

## Individual Diabetes Management Plan 2009-2010 Insulin Pump Therapy

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ 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, option 9

### 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**

	<i>Adult Needs to Perform</i>	<i>Adult Needs to Assist</i>	<i>No Assistance Needed by Student</i>
Count carbohydrate grams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculate carb and correction bolus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer carb and correction bolus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Contact Parent</i>	<i>No Assistance Needed by Student</i>	
Suspend/resume insulin delivery	<input type="checkbox"/>	<input type="checkbox"/>	
Set/cancel temporary basal rate	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect/reconnect pump	<input type="checkbox"/>	<input type="checkbox"/>	
Prepare reservoir and tubing	<input type="checkbox"/>	<input type="checkbox"/>	
Insert infusion set	<input type="checkbox"/>	<input type="checkbox"/>	
Troubleshoot alarms and malfunctions	<input type="checkbox"/>	<input type="checkbox"/>	

**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
<b>Low / Light</b> ▪ Slower walk ▪ During activity can easily talk or sing	80-100 mg/dL	5-10 grams
	100-300 mg/dL	None
<b>Moderate</b> ▪ 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
<b>Vigorous/Strenuous</b> ▪ 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**

- |  |  |
|--|--|
| <input type="checkbox"/> Blood glucose meter       | <input type="checkbox"/> Extra pump supplies                 |
| <input type="checkbox"/> Blood glucose test strips | <input type="checkbox"/> Insulin vial or cartridge           |
| <input type="checkbox"/> Lancet device             | <input type="checkbox"/> Insulin syringes or pen needles     |
| <input type="checkbox"/> Lancets                   | <input type="checkbox"/> Glucagon emergency kit              |
| <input type="checkbox"/> Ketone test strips        | <input type="checkbox"/> 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