

INDIVIDUAL DIABETES MANAGEMENT PLAN 2014-2015

Basal Bolus Insulin Injection Therapy

Student's Name

Grade

Date of Birth

Medical condition: Type 1 Diabetes Type 2 Diabetes

Primary school person responsible for care: _____

Secondary school person to provide care: _____

Alternate school person(s) trained in Glucagon administration: _____

Additional school persons trained to recognize and respond to low BG (with exception of administering Glucagon):

Bus driver Gym teacher Other (Name and Title): _____

Contact Information

Mother/Guardian: _____

Telephone: Home _____ Work _____ Cell _____

Father/Guardian: _____

Telephone: Home _____ Work _____ Cell _____

Other Emergency Contact:

Name: _____ Relationship: _____

Telephone: Home _____ Work _____ Cell _____

Diabetes Health Care Provider: (NP or MD): _____

Name: Diabetes Center, Nationwide Children's Hospital

Address: 700 Children's Drive, Columbus, OH 43205

Telephone: (614) 722-4425, option 3



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.SM

Blood Glucose (BG) Testing

Target Range: _____ mg/dL Usual times to test BG: _____

Additional times to test BG:

- Before physical activity When student has symptoms of low BG (*hypoglycemia*)
- After physical activity Before student boards bus at end of school day
- When student has symptoms of high BG (*hyperglycemia*) Other: _____

Can student perform own blood glucose testing? Yes No

Where will testing occur? Classroom Health Room Main Office Other _____

How will parent/guardian be notified of BG values obtained at school?

- Daily phone call Daily written communication Other _____

Insulin Administration

- Insulin pump: Manufacturer _____ Model Number _____
- Type of insulin: insulin lispro (*Humalog*) insulin aspart (*NovoLog*) insulin glulisine (*Apridra*)
- Is student using “insulin on board” or “active insulin” feature? Yes No

Insulin Dosages

Parents are responsible for communicating the correct dose of and any change in the dose of insulin; this is supported in the school medical orders signed per Dr. Repaske, Medical Director of the Diabetes Center, Nationwide Children’s Hospital.

Student Abilities/Skills

	Adult Needs to Perform	Adult Needs to Assist	No Assistance Needed by Student
Count carbohydrate grams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calculate carb and correction bolus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administer carb and correction bolus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Contact Parent		No Assistance Needed by Student
Suspend/resume insulin delivery	<input type="radio"/>		<input type="radio"/>
Set/cancel temporary basal rate	<input type="radio"/>		<input type="radio"/>
Disconnect/reconnect pump	<input type="radio"/>		<input type="radio"/>
Prepare reservoir and tubing	<input type="radio"/>		<input type="radio"/>
Insert infusion set	<input type="radio"/>		<input type="radio"/>
Troubleshoot alarms and malfunctions	<input type="radio"/>		<input type="radio"/>

Food

- Fast-acting carbohydrates such as _____ are required to treat a low BG or to prevent a low BG (*by giving to the student prior to vigorous physical activity*). These will be kept _____

- Food service personnel need to be able to provide the serving size of items included on the school menu.

- Instructions for when food is provided to a class on special occasions (*i.e. birthday party, holiday event*): _____

Field Trips

School personnel designated to provide/supervise diabetes care on field trip(s): _____

Physical Activity Guidelines

- Physical activity usually lowers blood glucose. The drop in blood glucose may be immediate or delayed as much as 12-24 hours
- The child will need fast-acting carbohydrates without insulin coverage for every 30 minutes of vigorous physical activity. This amount may need to be adjusted later after seeing the effect on blood glucose. (Refer to Activity Table)
- Do not give a high blood glucose correction bolus within 1 hour of vigorous or prolonged activity.

Activity Table:

Type of Activity	Blood Glucose	Amount of Fast-Acting Carbs for Every 30 Minutes of Activity
Low / Light <ul style="list-style-type: none"> • Slower walk • During activity can easily talk or sing 	80-100 mg/dL	5-10 grams
	100-300 mg/dL	None
Moderate <ul style="list-style-type: none"> • Faster walk • During activity can talk in short phrases 	80-100 mg/dL	10-15 grams
	100-180 mg/dL	5-10 grams
	180-300 mg/dL	None
Vigorous/Strenuous <ul style="list-style-type: none"> • Running • During activity can have difficulty talking easily 	80-100 mg/dL	15-25 grams
	100-180 mg/dL	15-25 grams
	180-300 mg/dL	5-10 grams

Glucagon for Treatment of Severe Low BG

The Emergency Glucagon Kit will be kept: _____.

Refer to the separate form and school orders for details regarding use and administration.

Supplies to be Kept at School

- | | |
|--|--|
| <input type="checkbox"/> Blood glucose meter | <input type="checkbox"/> Extra pump supplies |
| <input type="checkbox"/> Blood glucose test strips | <input type="checkbox"/> Insulin vial or cartridge |
| <input type="checkbox"/> Lancet device | <input type="checkbox"/> Insulin syringes or pen needles |
| <input type="checkbox"/> Lancets | <input type="checkbox"/> Glucagon emergency kit |
| <input type="checkbox"/> Ketone test strips | <input type="checkbox"/> Supply of fast-acting carbohydrates |

School personnel who will notify parent when supplies are getting low: _____

Acknowledged and received by:

Student's Parent/Guardian

Date

School Representative and Title

Date