



NOTRE DAME HIGH SCHOOL

Member of the Middle States Association of Colleges and Secondary Schools

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Notre Dame Nurse's Office

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DIABETES MEDICAL MANAGEMENT PLAN

Student: _____ Gr/Teacher: _____ DOB/Age: _____

Emergency Contact #1: _____
Name Relationship Phone

Emergency Contact #2: _____
Name Relationship Phone

Physician's name: _____ Phone: _____

CHECKING BLOOD GLUCOSE

Target range of blood glucose: 70-130 mg/dL 70-180 mg/dL Other: _____

Check blood glucose level: Before lunch _____ Hours after lunch

2 hours after a correction dose Mid-morning Before PE After PE

Before dismissal Other: _____

As needed for signs/symptoms of low or high blood glucose

As needed for signs/symptoms of illness

Brand/Model of blood glucose meter: _____

Student's self-care blood glucose checking skills: All blood drawing done in Health Room

Independently checks own blood glucose (must be done in school's Health Room)

May check blood glucose with supervision

Requires school nurse or trained diabetes personnel to check blood glucose

Continuous Glucose Monitor (CGM): Yes No

Brand/Model: _____ Alarms set for: (low) and (high)

INSULIN THERAPY

Insulin delivery device: syringe insulin pen insulin pump

Type of insulin therapy at school:

Adjustable Insulin Therapy Fixed Insulin Therapy No insulin

Adjustable Insulin Therapy

Carbohydrate Coverage/Correction Dose: _____

Name of Insulin: _____

Carbohydrate Coverage: Insulin-to-Carbohydrate Ratio: _____

Lunch: 1 unit of insulin per _____ grams of carbohydrate

Snack: 1 unit of insulin per _____ grams of carbohydrate

Correction Dose: _____

Blood Glucose Correction Factor/Insulin Sensitivity Factor = _____

Target blood glucose = _____/dL

Correction dose scale (use instead of calculation to determine insulin correction dose):

Blood glucose _____ to _____ mg/dL give _____ units

Blood glucose _____ to _____ mg/dL give _____ units

Blood glucose _____ to _____ mg/dL give _____ units

Blood glucose _____ to _____ mg/dL give _____ units

When to give insulin:

Lunch

Carbohydrate coverage only

Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and _____ hours since last insulin dose.

Other: _____

Snack

No coverage for snack

Carbohydrate coverage only

Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and _____ hours since last insulin dose.

Other: _____

Correction dose only:

For blood glucose greater than _____ mg/dL AND at least _____ hours since last insulin dose.

Other: _____

Fixed Insulin Therapy

Name of insulin: _____

_____ Units of insulin given pre-lunch daily

_____ Units of insulin given pre-snack daily Other: _____

ADDITIONAL INFORMATION FOR STUDENT WITH INSULIN PUMP

Brand/Model of pump: _____ Type of insulin in pump: _____

Basal rates during school: _____

Type of infusion set: _____

For blood glucose greater than _____ mg/dL that has not decreased within _____ hours after correction, consider pump failure or infusion site failure. Notify parents/guardian.

For infusion site failure: Insert new infusion set and/or replace reservoir.

For suspected pump failure: suspend or remove pump and give insulin by syringe or pen.

Physical Activity

May disconnect from pump for sports activities Yes No

Set a temporary basal rate Yes No _____ % temporary basal for _____ hours

Suspend pump use Yes No

Student's self-care & pump abilities:

Independent?

Count carbohydrates

Yes No

Bolus correct amount for carbohydrates consumed

Yes No

Calculate and administer correction bolus

Yes No

Calculate and set basal profiles

Yes No

Calculate and set temporary basal rate

Yes No

Change batteries

Yes No

Disconnect pump

Yes No

Reconnect pump to infusion set

Yes No

Prepare reservoir and tubing

Yes No

Insert infusion set

Yes No

Troubleshoot alarms and malfunctions

Yes No

OTHER DIABETES MEDICATIONS

Name: _____ Dose: _____ Route: _____ Times given: _____

Name: _____ Dose: _____ Route: _____ Times given: _____

PHYSICAL ACTIVITY AND SPORTS

A quick-acting source of glucose such as glucose tabs and/or sugar-containing juice must be available at the site of physical education activities and sports.

