <input type="checkbox"/> With Supervision | <input type="checkbox"/> Yes |
| Student can determine correct amount of insulin | <input type="checkbox"/> No | <input type="checkbox"/> With Supervision | <input type="checkbox"/> Yes |
| Student can draw correct dose of insulin | <input type="checkbox"/> No | <input type="checkbox"/> With Supervision | <input type="checkbox"/> Yes |
| Student can give own injections | <input type="checkbox"/> No | <input type="checkbox"/> With Supervision | <input type="checkbox"/> Yes |
| Student can bolus correctly (for carbohydrates or for correction of hyperglycemia) | <input type="checkbox"/> No | <input type="checkbox"/> With Supervision | <input type="checkbox"/> Yes |
| Student can troubleshoot alarms and malfunctions on pump | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Student may carry own diabetic supplies (ie; pen/glucometer) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Student uses a Continuous Glucose Monitor (CGM) which may require cellphone use | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |

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HYPOGLYCEMIA (Low Blood Sugar)

If conscious and able to swallow:

If blood glucose is < 80 mg/dl, give 15 grams of carbohydrates and recheck blood glucose in 15 minutes.
Repeat until blood glucose is > 80 mg/dl.

If unconscious or having seizure, give Glucagon injection IM:

- ☐ 0.5 mg
- ☐ 1.0 mg

If Glucagon is indicated, administer it simultaneously while calling 911 and the parents/guardians.

HYPERGLYCEMIA (High Blood Sugar)

- ☐ Check urine ketones if blood glucose > 350 mg/dl.
- ☐ Give insulin per orders (For students on injections, DO NOT USE WITHIN 3 HOURS OF PREVIOUS INSULIN DOSE; For students on pumps, follow pump's directions for dose).

❖ *IF KETONES are MODERATE or LARGE and student has symptoms, student will be sent home.*

GUIDELINES FOR PE and/or EXERCISE

- ☐ If blood glucose is between 80-120 mg/dl before exercise, provide 15 grams of carbohydrates and allow child to participate.
- ☐ OK to disconnect pump for up to ____ hour(s) for exercise.

PHYSICIAN'S AUTHORIZATION

FOR DIABETES MEDICAL MANAGEMENT PLAN

My signature below provides authorization for this Diabetes Medical Management Plan. I understand that in some school districts specialized health care services may be observed 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.**

Physician's Name: Dennis Styne Nicole Glaser Lindsey Loomba-Albrecht Abigail Fruzza Stephanie Crossen

Physician's Signature: _____ Date: _____

UC Davis Medical Center, Sacramento, CA

Physician's Telephone: (916)734-0494

Physician's Fax: (916)734-4958

Parent's Name (Print): _____ Telephone: () ____ - _____

Parent/Guardian Signature: _____ Date: _____

This form was created in collaboration with 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 Unified School District, Sacramento County Office of Education, Placer County Office of Education, California School Nurses Organization, Sac State Division of Nursing. **This form was updated by UC Davis Medical Center for the 2017-2018 school year to include dosing information regarding Dexcom G5.**