Cincinnati Children's Hospital Medical Center

Individual Diabetes Management Plan for Student on Insulin Pump Therapy School Year 2012-2013

Student Name: _____ **Address:** _____ **Date of Birth:** _____

School Name:_____ **Grade:** _____

Medical condition: ☐ **Type 1 Diabetes** ☐ **Type 2 Diabetes**

Primary school person responsible for care: _____

Secondary school person to provide care: _____

Alternate school person(s) trained in Glucagon administration: _____
_____

Additional school persons trained to recognize and respond to low BG (with exception of administering Glucagon): ☐ Bus driver ☐ Gym teacher
☐ Other (Name and Title):_____
_____

Contact Information

Mother/Guardian: _____
Telephone: Home_____ Work_____ Cell_____

Father/Guardian: _____
Telephone: Home_____ Work_____ Cell_____

Other Emergency Contact:
Name: _____ Relationship:_____
Telephone: Home_____ Work_____ Cell_____

Diabetes Health Care Provider:
Name: Diabetes Center, Cincinnati Children's Hospital Medical Center
Address: 3333 Burnet Ave., Cincinnati, OH 45229 Telephone: (513) 636-2444

Blood Glucose (BG) Testing

Target Range: _____mg/dL

Usual times to test BG: _____

Additional times to test BG:

- ☐ Before physical activity
- ☐ After physical activity
- ☐ When student has symptoms of high BG (hyperglycemia)
- ☐ When student has symptoms of low BG (hypoglycemia)
- ☐ Before student boards bus at end of school day
- ☐ Other: _____

Can student perform own blood glucose testing? ☐ Yes ☐ No

Where will testing occur? ☐ Classroom ☐ Health Room ☐ Main Office ☐ Other_____

How will parent/guardian be notified of BG values obtained at school?

☐ Daily phone call ☐ Daily written communication ☐ Other_____

Insulin Administration

- Insulin pump: Manufacturer_____ Model Number_____
- Type of insulin: ☐ insulin lispro (Humalog®) ☐ insulin aspart (NovoLog®)
  ☐ insulin glulisine (Apidra®)
- Is student using "insulin on board" or "active insulin" feature? ☐ Yes ☐ No

Insulin Dosages

Parents are responsible for communicating the correct dose of and any change in the dose of insulin; this is supported in the school medical orders signed per Dr. Dolan, Medical Director of the Diabetes Center, Cincinnati Children's Hospital Medical Center.

Student Abilities/Skills

	Adult Needs to Perform	*Adult Needs to Assist*	*No Assistance Needed* by Student
Count carbohydrate grams	☐	☐	☐
Calculate carb and correction bolus	☐	☐	☐
Administer carb and correction bolus	☐	☐	☐

	Contact Parent	*No Assistance Needed by Student*
Suspend/resume insulin delivery	☐	☐
Set/cancel temporary basal rate	☐	☐
Disconnect/reconnect pump	☐	☐
Prepare reservoir and tubing	☐	☐
Insert infusion set	☐	☐
Troubleshoot alarms and malfunctions	☐	☐

Food

- Fast-acting carbohydrates such as _____are required to treat a low BG or to prevent a low BG (by giving to the student prior to vigorous physical activity). These will be kept_____.
- Food service personnel need to be able to provide the serving size of items included on the school menu.
- Instructions for when food is provided to a class on special occasions (i.e. birthday party, holiday event):_____

Field Trips

School personnel designated to provide/supervise diabetes care on field trip(s):_____

_____

Physical Activity Guidelines

- Physical activity usually **lowers** blood glucose. The drop in blood glucose may be immediate or delayed as much as 12-24 hours
- The child will need fast-acting carbohydrates **without insulin coverage** for every 30 minutes of vigorous physical activity. This amount may need to be adjusted later after seeing the effect on blood glucose. (Refer to **Activity Table**)
- Do **not** give a high blood glucose correction bolus within 1 hour of vigorous or prolonged activity.

Activity Table:

Type of Activity	Blood Glucose	Amount of Fast-Acting Carbs for Every 30 Minutes of Activity
Low / Light ▪ Slower walk ▪ During activity can easily talk or sing	80-100 mg/dL	5-10 grams
	100-300 mg/dL	None
Moderate ▪ Faster walk ▪ During activity can talk in short phrases	80-100 mg/dL	10-15 grams
	100-180 mg/dL	5-10 grams
	180-300 mg/dL	None
Vigorous/Strenuous ▪ Running ▪ During activity can have difficulty talking easily	80-100 mg/dL	15-25 grams
	100-180 mg/dL	15-25 grams
	180-300 mg/dL	5-10 grams

Glucagon for Treatment of Severe Low BG

The Emergency Glucagon Kit will be kept: _____.
Refer to the separate form and school orders for details regarding use and administration.

Supplies to be Kept at School

- ☐ Blood glucose meter
- ☐ Blood glucose test strips
- ☐ Lancet device
- ☐ Lancets
- ☐ Ketone test strips
- ☐ Extra pump supplies
- ☐ Insulin vial or cartridge
- ☐ Insulin syringes or pen needles
- ☐ Glucagon emergency kit
- ☐ Supply of fast-acting carbohydrates

School personnel who will notify parent when supplies are getting low: _____

Acknowledged and received by:

_____ _____
Student's Parent/Guardian Date

_____ _____
School Representative and Title Date