

Diabetes Medical Management Plan/Individualized Healthcare Plan

Part A: Contact Information must be completed by the 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 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 healthcare provider. It focuses on services and accommodations needed by the student at school or during school-sponsored activities.

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

Part A: Contact Information

Student's Name: _____ Class of: _____
DOB: _____ Date of Diabetes Diagnosis: _____

Parent/Guardian 1: _____ **Relationship:** _____
Phone contact: _____ Email Address: _____

Parent/Guardian 2: _____ **Relationship:** _____
Phone contact: _____ Email Address: _____

Student's Physician/Healthcare Provider:

Name: _____
Address: _____
Telephone: _____ Emergency Number: _____

Other Emergency Contacts:

Name: _____ Relationship: _____
Phone contact: _____ Email Address: _____

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 the IEHP.

Student's Name: _____

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 check (*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 at lunch (circle type of rapid-/short-acting insulin used)

is units or does flexible dosing using units/ grams carbohydrate.

Use of other insulin at lunch: (circle type of insulin used): intermediate/NPH/lente units or basal/Lantus/Ultralente units.

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 201-547-2341.

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

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 students 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: _____ 12am to _____
_____ to _____
_____ to _____
_____ to _____

Type of insulin in pump: _____

Type of infusion set: _____

Insulin/carbohydrate ratio: _____ Correction factor: _____

Student Pump Abilities/Skills

Needs Assistance (Yes/No)

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 set	___ 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:

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 glucagon 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 glucagon injection: _____ arm _____ thigh _____ buttock

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

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 of Student's Physician/Healthcare Provider

Date

Student's Physician/Healthcare Provider Contact Information:

This Diabetes Medical Management Plan has been reviewed by:

School Nurse

Date