

Diabetes Medical Management Plan for School Year 2016-17

<i>STUDENT NAME</i>		<i>DOB</i>	
Emergency Contact #1	Parent's Name	Emergency Contact #2	Parent's Name
	Relationship		Relationship
	Home Phone		Home Phone
	Work Phone		Work Phone
	Cell Phone		Cell Phone
Health Care Provider: Dr. L. Rauch & Dr. A Meadows		Office Contact Person Tina/Cindy	
Office Phone	260-435-7427	Office FAX	260-435-6947
Diagnosis: DIABETES <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2			
MONITORING (Physician Fill Out)			
Target blood sugar range: 70 mg/dl – 120 mg/dl or 80 mg/dl – 150 mg/dl			
<p><u>BLOOD SUGAR MONITORING</u></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<input type="checkbox"/> Before meals <input type="checkbox"/> For symptoms of hypo/hyperglycemia & anytime student does not feel well <input type="checkbox"/> Before gym/activity <input type="checkbox"/> After gym/activity <input type="checkbox"/> Before dismissal <input type="checkbox"/> Other _____		<input type="checkbox"/> Student requires assistance <input type="checkbox"/> Student requires supervision <input type="checkbox"/> Student is independent <input type="checkbox"/> Permission to self-carry <p>Where performed:</p> <input type="checkbox"/> Clinic <input type="checkbox"/> Classroom <input type="checkbox"/> Other _____
Notify parent/guardian if blood sugar is \uparrow 300 mg/dl or \downarrow 50 mg/dl			
<u>KETONE TESTING:</u> Check ketones if blood sugar is \uparrow 300 mg/dl. Also when student is ill or complains of nausea /vomiting/abdominal pain. See Page 3			
<i>Notify parent/guardian if ketones are moderate or large. Notify physician if ketones are moderate or large.</i>			
<i>OUT-OF-RANGE BLOOD MANAGEMENT:</i> <i>General guidelines for treating hyperglycemia and hypoglycemia will be followed according to the attached decision trees unless other instructions are specifically detailed by the health Care Provider.</i>			
LOW BLOOD SUGAR (HYPOGLYCEMIA) UNDER 70 mg/dl or 80 mg/dl	HIGH BLOOD SUGAR (HYPERGLYCEMIA) OVER 300 mg/dl		
<ul style="list-style-type: none"> ✓ Check blood sugar ✓ Give 15 grams of fast-acting carbohydrate if blood sugar is \downarrow 70 mg/dl or ____ mg/dl and if the student is conscious and able to swallow. ✓ DOUBLE the amount of carbohydrates to 30 grams if blood sugar is \downarrow 50. ✓ Examples of 15 grams of fast-acting carb. * 4 oz. juice * 3-4 glucose tablets ✓ Retest blood sugar 15 minutes after treating ✓ Repeat treatment if needed until blood sugar is \uparrow target blood sugar goal. 	<ul style="list-style-type: none"> ✓ Check blood sugar ✓ Check for ketons ✓ Have student drink 6-8 oz. of non-carb liquid every hour ✓ Notify parents and physician if ketones are <i>moderate</i> or <i>large</i> 		

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GLUCAGON EMERGENCY INJECTION (Physician Fill Out)

If student is unconscious or having a seizure, assume it is a low blood sugar reaction. Call 911 immediately and notify parents.

- Glucagon injection** (circle dose) $\frac{1}{2}$ mg or 1 mg should be given SQ or IM by trained personnel.
- Following injection, turn student on side until fully awake. When alert enough to swallow, give fast-acting carbohydrate as listed above.**

ITEMS TO BE FURNISHED BY PARENTS IMMEDIATELY UPON REQUEST

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Blood glucose meter/strips/lancets/lancing device <input type="checkbox"/> Insulin vials, syringes, pens, needles, cartridges, etc. <input type="checkbox"/> Ketone testing strips <input type="checkbox"/> Fast-acting carbohydrate foods for lows <input type="checkbox"/> Oral medication for diabetes if ordered | <ul style="list-style-type: none"> <input type="checkbox"/> Carbohydrate free beverages/water bottles for highs <input type="checkbox"/> Glucagon Emergency Kit <input type="checkbox"/> Routine daily snacks if ordered <input type="checkbox"/> Glucose tablets <input type="checkbox"/> Diabetes paperwork and updated orders |
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STATEMENT OF RESPONSIBILITY (Parent Read)

Parents/Guardians are responsible to:

- Notify school personnel of all changes in their child's medical management plan.
- Give permission for the school nurse to consult with student's Health Care Provider when necessary.
- Provide an adequate amount of all necessary diabetes supplies for student at all times.
- Provide current information on how to be contacted if necessary due to student's medical needs.
- Designate a knowledgeable person who will be available to be contacted, and who will be responsible for the student if the school is unable to contact parents/guardians.
- Make sure that the medical management plan is updated at least yearly and that the school has a copy.

School Personnel are responsible to:

- Follow medical management plan as outlined above while student is at school.
- Notify parents/guardians of any required treatment for low and/or high blood sugars.
- Provide copies of blood sugar logs and care given to parents and Health Care Providers upon request.
- Notify parents/guardians when supplies need replenished.

If a Diabetes Medical Management Plan for the current school year is not provided to the school, the most recent plan available will be followed until the school receives an updated one.

***Signatures:** The following have read and agree to adhere to the above plan (and pump supplement if using pump.) Parents agree to give permission to the school nurse, trained diabetes personnel, and other designated school staff members to perform and carry out the diabetes care tasks as outlined by the student's Diabetes Medical Management Plan. Parents also consent to the release of the information contained in this Diabetes Medical Management Plan, including child's photo to all staff members and other adults who have custodial care of the child and who may need to know this information to maintain the child's health and safety.*

Health Care Provider:	Date
Parent/Guardian:	Date
Student:	Date
School Nurse:	Date