

Diabetes Management Plan

Student's Name: _____ Grade: _____ Diabetes Type 1 _____ Diabetes Type 2 _____

Insulin is administered by: _____ Insulin pump _____ Insulin by injection _____ Oral medication

Blood Glucose Monitoring: Target range for blood glucose is: _____ 70-150 _____ 70-180 Other _____

Notify parent if blood sugar is below _____ or greater than _____

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 _____

Can student perform own blood glucose checks **Yes** **No** Exceptions: _____

Type of blood glucose monitor student uses: _____

For Students with Insulin Pumps

Type of pump: _____ Type of insulin in pump: _____

Type of infusion set: _____ Insulin/carbohydrate ratio: _____ Correction factor: _____

Student Pump Abilities/Skills:

Needs Assistance

Needs Assistance

Count carbohydrates	Yes	No	Disconnect pump	Yes	No
Bolus correct amount for carbohydrates consumed	Yes	No	Reconnect pump at infusion set	Yes	No
Calculate and administer corrective bolus	Yes	No	Prepare reservoir and tubing	Yes	No
Calculate and set basal profile	Yes	No	Insert infusion set	Yes	No
Calculate and set temporary basal rate	Yes	No	Troubleshoot alarms and malfunctions	Yes	No

For Students Using Injectable Insulin

Type of insulin used _____

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**

For Students Taking Oral Diabetes Medications

Type of medication: _____ Timing: _____

Other medications: _____ Timing: _____

Meals and Snacks Eaten at School

Is the student independent in carbohydrate calculations and management? **Yes** **No**

Meal/Snack	Time	Food content/amount
Breakfast	_____	_____
Mid-morning snack	_____	_____
Lunch	_____	_____
Mid-afternoon snack	_____	_____

Snack before exercise? **Yes** **No** Student **should not** exercise if blood sugar is _____.

Instructions when food is provided to the class (e.g., class party or food as part of class): _____

Hypoglycemia (low blood sugar) Treatment:

Usual symptoms: _____

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: arm, thigh, other _____

If glucagon is required, administer it promptly and call 911 (or other emergency assistance) and parent/guardian.

Hyperglycemia (high blood sugar) Treatment

Usual symptoms of hyperglycemia: _____

Treatment of hyperglycemia: _____

Urine should be checked for ketones when blood glucose level is above _____ mg/dl.

Treatment for ketones: _____

Supplies to be kept at school: (check all that apply)

____ Blood glucose meter, blood glucose test strips,
batteries for meter

____ Insulin pump and supplies

____ Lancet device, lancets, gloves, etc.

____ Insulin pen, pen needles, insulin cartridges

____ Urine ketone strips

____ Fast-acting source of glucose

____ Insulin vials and syringes

____ Glucagon emergency kit

This Diabetes 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 my child's school to perform and carry out the diabetes care tasks as outlined by _____ Diabetes
(student's name)

Management Plan. I also consent to the release of the information contained in the Diabetes 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.

Parent signature: _____ Date: _____