

Diabetes Medical Management Plan

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

Date of Plan:

Effective Dates:

Student's Name:

Date of Birth:

Date of Diabetes Diagnosis:

Grade:

Homeroom Teacher:

Physical Condition: Diabetes type 1

Diabetes type 2

Contact Information: Notify parents/guardian or emergency contact in the following situations: High/low glucose (per doctor), ketones present, if glucagon has to be administered, and illness.

Parent/Guardian: Address: Telephone:	Parent/Guardian: Address: Telephone:
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Student's Doctor/Health Care Provider:

Other Emergency Contacts:

Name: Address: Telephone:	Name: Address: Telephone:
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Blood Glucose Monitoring

Type of monitoring device:

Target range for blood glucose is 70-150 70-180 100-180

If blood glucose is 80mg/dl or less nurse will give treatment food & check blood sugar in 15 min increments until blood glucose level is above 100mg/dl

Glucose checks to be done:

- Before meals
- Low/High Blood Sugar concern
- Exercise depending on schedule

Can student perform own blood glucose checks? Yes No

Usual Lunchtime Dose

Dosing will be done according to doctor's orders.

Insulin Correction Doses

Nursing staff will follow doctor's orders provided for insulin to carb ratio.

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

Glucose levels. Yes No

Sliding Insulin Scale: ***See Doctor's Order***

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

Authorization to adjust the insulin dosage: as needed within reason and follow up doctor orders need to be sent to nurse.

Meals and Snacks Eaten at School

Is student independent in carbohydrate calculations and management? Yes No

Other times to give snacks and content/amount: if needed for low blood glucose

Preferred snack foods:

Foods to avoid, if any:

Exercise and Sports

*Fast-acting carbohydrates such as: Juice should be available in the nurse's office in the event of a low blood glucose level while exercising.

*Restrictions on activity: This is to be determined per doctor's orders.

Blood glucose less than: _____ mg/dl

Hypoglycemia (Low Blood Sugar)

*Symptoms

*Treatment: Nursing staff will follow doctors' orders, treatment will be given and family will be contacted.

**Glucagon

Hyperglycemia (High Blood Sugar)

*Symptoms

*Treatment: Nursing staff will follow doctors' orders, treatment will be given and family will be contacted.

*Glucose

*Treatment for ketones:

Signatures

This Diabetes Medical Management Plan has been approved by:

Student's Physician/Health Care Provider

Date

I give permission to the school nurse, trained diabetes personnel, and other designated staff members of Lincoln County R-III School to perform and carry out the diabetes care tasks as outlined by Raegan'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