

Parent Form - Page 2 of 2
DIABETES MEDICAL MANAGEMENT PLAN

This form must be renewed each school year or with any change in treatment plan

Contact Information

Student's Name: _____ **Date of Birth:** _____

School Name: _____ Grade: _____ Teacher: _____

Mother/Guardian: _____ Telephone: Home () _____ Work () _____ Cell () _____ Address: _____ _____	Father/Guardian: _____ Telephone: Home () _____ Work () _____ Cell () _____ Address: _____ _____
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Student's Primary Care Provider

Name: _____

Address: _____
Street City Zip

Telephone: () _____ Emergency Number: () _____

Student's Pediatric Endocrinologist (3 to 4 visits are recommended each year)

Name: _____

Address: _____
Street City Zip

Telephone: () _____ Emergency Number: () _____

Additional Emergency Contact:

Name: _____ Relationship: _____

Telephone: Home () _____ Work () _____ Cell () _____



District School Nurse
(760) 868-5805 Phone
(760) 868-5806 Fax

Snowline Joint Unified School District
9558 Wilson Ranch Road
P.O. Box 296000
Phelan, CA 92329-6000

Physician Form - Page 1 of 3

DIABETES MEDICAL MANAGEMENT PLAN

This form must be renewed each school year or with any change in treatment plan

Student's Name: _____ Date of Birth: _____

Student's School: _____ School Fax: _____

Physical Condition: Type 1 Diabetes Type 2 Diabetes Date of Diagnosis: _____

The Effective Date of this Plan is from: _____ until the end of the school year.

Medications Taken at Home

Insulin Medication			Oral Medication		
Pre-Breakfast:	_____	_____	_____	_____	_____
	<i>Medication</i>	<i>Amount</i>	<i>Time</i>	<i>Medication</i>	<i>Amount</i>
Pre-Bedtime	_____	_____	_____	_____	_____
	<i>Medication</i>	<i>Amount</i>	<i>Time</i>	<i>Medication</i>	<i>Amount</i>
Other	_____	_____	_____	_____	_____
	<i>Medication</i>	<i>Amount</i>	<i>Time</i>	<i>Medication</i>	<i>Amount</i>

Snacks Ordered for School

Snack	Time	Food Content/Amount
Mid-Morning Snack	_____	_____
Mid-Afternoon Snack	_____	_____
Other times to give snacks	_____	_____
Snack before exercise <input type="checkbox"/> Yes <input type="checkbox"/> No		Snack after exercise <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred snack foods: _____		
Foods to avoid, if any: _____		
Instructions when food is provided to the class (e.g., class parties): _____		

Exercise and Sports

Liquid and solid carbohydrate sources must be available before, during and after all exercise.

Exercise (Check and/or complete all that apply):

- No exercise if most recent blood glucose is less than 70 or _____
- Eat _____ grams of carbohydrates before vigorous exercise
- No exercise when blood glucose is greater than _____ or ketones are present
- Following treatment for hypoglycemia, no P.E. participation until blood sugar is at least above 80 and a carbohydrate and protein snack has been given.**

Field Trips:

Juice, snacks, and/or Glucagon **MUST** be available to student on all field trips or bus trips in case student requires treatment of hypoglycemia. The driver/chaperone should know of any student with diabetes in their care, in the event of an emergency.

Physician's Signature: _____ Date: _____

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Student's Name & School: _____ **Date of Birth:** _____

Blood Glucose Monitoring

Target blood glucose range _____ to _____

Routine times to check blood glucose at school are:

- before lunch before exercise after exercise
 when student exhibits symptoms of hyperglycemia or hypoglycemia
 other: _____

- Student can perform own blood glucose checks** **School personnel must perform blood checks**
 with supervision without supervision **Exceptions:** _____

Insulin Administration at School

Insulin administration at school by student as follows: *(a. & b. not recommended independently below age twelve years)*

- | | | | |
|------------------------------|-----------------------------------------------------|-----------------------------------------------------|-------------------------------------------|
| a. Determine insulin dose | <input type="checkbox"/> Self perform-adult observe | <input type="checkbox"/> Nurse or parent-supervised | <input type="checkbox"/> Dependent admin. |
| b. Measure insulin | <input type="checkbox"/> Self perform-adult observe | <input type="checkbox"/> Nurse or parent-supervised | <input type="checkbox"/> Dependent admin. |
| c. Inject insulin (vial/pen) | <input type="checkbox"/> Self perform-adult observe | <input type="checkbox"/> Nurse or parent-supervised | <input type="checkbox"/> Dependent admin. |
| d. Insulin pump | <input type="checkbox"/> Self perform-adult observe | <input type="checkbox"/> Nurse or parent-supervised | <input type="checkbox"/> Dependent admin. |

Independent Management:

- Independent in Insulin administration (insulin should be kept in the health office or in the student's insulin pump.)

