Cincinnati Children's
Hospital Medical Center

Individual Diabetes Management Plan for Student on Split Mixed 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):_____

Blood Glucose (BG) Testing

Usual time(s) 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_____

Nutrition

- Specific carbohydrate (carb) grams need to be eaten at specific lunch and snack times:

  A.M. snack: Time to be eaten:_____ Carb grams:_____

  Lunch: Time to be eaten:_____ Carb grams: _____

  P.M. snack: Time to be eaten:_____ Carb grams:_____
- 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):_____

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 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**)

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 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
- ☐ Lancet device
- ☐ Lancets
- ☐ Ketone test strips
- ☐ Blood glucose test strips
- ☐ 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 Nurse Date