

DIABETES MEDICAL MANAGEMENT PLAN (DMMP)

School Year: _____

Student's Name: _____ Date of Birth: _____

BLOOD GLUCOSE (BG) MONITORING: (Treat BG below 80mg/dl or above 150 mg/dl as outlined below.)

- Before meals as needed for suspected low/high BG 2 hours after correction
- Dismissal Mid-afternoon

INSULIN ADMINISTRATION: Dose determined by: Student Parent School nurse or Trained Diabetes PersonnelInsulin delivery system: Syringe Pen PumpMEAL INSULIN: (It is best if given right **before eating**. For small children, can give within 15-30 minutes of the first bite of food or right after meal.)Insulin Type: Humalog Novolog Apidra Insulin to Carbohydrate Ratio: _____ unit per _____ grams carbohydrate Set Doses: Give _____ units (Eat _____ grams carbohydrates)

CORRECTION INSULIN: (For high blood sugar. Add before meal insulin to correction/sliding scale insulin for total meal time insulin dose.)

 Use the following correction formula
(for pre lunch blood sugar over 150):

(BG - 100) ÷ _____ = extra units insulin to provide

 Sliding Scale:

BG from ____ to ____ = ____ u

BG from ____ to ____ = ____ u

BG from ____ to ____ = ____ u

BG from ____ to ____ = ____ u

MILD low sugar: Alert and cooperative student (BG below 80)

- Never leave student alone
- Give 15 grams glucose; recheck in 15 minutes
- If BG remains below 70, retreat and recheck in 15 minutes
- Notify parent if not resolved
- If no meal is scheduled in the next hour, provide an additional snack with carbohydrate, fat, protein.

SEVERE low sugar: Loss of consciousness or seizure

- Call 911. Open airway. Turn to side.
- Glucagon injection 0.25 mg 0.50 mg 1.0 mg IM/SQ
- Notify parent.
- For students using insulin pump, stop pump by placing in "suspend" or stop mode/disconnecting at pigtail or clip and removing an attached pump. If pump was removed, send with EMS to hospital.

MANAGEMENT OF HIGH BLOOD GLUCOSE (above 150 mg/dl)

- Sugar-free fluids/frequent bathroom privileges.
- If BG is greater than 300, and it's been 2 hours since last dose, give HALF FULL correction formula noted above.
- If BG is greater than 300, and it's been 4 hours since last dose, give FULL correction formula noted above.
- If BG is greater than 300, check for ketones. Notify parent if ketones are present.
- Note and document changes in status.
- Child should be allowed to stay in school unless vomiting and moderate or large ketones are present.

MANAGEMENT DURING PHYSICAL ACTIVITY:

Student shall have easy access to fast-acting carbohydrates, snacks, and blood glucose monitoring equipment during activities. Child should NOT exercise if blood glucose levels are below 80 mg/dl or above 300 mg/dl and urine contains moderate or large ketones.

- Check blood sugar right before physical education to determine need for additional snack.
- If BG is less than 80 mg/dl, eat 15-45 grams carbohydrates before, depending on intensity and length of exercise.
- Student may disconnect insulin pump for 1 hour or decrease basal rate by _____.
- At the beginning of a new activity check blood sugar and after exercise only until a pattern for management is established.
- A snack is required prior to participation in physical education.

MEAL PLAN:

 A snack will be provided each day at: _____ If regularly scheduled meal plan is disrupted: _____.SPECIAL MANAGEMENT OF INSULIN PUMP: Applicable to student? Yes No (If yes, select options below)

- Contact Parent in event of: * pump alarms or malfunctions * detachment of dressing/infusion set out of place * Leakage of insulin * Student must give insulin injection * Student has to change site * Soreness or redness at site * Corrective measures do not return blood glucose to target range within ____ hours
- Parents will provide extra supplies including infusion sets, reservoirs, batteries, pump insulin, and syringes.

