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Haysville, Kansas 67060
Phone: 316-554-2200
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Mary Parker, RN
District School Nurse

DIABETES MEDICAL MANAGEMENT PLAN

Dear Parents or Guardian:

This plan should be completed by the student's physician and parents/guardian. Please have the physician to give guidelines on hypoglycemia and hyperglycemia, so that the school staff will be clear on what is to be done. Please indicate at what level of blood sugar you would like to be notified.

Please have the physician complete "Medical Statement for Student Requiring Special Meals Due to Disability" form, so that the school can make diet modifications. Federal regulations require the school to receive written instructions from appropriate medical authority before the school can modify your child's meals. This form can be obtained by contacting Food Service Director, Gina Lee at 554-2219.

Each school year this plan must be completed by the student's physician and parents/guardian. If you have any questions or concerns, please call the Nurse or Health Aide in your child's school.

Thank you,
Mary Parker, R.N.
District School Nurse for Haysville Schools

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USD 261

HAYSVILLE

Medical Management for Diabetes

To be completed by parents/school nurse and health care provider

A non-nurse school employee may be designated and trained by the school nurse to provide the service(s). If school nurse or designee are unavailable to provide requested Prescribed Special Health Care Services, 911 will be secured if an emergency should arise.

Diagnosis – Type 1 Diabetes Type 2 Diabetes Pre Diabetes/Dysmetabolic Syndrome

Diabetes Care Plan for _____ School _____ Effective Date _____
(Name of Student)

Date of Birth _____ Age of Onset _____ Grade _____ Homeroom Teacher _____

Contact Information –

Parent/Guardian #1 _____ Address _____

Telephone – Home _____ Work _____ Cell Phone _____

Parent/Guardian #2 _____ Address _____

Telephone – Home _____ Work _____ Cell Phone _____

Student's Doctor/Health Care Provider _____ Phone _____

Nurse Educator _____ Phone _____

Parent designee _____ Relationship _____

Telephone – Home _____ Work _____ Cell Phone _____

Hospital Choice _____ Known Allergies _____

Blood Glucose Monitoring _____ No, will be managed at home.

Target range for blood glucose: 70 mg/dl to 180 mg/dl _____

Times to test must be checked below: _____ (Type of blood glucose meter used)

Usual times to check blood glucose _____ per parent

____ mid-morning _____ before exercise/PE _____ when student exhibits symptoms of hyperglycemia

____ pre-lunch _____ after exercise _____ when student exhibits symptoms of hypoglycemia

____ mid-afternoon _____ other (explain): _____

Can student perform own blood glucose tests? _____ Yes _____ No Exceptions: significant hypoglycemia

Routine Pre-meal Insulin – _____ No, will be managed at home. Supplemental Insulin on next page.

BREAKFAST – give

_____ units OR

_____ units/_____ grams of carbohydrates OR _____ units/_____ grams of carbohydrates OR

_____ units/_____ calories

LUNCH – give

_____ units OR

_____ units/_____ grams of carbohydrates OR _____ units/_____ grams of carbohydrates OR

_____ units/_____ calories

Type (circled) novolog humalog apidra Type (circled) novolog humalog apidra

Parent may direct insulin dose variation between _____ and _____ units without further orders.

Other (e.g., pre-lunch supplemental): _____

Home insulin – Type _____ Dose _____ Frequency _____

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

For Students with Insulin Pumps –

Type of pump _____
Insulin/carbohydrate ratio _____
Correction factor _____

Is student competent regarding pump? ___Yes ___No
Can student effectively troubleshoot problems (e.g. ketosis, pump malfunction)? ___Yes ___No

Comments _____

Change site after a bolus within 60 to 90 minutes IF –
ketones do not resolve or blood glucose does not decrease

For Students Taking Oral Diabetes Medications – Medication _____

Time(s) _____ Side Effects _____

Other Medications _____

Time(s) _____ Side Effects _____

Meals and Snacks Eaten at School –

Is the student in high school? If so, can the high school student be responsible for meals and snacks during school? ___Yes ___No

	Time	Food content / amount
Breakfast	_____	_____
A.M. snack	_____	optional _____
Lunch	_____	_____
P.M. snack	_____	optional _____
Other times to give snacks and content / amount _____		

For Hypoglycemia – When blood glucose is below _____ 70 _____

Common symptoms shaky, sweaty, hungry, lethargic, irritable

Oral Treatment/Amount – 15-20 grams of **quick-acting carbohydrate** such as ½ c. juice, 1 c. milk, 4 glucose tabs, 6 oz. soda, 15 grams glucose gel

OTHER if not on insulin a snack may be sufficient

Recheck Blood Glucose 15 minutes following oral treatment. If blood glucose is still below 70, may repeat oral treatment and recheck blood glucose again in 15 minutes.

- * **If blood glucose is still below 70**, repeat oral treatment and notify a parent or parent designee to pick up the student and care for him/her until blood glucose has been above 90 for at least 1 ½ hours.
- **If blood glucose is above 70**, follow with a protein snack. Student may return to class if he/she is not experiencing any symptoms of hypoglycemia.

Glucagon should be given if the student is unconscious, having a seizure, or is unable to swallow.

Glucagon Dose _____ 1 unit (1mg) _____ 1/2 unit (1/2 mg)

- **Give Glucagon** (School Nurse will administer Glucagon IM; designated trained school personnel will administer Glucagon SubQ).
- **Call 911**
- **Notify parent or parent-designee (see page 1)**
- **Notify physician if unable to reach parent or parent-designee (see page 1)**

For Hyperglycemia – When blood glucose is above _____ (always check for ketones)

NO exercise if any ketones or if blood glucose is > _____.

When supplemental insulin IS or IS NOT ordered –

- A. If blood glucose is 250 or above with ketones, encourage water.
- B. If blood glucose is 250-300 without ketones, encourage water and mild exercise.
- C. If blood glucose is >300, with or without ketones, encourage water.
- D. If blood glucose is >350 encourage water. Recheck in 60 minutes. If level is still elevated, parent or parent-designees will be notified to pick student up from school and care for him/her until level is below 300.

When Supplemental and/or Pre-meal correction insulin is given at school –

Correction factor: Type of Insulin: _____
1 unit will decrease the blood glucose approximately _____mg. This child's target blood glucose is: _____.

Pre-meal correction insulin for hyperglycemia may be given when the blood glucose is greater than _____mg/dl.

Supplemental insulin for hyperglycemia may be given when Blood Glucose is > 250 with ketones or if greater than 300 mg/dl. Up to _____units SubQ may be given.

When supplemental insulin is given, blood glucose should always be rechecked in 2 hours OR in 60 minutes if **large ketones** or if **blood glucose is greater than 400.**

Supplemental insulin may be repeated if **blood glucose is greater than 250 mg/dl in 120 minutes** or **ketones persist.**

Children with diabetes need unrestricted access to the restroom and fluids and snacks available as needed. **We also encourage minimal disruption to class and activity periods.**

Signatures –

Physician / ARNP / PA Signature Date

Printed Name of Physician / ARNP / PA

Supervising Physician (required for ARNP or PA)

Office Phone # _____ Office Fax # _____ Glucose reports: _____ Updated orders: _____

Parent/Guardian Signature: _____

Any amendments to this Medical Management for Diabetes must be in writing.

A new request must be completed annually AND when any amendment occurs.