

## Diabetes Medical Management Plan

Student: \_\_\_\_\_ D.O.B. \_\_\_\_\_ School year: \_\_\_\_\_ to \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_ School Fax #: \_\_\_\_\_ School Phone #: \_\_\_\_\_

### Diabetes health care provider:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Kathryn Jackson, MD    | <input type="checkbox"/> Sarah Allen, APN CDE  | <input type="checkbox"/> Valeria Benavides, MD |
| <input type="checkbox"/> Brian Bostwick, MD     | <input type="checkbox"/> Samantha Robbins, APN | <input type="checkbox"/> Sue Ellyn Sauder, MD  |
| <input type="checkbox"/> Michael Torchinsky, MD | <input type="checkbox"/> Anu Vishwanath, MD    | <input type="checkbox"/> _____                 |

**Address:** Pediatric Diabetes Resource Center, 530 NE Glen Oak, Peoria, IL 61637

**Office Phone:** 309-624-2480 OR 1-888-436-2278 **Fax:** 309-624-2481

**Email:** diabetescenter@osfhealthcare.org

For additional diabetes information and 504 Health Plan resources, visit [www.childrenshospitalofil.org](http://www.childrenshospitalofil.org)  
→ View Specialty Centers & Services → Diabetes Resource Center → Resources and Forms  
→ Forms/Diabetes Websites/School Resources/FAQ

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**Monitor Blood Glucose:**  Before breakfast  Before lunch  Before PE  After PE  
 As needed for symptoms of low or high blood glucose or illness  
 Before leaving to get on bus/going home

Target range for blood glucose: \_\_\_\_\_ to \_\_\_\_\_ mg/dL Site of testing: Fingertip

- Mid-morning snacks, if desired, should be eaten at least two hours prior to lunch.
- Blood glucose taken less than two hours after carbohydrate consumption/insulin administration should NOT be corrected.

**Continuous Glucose Monitor (CGM):** Dexcom Enlite

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**Hypoglycemia** *Blood glucose reading less than 70 mg/dL.*  
***Student should not be left alone if blood glucose is less than 70 mg/dL and/or has symptoms of low blood glucose.***

**Mild symptoms:** Student is alert and shows signs of shakiness, dizziness, sweating, extreme hunger, headache, pale skin color, behavioral changes, other: \_\_\_\_\_

Treatment: ● Give 15 grams rapid-acting carbohydrate (e.g. Glucose tabs, fruit juice, Smarties®, granulated sugar) with NO insulin.  
● Recheck blood glucose in 15 minutes after treating. Repeat treatment if blood glucose is less than 70 mg/dL and/or symptoms persists .

**Moderate symptoms:** Student shows signs of severe confusion, disorientation, not able to or unwilling to swallow, may be combative

Treatment: ● Keeping head elevated, give 15 grams carbohydrate using glucose/icing gel applied between cheek and gum.  
● Recheck blood glucose in 15 minutes after treating. Repeat treatment if blood glucose is less than 70 mg/dL and/or symptoms of hypoglycemia persists.

**Severe symptoms:** seizures, unconsciousness, unable or unwilling to swallow

Treatment: ● Administer Glucagon \_\_\_\_\_ mg intramuscularly (IM) in thigh or buttock and place student lying on his/her side as vomiting may occur. Contact parent/guardian.  
● Call 9-1-1 as specified in 504 Health Plan.

**Hyperglycemia** *Any blood glucose reading above target blood glucose.*  
***Allow student bathroom privileges and water access as needed.***

- Treatment:
- Give student water to drink.
  - Give correction insulin dose as specified in 504 Health Plan.
  - Check for urine ketones if student has one or more of the following:  
nausea vomiting headache “feels sick” stomach pain  
unexpected blood glucose above 250 mg/dL

When ***trace or small*** urine ketones are present:

- Treatment:
- Contact parent/guardian as specified in 504 Health Plan.
  - Push fluids: 8 ounces of water every 30 – 60 minutes.
  - Check blood glucose and urine ketones every two hours.
  - Give correction insulin dose using rapid-acting insulin every two hours if blood glucose is above target.