Dr. John D. Barge, State School Superintendent

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August 22, 2012 * Page 7 of 12

Georgia Department of Education
 Guidelines for the Care Needed for Students with Diabetes
 Chattahoochee County School System Cusseta, GA 31805

This student requires assistance by the School Nurse or Trained Diabetes Personnel with the following aspects of diabetes management

Monitor and record blood glucose levels

Respond to elevated or low blood glucose levels

Administer glucagon when required

Administer insulin or oral medication

Monitor blood or urine ketones

Follow instructions regarding meals and snacks

Follow instructions as related to physical activity

Insulin pump management: administer insulin, inspect infusion site, contact parents for problems

Provide other specified assistance _____

This student may independently perform the following aspects of diabetes management:

Monitor blood glucose:

in the classroom

in the designated clinic office

in any area of the school and at any school related activity

Monitor urine or blood ketones

Administer insulin

Treat hypoglycemia (low blood sugar)

Treat hyperglycemia (elevated blood sugar)

Carry supplies for blood glucose monitoring

Carry supplies for insulin administration

Determine own snack/meal content

Manage insulin pump

Replace insulin pump infusion set

LOCATION OF SUPPLIES EQUIPMENT: (To be completed by school personnel and parent. Parent to provide and restock snacks and low blood sugar supplies box.)

	Clinic Room	With Student		Clinic Room	With Student
Blood glucose equipment	<input type="checkbox"/>	<input type="checkbox"/>	Glucagon kit	<input type="checkbox"/>	<input type="checkbox"/>
Insulin administration supplies	<input type="checkbox"/>	<input type="checkbox"/>	Glucose gel	<input type="checkbox"/>	<input type="checkbox"/>
Ketone supplies	<input type="checkbox"/>	<input type="checkbox"/>	Juice/low blood glucose snacks	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY NOTIFICATION: Notify parents of the following conditions:

- a. Loss of consciousness or seizure (convulsion) immediately after calling 911 and administering glucagon
- b. Blood sugars in excess of 300 mg/dl, when ketones present
- c. Abdominal pain, nausea/vomiting, fever, diarrhea, altered breathing, altered level of consciousness

Name _____ Phone _____

Parent/Guardian: _____ Home: _____ Work: _____ Cell: _____

Parent/Guardian: _____ Home: _____ Work: _____ Cell: _____

Other emergency contact: _____ Phone: _____ Relationship: _____

Insurance Carrier: _____ Preferred Hospital: _____

SIGNATURES: I understand that all treatments and procedures may be performed by the student and/or Trained Diabetes Personnel within the school or by EMS in the event of loss of consciousness or seizure. I also understand that the school is not responsible for damage, loss of equipment, or expenses utilized in these treatments and procedures. I give permission for school personnel to contact my child's diabetes provider for guidance and recommendations. I have reviewed this information form and agree with the indicated information. This document serves as the Diabetes Medical Management Plan as specified by the Georgia state law.

PARENT SIGNATURE: _____ DATE: _____

SCHOOL NURSE SIGNATURE: _____ DATE: _____

My signature provides authorization for the above Diabetes Medical Management Plan. I understand that all procedures must be implemented within state laws and regulations. This authorization is valid for one year.

- Dose/treatment changes may be relayed through parent
- Student is due for medical appointment for review of diabetes management plan.

HEALTHCARE PROVIDER SIGNATURE: _____ DATE: _____

Diabetes Care Provider: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: __ Zip: _____

Diabetes – Hyperglycemia Emergency Care Plan

(For High Blood Glucose)

School Year: _____

Student Name: _____

Teacher: _____ Grade: ____ Date of Plan: _____

Emergency Contact Information	
Mother/Guardian _____	
Email address: _____	Home phone: _____
Work phone: _____	Cell: _____
Father/Guardian _____	
Email address: _____	Home phone: _____
Work phone: _____	Cell: _____
Health Care Provider _____	
Phone number: _____	
School Nurse: _____	
Contact number(s): _____	
Trained Diabetes Personnel: _____	
Phone number(s): _____	

Causes of Hyperglycemia	Onset of Hyperglycemia
<ul style="list-style-type: none"> • Too little insulin or other glucose-lowering medication • Food intake that has not been covered adequately by insulin • Decreased physical activity • Illness • Infection • Injury • Severe physical or emotional stress • Pump malfunction 	<ul style="list-style-type: none"> • Over several hours or days

Hyperglycemia Signs	Hyperglycemia Emergency Symptoms (Diabetic Ketoacidosis, DKA, which is associated with hyperglycemia, ketosis, and dehydration)
Circle student's usual signs and symptoms.	
<ul style="list-style-type: none"> • Increased thirst and/or dry mouth • Frequent or increased urination • Change in appetite and nausea • Blurry vision • Fatigue • Other: _____ 	<ul style="list-style-type: none"> • Dry mouth, extreme thirst, and dehydration • Nausea and vomiting • Severe abdominal pain • Fruity breath • Heavy breathing or shortness of breath • Chest pain • Increasing sleepiness or lethargy • Depressed level of consciousness

