

# Webb City R-7 Schools Diabetic Management Plan

**This plan should be completed by the student's personal diabetes health care team, including the parents/guardian. It should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the school nurse, and other authorized personnel.**

Date of Plan: \_\_\_\_\_ This plan is valid for the current school year \_\_\_\_\_ - \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Diabetes Diagnosis: \_\_\_\_\_ Type 1 \_\_\_\_\_ Type 2 \_\_\_\_\_ Other \_\_\_\_\_

School: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

## **CONTACT INFORMATION**

**Mother/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Student's Physician/Health Care Provider:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

### ***Other Emergency Contacts:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell: \_\_\_\_\_

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## **CHECKING BLOOD GLUCOSE**

Target range of blood glucose: \_\_\_\_\_

Usual times to check blood glucose \_\_\_\_\_

Time to do extra blood glucose checks (*check all that apply*)

\_\_\_ before exercise    \_\_\_ when student exhibits symptoms of hyperglycemia

\_\_\_ after exercise    \_\_\_ when student exhibits symptoms of hypoglycemia

\_\_\_ other: \_\_\_\_\_

Can student perform own blood glucose checks? \_\_\_ Yes \_\_\_ No

Exceptions: \_\_\_\_\_

Type of blood glucose meter student uses: \_\_\_\_\_

## **INSULIN THERAPY**

Insulin delivery device: \_\_\_ Syringe        \_\_\_ Insulin Pen        \_\_\_ Insulin Pump

**Type of insulin therapy at school:**

\_\_\_ Adjustable Insulin Therapy    \_\_\_ Fixed Insulin Therapy    \_\_\_ No 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

**Insulin Correction Doses:**

Parental authorization should be obtained before administering a correction dose for high blood 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

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

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\_\_\_\_\_ Parents are authorized to adjust the insulin dosage under the following circumstances: \_\_\_\_\_

### For Students With Insulin Pumps

Type of pump: \_\_\_\_\_

Type of insulin in pump: \_\_\_\_\_

Type of infusion set: \_\_\_\_\_

Insulin/carbohydrate ratio: Correction factor: \_\_\_\_\_

<b>Student Pump Abilities/Skills:</b>	<b>Yes</b>	<b>No</b>
Bolus correct amount for carbohydrates consumed		
Calculate and administer corrective bolus		
Calculate and set basal profiles		
Calculate and set temporary basal rate		
Disconnect pump		
Reconnect pump at infusion set		
Prepare reservoir and tubing		
Insert infusion set		
Troubleshoot alarms and malfunctions		

### For Students Taking Oral Diabetes Medication

<i>Name of Medication</i>	<i>Dose/Frequency</i>

### Meals and Snacks Eaten at School

<i>Meal/Snack</i>	<i>Time</i>	<i>Food content/amount</i>
Breakfast		
Mid-morning snack		
Lunch		
Mid-afternoon snack		

**\*\*\*Parent/Guardian must provide snacks\*\*\***

Foods to avoid, if any: \_\_\_\_\_

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event): \_\_\_\_\_

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## Exercise and Sports

Restrictions on activity, if any: \_\_\_\_\_

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.

## **HYPOGLYCEMIA TREATMENT**

Student's usual symptoms of hypoglycemia (list below):

\_\_\_\_\_

\_\_\_\_\_

- If exhibiting symptoms of hypoglycemia, OR if blood glucose level is less than \_\_\_\_\_ mg/dL, give a quick-acting glucose product equal to \_\_\_\_\_ grams of carbohydrate.
- Recheck blood glucose in 10–15 minutes and repeat treatment if blood glucose level is less than \_\_\_\_\_ mg/dL.
- Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow. Route \_\_\_\_\_, Dosage \_\_\_\_\_, site for glucagon injection: \_\_\_\_\_ arm, \_\_\_\_\_ thigh, \_\_\_\_\_ other.
- If glucagon is required, administer it promptly. Then, call 911 (or other emergency assistance) and the parents/guardian.

## **HYPERGLYCEMIA TREATMENT**

Student's usual symptoms of hyperglycemia: \_\_\_\_\_

\_\_\_\_\_

Treatment of hyperglycemia: \_\_\_\_\_

\_\_\_\_\_

Urine should be checked for ketones when blood glucose levels are above \_\_\_\_\_ mg/dl.

Treatment for ketones: \_\_\_\_\_

**Webb City R-7 Schools  
Diabetic Management Plan**

**This Diabetes Medical Management Plan has been approved by:**

\_\_\_\_\_  
**Student's Physician/Health Care Provider**

\_\_\_\_\_  
**Date**

I give permission to the school nurse, and other designated staff members of \_\_\_\_\_ school to perform and carry out the diabetes care tasks as outlined by \_\_\_\_\_'s Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

**Acknowledged and received by:**

\_\_\_\_\_  
Student's Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Parent/Guardian

\_\_\_\_\_  
Date