When ***moderate to large*** ketones are present:

- Treatment:
- Follow the instructions for trace or small urine ketones **AND** do the following:
  - If blood glucose is less than 150 mg/dL, treat with 15 grams of carbohydrates every 15 minutes until the blood glucose is equal to or greater than 150 mg/dL.
  - Once/when blood glucose is 150 mg/dL or more, calculate correction insulin dose for current blood glucose. Next, calculate the ketone treatment insulin dose using the following:  
*For **moderate** urine ketones: Multiply correction insulin dose by **1.5***  
*For **large** urine ketones: Multiply correction insulin dose by **2.0***
  - Calculate food insulin dose for any carbohydrates eaten after blood sugar is greater than 150 mg/dL, and add to the above ketone treatment insulin dose.
  - Administer insulin by syringe or insulin pen ***even if on insulin pump.***
  - If on insulin pump therapy, consider/do an infusion site change.
  - Avoid physical activity.
  - Recheck blood glucose and urine ketones ***every two hours.*** Repeat treatment until ketones are small, trace, or none.
  - ***Call 9-1-1 if student has any of the following symptoms: chest pain, shortness of breath, heavy breathing, and/or decreased level of consciousness.***

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- Diet**  Count carbohydrates in foods/beverages. Total grams of carbohydrate student eats at meal times can vary. Refer to 504 Health Plan for snack recommendations.
- Gluten-free restriction.

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### **Diabetes Supplies**

The following diabetes supplies and equipment necessary to monitor and treat diabetes, should be possessed on student’s person and/or kept in close proximity to student at all times.

glucometers	lancets/lancing device	test strips	insulin
batteries/charger	ketone test strips	food/drink/snacks	glucagon injection kit
syringes/insulin pens and pen needles		rapid-acting carbohydrate	food/glucose tablet

For student on insulin pump therapy, additional supplies to be kept at school include alcohol wipes, insulin pump/PDM, infusion sets/pods, and/or cartridges, reservoirs, tubing, and insertion device.

*Handling of used syringes, pen needles, lancets, non-contained infusion set devices, and other sharps should be in accordance to FDA guidelines.*

Parent/Guardian and student are responsible for maintaining necessary diabetes supplies, equipment, medications and/or snacks at the school.

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**Medication** Administer insulin before meals **AND** snacks unless specified differently in 504 Health Plan. If using injection therapy, calculate insulin doses for routine snacks as specified in 504 Health Plan.

- Rapid-acting insulin type: \_\_\_\_\_  
Given by:  syringe    insulin pen    insulin pump: \_\_\_\_\_

**Dose information for rapid-acting insulin:**

**Carbohydrate counting:** Give 1 unit rapid-acting insulin per specified grams of carbohydrate

Insulin-to-carbohydrate ratio:

Breakfast: 1 unit: \_\_\_\_\_ grams

Mid-morning snack: 1 unit: \_\_\_\_\_ grams

Lunch: 1 unit: \_\_\_\_\_ grams

Afternoon snack: 1 unit: \_\_\_\_\_ grams

**Blood Glucose Correction:**

Blood glucose target: \_\_\_\_\_ mg/dL

Correction/sensitivity factor: 1 unit/ \_\_\_\_\_

**How to calculate rapid-acting insulin doses at meal times:**

**Food insulin dose:**

Total grams carbohydrate in meal  $\div$  Insulin-to-carbohydrate ratio = Units insulin for food

**Correction insulin dose:**

High blood glucose reading  $-$  Blood glucose target  $\div$  Correction factor/Sensitivity factor  
= Units insulin for correction

**Total insulin dose:**

Food insulin dose  $+$  Correction insulin dose = Total units of insulin

*Insulin pump will calculate insulin dose when blood glucose and/or total grams of carbohydrates are entered into pump. See pump settings for insulin dose information.*

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**Student's Self Care**

Health care provider recommends student has access to supervision/assistance by properly trained school personnel. Levels of required supervision/assistance should be individualized through parent/guardian and school discussion at 504 Health Plan meeting.

- Student independently self-manages diabetes, requiring assistance only for emergency care.
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Yes     No    Parent/guardian authorized to increase or decrease correction factor, insulin-to-carbohydrate ratio, and/or blood glucose target as needed.

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**Other** \_\_\_\_\_

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**SIGNATURES**

My signature below provides authorization for the above written orders and exchange of health information to assist the trained diabetes care aid/school nurse/school administrator in developing an individualized 504 Health Plan.

Physician/Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

As parent/guardian of the above named student, I give my permission to the diabetes care aide/school nurse/school administrator or other trained designated staff to perform and carry out the diabetes tasks as outlined in this Diabetes Medical Management Plan and/or 504 Medical Plan and for my child's healthcare provider to share information with the school for completion of this plan. I understand that the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the school whenever there is any change in the student's health status or care. School may contact parent/guardian if questions regarding diabetes care arise. I also give the school permission to contact my child's health care provider.

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

School Representative: \_\_\_\_\_

Date: \_\_\_\_\_