

## Diabetes Medical Management Plan/INSULIN BY INJECTION

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Diabetes Educator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### BLOOD GLUCOSE (BG) MONITORING:

- ☐ Before School Breakfast ☐ Before Lunch
- ☐ Before AM recess } ☐ No recess until BG > \_\_\_\_\_.  
☐ Before PM recess } (Note: Middle and High schools do not typically have am/pm recess)
- ☐ After PE } ☐ Snack of \_\_\_\_\_ before PE if BG is < \_\_\_\_\_.  
☐ Before PE } ☐ No PE until BG > \_\_\_\_\_.  
☐ Before exams ☐ May proceed with exam when BG > \_\_\_\_\_ or < \_\_\_\_\_.  
☐ Before riding bus home or student driving self home
- ☒ As needed for signs of hypoglycemia or hyperglycemia

### HYPOGLYCEMIA: Student should not be left alone if symptomatic or actual BG requires treatment as below.

- If glucometer not available and student symptomatic, treat for hypoglycemia.

- ☐ Treat BG < \_\_\_\_\_ with 10-15 gms of carbohydrate (juice, glucose tablets) or \_\_\_\_\_
- ☐ Recheck low BG within ☐ 15 minutes or ☐ \_\_\_\_\_ minutes and re-treat as above if still low.
- ☐ No need to recheck BG if symptoms subside
- ☐ Call parent for any BG < \_\_\_\_\_ or that remains < \_\_\_\_\_ 15 minutes after ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> treatment.
- ☐ Do not administer insulin for carbohydrates used to treat hypoglycemia.
- ☐ Treat BG < \_\_\_\_\_ with \_\_\_\_\_ (what food/grams) at these times:  
\_\_\_\_\_
- (Example: When BG's done pre-recess, bus, exercise etc and timing after last bolus indicates potential impending hypoglycemia.)
- ☐ Glucagon ☐ 0.5 mg ☐ 1.0 mg SQ/IM for severe hypoglycemia as indicated by inability to swallow oral treatment, unconsciousness or seizures.
- Call 911 per school procedures then notify parent/guardian.
  - Note: Glucagon must be supplied by family.

☐ Other: \_\_\_\_\_  
\_\_\_\_\_

### HYPERGLYCEMIA:

- ☐ Call parent for any BG > \_\_\_\_\_
- ☐ Ketone testing: ☐ Urine } ☐ If BG > \_\_\_\_\_  
☐ Blood } ☐ If student has nausea, vomiting or other symptoms
- Note: Ketostix must be provided by family. Call parents if ketostix not available as above.
  - If ketones present, call parents and provide water.
- ☐ Student may opt out of exercise if not feeling well and ketones present.
- ☐ Student may exercise if feeling well and ketones are moderate or less.
- ☐ Student may be excused from school when ketones are moderate/ large or has symptoms of illness in order to be treated and monitored more closely by parent/guardian.

### INSULIN DOSING:

- ☐ Meal/snacks are flexible & may be what other student are allowed. Insulin matched to carbohydrates.
- ☐ Student specific meal plan: \_\_\_\_\_

Insulin Type: ☐ Humalog ☐ Novalog ☐ Apidra ☐ Regular

Target BG (# or range): \_\_\_\_\_ (note if varies during school day)

Insulin Correction below given for BG's: ☐ Pre-lunch BG ☐ All BG's done ☐ Other: \_\_\_\_\_

☐ Use the sliding scale to the right BG range: \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units  
☐ Use the correction/sensitivity factor below for corrections of BG above target BG. BG range: \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units  
BG range: \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units  
BG range: \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units  
BG range: \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units  
Factor number: \_\_\_\_\_ BG range: \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units

☐ If glucometer result reads "HI" at above correction times, re-wash and re-check. If reading remains "HI", administer \_\_\_\_\_ units OR ☐ Use BG of \_\_\_\_\_ and above factor number to correct.

Insulin per carbohydrate ratio:

Lunch : 1 Unit of insulin for every \_\_\_\_\_ grams of carbohydrate  
If Applicable { Breakfast: 1 Unit of insulin for every \_\_\_\_\_ grams of carbohydrate  
AM snack: 1 Unit of insulin for every \_\_\_\_\_ grams of carbohydrate  
PM snack: 1 Unit of insulin for every \_\_\_\_\_ grams of carbohydrate  
Note: Classrooms may have occasional snacks or parties with food outside scheduled lunch.  
Some classrooms have scheduled snack times.

Administer  
carbohydrate  
bolus:

☐ 15 min. before eating ☐ Immediately before eating ☐ Immediately after eating  
☐ ½ bolus 15 min. before eating & ½ bolus after eating = 2 injections  
☐ ½ bolus immediately before eating & ½ bolus after = 2 injections  
☐ If pre-food BG is < \_\_\_\_\_, administer insulin with food only  
☐ Other: \_\_\_\_\_

☐ Parent may recommend lower dose of insulin before and/or after unusual exercise (example sports day)

☐ Parent is authorized to change the target BG, correction factor, or Insulin to carb ratio as follows ( amount or conditions) : \_\_\_\_\_

☐ All (other) changes in school day insulin dosages should be authorized by health care provider order.

#### STUDENT'S SELF CARE ABILITY:

**Supervision means ANY adult offering any support i.e. reminding, double checking or performing in any way.**

Supervision needed for BG checking ☐ Yes ☐ No Supervision needed for carb counting ☐ Yes ☐ No  
Supervision for treating mild hypoglycemia ☐ Yes ☐ No Supervision to test & interpret ketones ☐ Yes ☐ No  
Supervision to calculate and administer insulin by syringe when needed ☐ Yes ☐ No  
Supervision to notify parent for hypo/hyperglycemia as indicated on this form unless incapacitated ☐ Yes ☐ No  
☐ Yes ☐ No \*May advance in independence and less supervision through school year as school and parent agree.  
Other: \_\_\_\_\_

(Any concerns the school has regarding ability of student to be independent will be discussed with parent & healthcare provider.)

**SIGNATURES:** This order is valid for a maximum of one year.

\_\_\_\_\_  
Medical Provider/Date

I consent to medical provider and school health professional communication based on this medical order/permission if needed. Communication, if needed, may only include the prescription or treatment itself, implementation of the treatment in school and student outcomes of the treatment.

\_\_\_\_\_  
School Nurse/ Order Noted Date

\_\_\_\_\_  
Parent/ Guardian/ Date

Do not fax this form as small print can get distorted.

Parent: Take the completed form to the school office or school nurse or mail to:

Revision Date May 2012

Health Services, MCPS,  
215 South 6<sup>th</sup> St West  
Missoula MT 59801