Actions for Treating Hyperglycemia	
Notify School Nurse or Trained Diabetes Personnel as soon as you observe symptoms.	
Treatment for Hyperglycemia	Treatment for Hyperglycemia Emergency
<ul style="list-style-type: none"> • Check the blood glucose level: _____ mg/dL. • Check urine or blood for ketones if blood glucose levels are greater than: _____ mg/dL. • If student uses a pump, check to see if pump is connected properly and functioning. • Administer supplemental insulin dose: _____. • Give extra water or non-sugar-containing drinks (not fruit juices): _____ ounces per hour • Allow free and unrestricted access to the restroom. • Recheck blood glucose every 2 hours to determine if decreasing to target range of _____ mg/dL. • Restrict participation in physical activity if blood glucose is greater than _____ mg/dL and if ketones are moderate to large. • Notify parents/guardian if ketones are present. 	<ul style="list-style-type: none"> • Call parents/guardian, student's health care provider, and 911 (Emergency Medical Services) right away. • Stay with the student until Emergency Medical Services arrive.

from "Helping the Student with Diabetes Succeed: A Guide for School Personnel", 2010 Edition, pages 111 - 112)

Diabetes – Hypoglycemia Emergency Care Plan

(For Low Blood Glucose)

School Year: _____

Student Name: _____

Teacher: _____ Grade: ____ Date of Plan: _____

Emergency Contact Information	
Mother/Guardian _____	
Email address: _____	Home phone: _____
Work phone: _____	Cell: _____
Father/Guardian _____	
Email address: _____	Home phone: _____
Work phone: _____	Cell: _____
Health Care Provider _____	
Phone number: _____	
School Nurse: _____	
Contact number(s): _____	
Trained Diabetes Personnel: _____	
Phone number(s): _____	

The student should never be left alone, or sent anywhere alone, or with another student, when experiencing hypoglycemia.

Causes of Hypoglycemia	Onset of Hypoglycemia
<ul style="list-style-type: none"> Too much insulin Missing or delaying meals or snacks Not eating enough food (carbohydrates) Giving extra, intense, or unplanned physical activity Being ill, particularly with gastrointestinal illness 	<ul style="list-style-type: none"> Sudden – symptoms may progress rapidly

Hypoglycemia Symptoms		
Circle student's usual symptoms.		
Mild to Moderate		Severe
<ul style="list-style-type: none"> • Shaky or jittery • Sweaty • Hungry • Pale • Headache • Blurry vision • Sleepy • Dizzy • Confused • Disoriented 	<ul style="list-style-type: none"> • Uncoordinated • Irritable or nervous • Argumentative • Combative • Changed personality • Changed behavior • Inability to concentrate • Weak • Lethargic • Other: _____ 	<ul style="list-style-type: none"> • Inability to eat or drink • Unconscious • Unresponsive • Seizure activity or convulsions (jerking movements)

Actions for Treating Hypoglycemia	
Notify School Nurse or Trained Diabetes Personnel as soon as you observe symptoms. If possible, check blood glucose (sugar) at fingertip. Treat for hypoglycemia if glucose level is less than _____ mg/dL. WHEN IN DOUBT, ALWAYS TREAT FOR HYPOGLYCEMIA AS SPECIFIED BELOW.	
Treatment for Mild to Moderate Hypoglycemia	Treatment for Severe Hypoglycemia
<ul style="list-style-type: none"> • Provide quick-acting glucose (sugar) product equal to _____ grams of carbohydrates. Examples of 15 grams of carbohydrates include: <ul style="list-style-type: none"> ○ 3 or 4 glucose tablets ○ 1 tube of glucose gel ○ 4 ounces of fruit juice (not low-calorie or reduced sugar) ○ 6 ounces of soda (1/2 can)(not low-calorie or reduced sugar) • Wait 10 to 15 minutes. • Recheck blood glucose level. • Repeat quick-acting glucose product if blood glucose level is less than _____ mg/dL. • Contact the student's parents/guardian. 	<ul style="list-style-type: none"> • Position the student on his or her side. • Do not attempt to give anything by mouth. • Administer glucagon: _____ mg at _____ site. • While treating, have another person call 911 (Emergency Medical Services) • Contact the student's parents/guardian. • Stay with the student until Emergency Medical Services arrive. • Notify student's health care provider.

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