Cincinnati Children's Hospital Medical Center

Individual Diabetes Management Plan for Student on Basal Bolus Insulin Injection 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 Primary Health Care Provider (NP or MD):_____
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 pen: Product Name (Manufacturer)_____
- Type of insulin: ☐ insulin lispro (Humalog®) ☐ insulin aspart (NovoLog®) ☐ insulin glulisine (Apidra®)

Insulin Dosages

Parents are responsible for communicating the correct dose 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***
Count carbohydrate grams	☐	☐	☐
Calculate carb and correction bolus	☐	☐	☐
Administer carb and correction bolus	☐	☐	☐

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 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):_____

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

Field Trips

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

_____

Glucagon for Treatment of Severe Low Blood Glucose

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
- ☐ 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