

Student Name: _____

OLD BRIDGE TOWNSHIP PUBLIC SCHOOLS

Diabetes Medical Management Plan

Part A: **Contact Information** to be completed by parent/guardian

Part B: **Diabetes Medical Management Plan (DMMP)** must be completed by the student's physician or advanced practice nurse and provides the medical "orders" for the student's care. This section must be signed and dated and stamped by the medical practitioner.

Part C: **Individualized Healthcare Plan** must be completed by the school nurse in consultation with the student's parent/guardian, and health care provider. It focuses on services and accommodations needed by the student at school or during school-sponsored activities.

Part D: **Authorization for Services and Sharing of Information** must be signed by the parent/guardian and the school nurse.

Part A: Contact Information

Student's Name: _____ Gender _____

Date of Birth: _____ Date of Diabetes Diagnosis: _____

Grade: _____ Homeroom/Teacher _____ School Yr: _____

Mother/Guardian: _____

Address: _____

Telephone: Home _____ Cell _____ Work _____

Email address: _____

Father/Guardian: _____

Address: _____

Telephone: Home _____ Cell _____ Work _____

Email address: _____

Student's Physician/Healthcare Provider

Name: _____

Address: _____

Telephone: _____ Fax: _____ Emergency number: _____

Other Emergency Contacts:

Name: _____

Relationship: _____ Telephone: _____

Student Name: _____

Part B: Diabetes Medical Management Plan

This section must be completed by the student's physician or advanced practice nurse and provides the medical "orders" for the student's care. This section must be signed and dated by the medical practitioner. The information in the DMMP is used to develop the IHP and IEHP.

Student's Name: _____

Effective Dates of Plan: _____

Physical Condition: _____ Diabetes type 1 _____ Diabetes type 2

1. 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 used by the student: _____

2. Insulin: Usual lunchtime Dose

Base dose of: _____ Humalog _____ Novolog _____ Regular Insulin

_____ Number of units

_____ flexible dosing using _____ units/_____ grams of carbohydrates.

Use of other insulin at lunch:

_____ intermediate/NPH/Lente _____ units

_____ basal/Lantus/Ultralente _____ units

Student Name: _____

3. Insulin Correction Doses

Authorization from the student's physician or advanced practice nurse must be obtained before administering a correction dose for high blood glucose levels except as noted below. Changes must be faxed to the school nurse at: _____.

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

If parameters outlined above do not apply in a given circumstance:

_____a) Call parent/guardian and request immediate faxed order from the student's physician/healthcare provider to adjust dosage.

_____b) If the student's healthcare provider is not available, consult with the school physician for immediate actions to be taken.

4. Students with Insulin Pumps

Type of pump: _____ basal rates: _____ units 12 am until _____

_____ units _____ until _____

_____ units _____ until _____

Type of insulin in pump: _____

Type of infusion set: _____

Insulin/carbohydrate ratio: _____ correction factor: _____

Student Name: _____

Student Pump Abilities/Skills

Needs Assistance

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 site	_____ yes _____ no
Prepare reservoir and tubing	_____ yes _____ no
Insert infusion set	_____ yes _____ no
Troubleshoot alarms and malfunctions	_____ yes _____ no

5. Students Taking Oral Diabetes Medications

Type of medication: _____ Timing: _____
 Other medications: _____ Timing: _____

6. 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 class parties and food-consuming events:

Student Name: _____

7. Exercise and Sports

A fast-acting carbohydrate such as _____ should be available at the site of exercise or sports.

Restrictions on physical activity: _____

Student should not exercise if blood glucose level is below ____ mg/dl or above ____ mg/dl or if moderate to large urine ketones are present.

8. Hypoglycemia (low blood sugar)

Usual symptoms of hypoglycemia: _____

Treatment of hypoglycemia: _____

Hypoglycemia: Glucagon Administration

Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow. If glucagons is required and the school nurse is not physically available to administer it, the student's delegate is:

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Glucagon Dosage _____

Preferred site for glucagons injection: ____ arm ____ thigh ____ buttock

Once administered, call 911 and notify the parents/guardian.

Student Name: _____

9. 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: _____

10. Diabetes Care Supplies

While in school or at school-sponsored activities, the student is required to carry the following diabetic supplies (check all that apply):

- _____ blood glucose meter, blood glucose test strips, batteries for meter
- _____ lancet device, lancets, gloves
- _____ urine ketone strips
- _____ insulin pump and supplies
- _____ insulin pen, pen needles, insulin cartridges, syringes
- _____ fast-acting source of glucose
- _____ carbohydrate containing snack
- _____ glucagon emergency kit
- _____ bottled water
- _____ other (please specify) _____

This diabetes medical management plan has been approved by:

Signature: Student's Physician/Healthcare Provider _____
Date

Provider's stamp with contact information

This diabetes medical management plan has been reviewed by:

School Nurse _____
Date