Student should eat 15 grams 30 grams of carbohydrate other

before every 30 minutes during after vigorous physical activity

other _____

If most recent blood glucose is less than _____ mg/dL, student can participate in physical activity when blood glucose is corrected and above _____ mg/dL.

Avoid physical activity when blood glucose is greater than _____ mg/dL or if urine/ blood ketones are moderate to large.

DIABETES EMERGENCY ACTION PLAN

HYPOGLYCEMIA: (LOW BLOOD SUGAR)

MILD MODERATE SEVERE

Hungry Tired/drowsy Shaky/weak Fast heartbeat Clammy Pale skin color Blurred Vision Dizzy/Headache Sweaty/flushed/hot Other _____ Usually has no symptoms	___ Mood/behavior changes ___ Inattentive/spacey ___ Slurred/garbled speech ___ Anxious/Irritable ___ Numbness or tingling around lips ___ Poor coordination ___ Unable to concentrate ___ Personality change ___ Other _____ ___ Usually has no symptoms	___ Confused ___ Unable to follow commands ___ Unconscious ___ Seizure breathing ___ Convulsion ___ Other: _____
Treatment: Give _____ grams of carbohydrates of one of the following ___ oz. milk ___ oz. fruit juice ___ grams of glucose gel ___ glucose tabs other _____ Recheck blood glucose in 15 minutes or Other _____ If blood glucose is less than _____ mg/dL, give another _____ grams of carbohydrates	Give _____ grams of carbohydrates of one of the following ___ oz. milk ___ oz. fruit juice ___ grams of glucose gel ___ glucose tabs other _____ Recheck blood glucose in 15 minutes or Other _____ If blood glucose is less than _____ mg/dL, give another _____ grams of carbohydrates	Give Glucagon as prescribed below Insulin pump user - disconnect tubing from student Suspend insulin pump Other _____ _____ _____

student is confused/unable to follow commands, unable to swallow, unable to awaken (unconscious) or having a seizure/convulsion give:

Glucagon 0.5mg or 1.0mg

Injection site arm thigh other _____

HYPERGLYCEMIA: (HIGH BLOOD SUGAR)

MILD MODERATE SEVERE

___ Frequent urination ___ Extreme thirst/dry mouth ___ Sweet, fruity breath ___ Tiredness/fatigue ___ Increased hunger ___ Blurred Vision ___ Flushed skin ___ Lack of Concentration ___ Other _____ ___ Usually has no symptoms	___ Mild symptoms and ___ Nausea/vomiting ___ Stomach pain/cramps ___ Dry/itchy skin ___ Unusual weight loss ___ Poor coordination ___ Other _____	___ Mild to moderate symptoms and ___ Labored breathing ___ Weakness ___ Confusion ___ Unconsciousness ___ Other: _____
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Treatment for ketones:

Trace/small:

Provide correction/supplemental dose of insulin (see insulin/pump section)
 If blood sugar is: _____ mg/dL **and/or** if student is sick = **check ketones**
 Blood glucose \geq _____ mg/dL **without ketone** recheck blood glucose levels in 2 hours
 Blood glucose \geq _____ mg/dL **with ketones**
 Allow free bathroom access
 Encourage water and/or sugar-free fluid
 Recheck blood glucose levels in 2 hours
 Recheck ketones in 2 hours
 Other _____

Moderate/Large:

Same as trace/small ketones and
 Call parents/guardians to arrange to see healthcare provider

Physician's Signature: _____ Date: _____
 Parent's Signature: _____ Date: _____
 Student's Signature: _____ Date: _____
 School Nurse Signature: _____ Date: _____