Medication During School Hours

Food/bolus doses (Check all that apply):

Standard lunchtime dose: _____

Lunch insulin to carbohydrate ratio:

- | | | |
|-------------|----------------------------------|-----------------------------------------------------------------------|
| _____ units | <input type="checkbox"/> Humalog | <input type="checkbox"/> Novolog for 30 grams of carbohydrates |
| _____ units | <input type="checkbox"/> Humalog | <input type="checkbox"/> Novolog for 45 grams of carbohydrates |
| _____ units | <input type="checkbox"/> Humalog | <input type="checkbox"/> Novolog for 60 grams of carbohydrates |
| _____ units | <input type="checkbox"/> Humalog | <input type="checkbox"/> Novolog for _____ grams of carbohydrates |

Correction Scale / Calculation:

Written sliding scale as follows:

- | | | | |
|--------------------------|----------|---------|-------|
| Blood Glucose from _____ | to _____ | = _____ | units |
| Blood Glucose from _____ | to _____ | = _____ | units |
| Blood Glucose from _____ | to _____ | = _____ | units |
| Blood Glucose from _____ | to _____ | = _____ | units |
| Blood Glucose from _____ | to _____ | = _____ | units |
| Blood Glucose from _____ | to _____ | = _____ | units |

Snack Bolus: _____ units Humalog or Novolog for every _____ grams of carbohydrates

Insulin Therapy for Disaster: Check blood glucose every 4 hours and give insulin using above scale or give Insulin following these instructions: _____

Insulin at school for this student is for disaster only.

(Insulin doses should be given at least 2 hours apart to prevent overlapping insulin and hypoglycemia.)

Physician's Signature: _____ Date: _____

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DIABETES MEDICAL MANAGEMENT PLAN

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Student's Name: _____

Date of Birth: _____

A. Treatment of LOW blood sugar: less than 70 less than 80 Other _____

If hypoglycemic (low blood sugar) symptoms are present student must be supervised AT ALL TIMES!

Following treatment for hypoglycemia, no P.E. participation until the blood sugar is at least above the blood sugar indicated above and a carbohydrate and protein

Step 1: give student *one* of the following carbohydrate selections:

- 4 ounces (1/2 cup) any type of fruit juice
- 1 cup of milk
- 4 ounces (1/2 cup) regular soda – NOT DIET SODA!
- 2 - 3 glucose tablets
- 15 grams of Insta-Glucose™
- 1 small tube of Cake Mate™ gel

Step 2: Wait approximately

- 10 OR 15 minutes to allow blood glucose (BG) to rise – Do not give food yet.
- 10 OR 15 minutes to allow BG to rise, if lunchtime, may eat while waiting (should be supervised)

Step 3: Recheck blood sugar:

If BG (blood glucose) level is below the low blood sugar value checked above:

Repeat Steps 1 and 2 again. If blood sugar does not rise above hypoglycemia level after 3 attempts then notify parents and the school nurse.

If BG level is equal to or above the low blood sugar value checked above:

Send the student to lunch, but if the lunch or snack is more than one hour away, 10 to 15 minutes after the Step 1 carbohydrate selection above:

- Follow with carbohydrate-and-protein-combination snack (*e.g., cheese and crackers, peanut butter and crackers, 1/2 of a meat or cheese sandwich*)
- If **Carb-counting**, follow with a protein snack
- If **Carb-counting**, and going to PE before lunch, may have a carbohydrate and protein snack

The student may return to scheduled class assignment, but may have difficulty concentrating for up to 1 hour following the hypoglycemic event.

Glucagon (intramuscular injection): Glucagon dosage: 1 mg

If student loses consciousness or is having a seizure DO NOT put anything in the child's mouth

Step 1: Administer **Glucagon** intramuscularly by school nurse, or trained personnel **immediately**

Step 2: Call **911** immediately

Step 3: **Turn** student to side (left side if possible) to avoid risk of aspiration

Step 4: Notify the student's parent/guardian as soon as possible

B. Treatment of HIGH blood sugar (greater than 250 mg/dL):

- Student should drink 8 oz of water or DIET soda every hour and carry water bottle as needed
- Student should be excused to use restroom as often as needed
- Check urine ketones if blood sugar is greater than _____ Mg/dL. If **moderate to large ketones**, DO NOT allow student to exercise and contact parent or health care provider
- If student has nausea, vomiting, stomach ache, or is lethargic, call school nurse and parents **as soon as possible.** *Monitor student and if needed call 911.*
- Send student back to class if none of above physical symptoms are present.

Physician's Signature: _____ Date: _____

Physician's Name: _____ Telephone: () _____

Physician's Address: _____ Fax: () _____

Advanced Practice Nurse Name: _____ Telephone: () _____