

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 A: Contact Information

Student's Name: _____ Gender _____
Date of Birth: _____ Date of Diabetes Diagnosis: _____
Grade: _____ Homeroom Teacher: _____

Mother/Guardian:

Address: _____

Telephone: Home _____ Work _____ c ell _____
E-mail Address _____

Father/Guardian:

Address: _____

Telephone: Home _____ Work _____ Cell _____
Email Address _____

Student's Physician/Healthcare Provider

Name: _____
Address: _____

Telephone: _____ Emergency Number: _____

Other Emergency Contacts Name:

Relationship: _____
Telephone: Home _____ Work _____ Cell _____

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: _____ **Teacher** _____

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 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 basal/Lantus/Ultralente _____ units.

Other _____ 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 _____.

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

Type of insulin in pump:

Type of infusion set:

Insulin/carbohydrate ratio: _____ Correction factor: _____

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 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:

_____ Date _____

Signature: Student's Physician/Healthcare Provider

Student's Physician/Healthcare Provider Contact Information:

This Diabetes Medical Management Plan has been reviewed by:

School Nurse Date