Burkburnett Independent School District
School Health
DIABETES MEDICAL MANAGEMENT PLAN

1. Student: _____ DOB: _____

   School: _____ Grade: _____

2. Diagnosis: **Type I Diabetes Mellitus**

3. Procedures: (parent to provide supplies for all procedures)

   a. Test blood before lunch and as needed for signs/symptoms of hypoglycemia and/or illness.

   b. Test urine ketones when blood glucose is over 250 mg/dl and/or when child is ill.

   c. Please circle type of insulin: Regular Humalog Novolog Apidra

   □ **Insulin to Carbohydrate Ratio**: _____ unit of insulin per _____ grams of carbohydrate plus correction scale prior to lunch

   □ **Fixed dose**: _____ units of insulin plus correction scale prior to lunch

   Correction Scale

   Blood glucose below _____ no additional insulin

   Blood glucose from _____ to _____ = _____ units insulin subcutaneously

   Blood glucose from _____ to _____ = _____ units insulin subcutaneously

   Blood glucose from _____ to _____ = _____ units insulin subcutaneously

   Notify parent if blood glucose is over _____

   □ **Insulin Pump** - Insulin to Carbohydrate Ratio: ____ unit of insulin per ____ grams of carbohydrate prior to lunch or snack (Correction dose calculated by insulin pump)

   d. Child to eat lunch following pre-lunch test and insulin administration.

4. Precautions:

   a. **HYPOGLYCEMIA (< 70 mg/dl):** Signs of hypoglycemia include trembling, sweating, shaking, pale, weak, dizzy, sleepy, lethargic, confusion, coma or seizures. See treatment chart on the following page.

   b. **HYPERGLYCEMIA (> 250 mg/dl)**: Signs include frequency of urination and excessive thirst. See the treatment chart on the following page. (Note: Deep rapid respirations combined with a fruity odor to the breath and positive urinary ketones are signs of ketoacidosis. This is an emergency. Notify parent.)

5. Meal Plan:

   Breakfast: _____ carbohydrate grams

   Mid AM Snack: _____ carbohydrate grams

Lunch: _____ carbohydrate grams

Mid PM Snack: _____ carbohydrate grams

GUIDELINES FOR RESPONDING TO BLOOD GLUCOSE TEST RESULTS

Hypoglycemia Treatment Plan:

If blood glucose is **BELOW 70** mg/dl and child is alert and able to swallow:

A. Give 15 grams carbohydrate (CHO), examples include but are not limited to:

6 lifesavers

4 ounces of juice

6 ounces regular soda (not diet)

4 glucose tablets

B. Allow child to rest 10 to 15 minutes and retest blood glucose

C. If blood glucose remains below 70 mg/dl, repeat A and B

D. After 3rd treatment for blood glucose and level remains below 70 mg/dl, contact parent

E. If it is snack or lunch time, allow child to eat snack or meal

Insulin pump: Suspend pump after 2nd treatment if glucose is < 70 mg/dl. Resume pump when >70 mg/dl. Notify parent as needed.

If blood glucose is **BELOW 70** mg/dl and the child is **unconscious or seizing**:

A. Enact school emergency response plan – Call 911 and notify parents

B. If available: inject Glucagon _____ mg subcutaneously

C. If seizing, follow seizure protocol

If blood glucose **70 to 250** mg/dl, follow usual meal plan, ordered lunch time insulin, and daily activities unless otherwise directed.

Hyperglycemia Treatment Plan:

If blood glucose is **OVER 250** mg/dl:

A. Test urine for ketones.

B. If ketones are **NEGATIVE**:

a. Child may participate in usual activities.

b. Encourage water or calorie-free liquids.

c. Allow access to restroom.

d. If meal time, follow insulin orders and usual meal plan.

C. If ketones are **POSITIVE** (small, moderate or large):

a. Encourage water or calorie-free liquids.

b. If occurring at lunch-time, give insulin per orders.

c. Retest glucose and ketones every 2 hours, or until ketones are negative.

d. No physical activity until ketones are negative.

e. Notify parents if blood glucose if over 400 mg/dl, large ketones, nausea/vomiting, deep rapid respirations and/or fruity odor to the breath.

D. **Insulin pump**: Notify parent of high glucose, moderate or large ketones and/or no improvement within two hours following intervention.

PARENT/PROVIDER ASSESSMENT OF STUDENT'S DIABETES

SELF-MANAGEMENT SKILLS

Skills: Insulin per Syringe, Pen, Vial and Syringe	**Independent with Diabetes Skills and Management**	**Requires Supervision**	**Requires Assistance**	**Dependent on Trained Personnel for Diabetes Care**
Preparing insulin				
Giving injection				
Performing glucose testing				
Performing ketone testing				
Calculating carbohydrate/insulin ratio				
Recognizing/treating hypoglycemia and/or hyperglycemia				
Skills: Insulin Pump	**Independent with Diabetes Skills and Management**	**Requires Supervision**	**Requires Assistance**	**Dependent on Trained Personnel for Diabetes Care**
Calculating/administering insulin bolus and correction dose				
Problem solving with hyperglycemia				
Using SQ injections when indicated by DMMP				
Priming/inserting catheter or pod				
Performing glucose testing				
Performing ketone testing				
Calculating carbohydrates				

Recognizing and treating hypoglycemia/hyperglycemia				
Troubleshoot alarms and malfunctions				

Date: _____

Parent Signature:_____ Phone Number:_____

Physician Signature: _____ Date: _____