Date of Plan:	

## **Diabetes Medical Management Plan**

Effective Dates:		
This plan should be completed by the student's personed with relevant school staff and copies shou trained diabetes personnel, and other authorized personnel.	ld be kept in a place that is easily	accessed by the school nurse,
Student's Name:		
Date of Birth:	Date of Diabetes Diagnosis	:
Grade:	Homeroom Teacher:	
Contact Information	Diabetes type 2	
Mother/Guardian:		
Address:		
Telephone: Home W	/ork	Cell
Father/Guardian:		
Address:		
Telephone: Home W	Vork	Cell
Student's Doctor/Health Care Provider:		
Name:		
Address:		
Telephone:	Emergency Number:	
Other Emergency Contacts:		
Name:		
Relationship:		
Telephone: Home W	Vork	Cell
Notify parents/guardian or emergency cont	_	

## **Diabetes Medical Management Plan** *Continued*

Target range for blood glucose is ☐ 70-150 ☐ 70-180 ☐ Other	
Usual times to check blood glucose	
Times to do extra blood glucose checks (check all that apply)  □ before exercise □ after exercise □ when student exhibits symptoms of hyperglycemia □ when student exhibits symptoms of hypoglycemia □ other (explain):	
Can student perform own blood glucose checks? ☐ Yes ☐ No	
Exceptions:	
Type of blood glucose meter student uses:	
Insulin	
Usual Lunchtime Dose  Base dose of Humalog/Novolog/Regular insulin (circle type of rapid-/short-acting insulin usis units or does flexible dosing using units/ grams carbohydrate.  Use of other insulin at lunch: (circle type of insulin used): intermediate/NPH/lente unbasal/Lantus/Utralente units.  Insulin Correction Doses  Parental authorization should be obtained before administering a correction dose for high blood glucose levels.	its or
For Charles with Levelin Downson	
Type of pump: Basal rates: to to to to	
Type of insulin in pump:	
Type of infusion set:	
Insulin/carbohydrate ratio: Correction factor:	

## **Diabetes Medical Management Plan Continued**

## Hypoglycemia (Low Blood Sugar) Usual symptoms of hypoglycemia: \_\_\_\_\_ Treatment of hypoglycemia: Glucagon should be given if he student is unconscious, having seizure (convulsion), or unable to swallow. Route , Dosage , site for glucagon injection: arm, thigh, If glucagon is required, administer it promptly. Then, call 911 (or other emergency assistance and the parents/guardian. Hyperglycemia (High Blood Sugar) Usual symptoms of hyperglycemia: Treatment of hyperglycemia: Urine should be checked for ketones when blood glucose levels are above mg/dl. Treatment for ketones: \_\_\_\_\_\_ Supplies to be kept at school Blood glucose meter, blood glucose test \_\_\_\_\_ Insulin pump and supplies \_\_\_\_\_ Insulin pen, pen needles, insulin Strips, batteries for meter cartridges Lancet device, lancets, gloves, etc. \_\_\_\_\_ Carbohydrate containing snack Urine ketone strips Insulin vials and syringes Glucagon emergency kit 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 Weimar High / Junior High School to perform and carry out the diabetes care tasks as outlined by '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