

## Diabetes Medical Management Plan

This plan must be completed by the student's personal physician 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.

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher/Team: \_\_\_\_\_

### Blood Glucose Monitoring at School:

Target range for blood glucose is  70-150  70-180  Other \_\_\_\_\_

Student can perform own blood glucose checks?  Yes  No

Student needs supervision?  Yes  No

Record results?  Yes  No

Times for monitoring:  breakfast (at school)  snack  before lunch  
 before physical education  
 other \_\_\_\_\_

Test for ketones in the urine if blood glucose is >300. Call parents.

Notify parent if BS is less than \_\_\_\_\_ or greater than \_\_\_\_\_.

**All students should monitor for signs/symptoms of low or high blood sugar.**

### Insulin:

Name of Insulin \_\_\_\_\_ How given? \_\_\_\_\_

Insulin to carb ratio: \_\_\_\_\_ units for every \_\_\_\_\_ grams.

### Scale for Blood Glucose Correction:

Contact parent if administering correction dose for high blood glucose levels  Yes  No

\_\_\_\_\_ 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?  Yes  No

Can student determine correct amount of insulin?  Yes  No

Can student draw correct dose of insulin?  Yes  No

Insulin to correct high blood sugars can be given at the following times: \_\_\_\_\_  
But not more often than every \_\_\_\_\_ hours.

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

**Food and Miscellaneous:**

Is student independent in carbohydrate calculations and management?  Yes  No

<i>Meal / Snack</i>	<i>Time</i>	<i>Food content/amount</i>
Meal	_____	_____
Mid-morning snack	_____	_____
Mid-afternoon snack	_____	_____
Snack before exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Snack after exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other times to give snacks and content/amount: _____		

**Snack food is to be provided by parent. It is advisable to not withhold food due to high blood sugars. Student should always have access to water and bathroom as needed.**

**Exercise, Sports and Field Trips:**

- Blood glucose monitoring and snacks as above.
- Quick access to monitoring equipment, water, and fast-acting carbohydrate (e.g. juice).
- Child should not exercise if blood sugar is below \_\_\_\_\_ mg/dl (without taking a snack) or above \_\_\_\_\_ mg/dl with moderate to large ketones.

**Contact Information:**

Mother/Guardian: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father/ Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Student's Doctor:  
Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

**This Diabetes Medical Management Plan has been approved by:**

\_\_\_\_\_  
**Student's Physician** **Date**

I give permission to the school nurse, and other designated staff members of to perform and carry out the diabetes care tasks as outlined by the 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. I also authorize a release of medical information between the physician and the school nurse concerning my child's diabetes.

**It is the parents' responsibility to provide all diabetic equipment and supplies.**

**Reviewed by:**

\_\_\_\_\_  
Student's Parent/Guardian Date

\_\_\_\_\_  
Student's Parent/Guardian Date