

## Individual Diabetes Management Plan 2009-2010 Basal Bolus Insulin Injection 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 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, 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 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**

	<i>Adult Needs to Perform</i>	<i>Adult Needs to Assist</i>	<i>No Assistance Needed</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"/>

**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
<b>Low / Light</b> <ul style="list-style-type: none"> <li>▪ Slower walk</li> <li>▪ During activity can easily talk or sing</li> </ul>	80-100 mg/dL	5-10 grams
	100-300 mg/dL	None
<b>Moderate</b> <ul style="list-style-type: none"> <li>▪ Faster walk</li> <li>▪ During activity can talk in short phrases</li> </ul>	80-100 mg/dL	10-15 grams
	100-180 mg/dL	5-10 grams
	180-300 mg/dL	None
<b>Vigorous/Strenuous</b> <ul style="list-style-type: none"> <li>▪ Running</li> <li>▪ During activity can have difficulty talking easily</li> </ul>	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**

- |  |  |
|--|--|
| <input type="checkbox"/> Blood glucose meter       | <input type="checkbox"/> Insulin vial or cartridge           |
| <input type="checkbox"/> Blood glucose test strips | <input type="checkbox"/> Insulin syringes or pen needles     |
| <input type="checkbox"/> Lancet device             | <input type="checkbox"/> Glucagon emergency kit              |
| <input type="checkbox"/> Lancets                   | <input type="checkbox"/> Supply of fast-acting carbohydrates |
| <input type="checkbox"/> Ketone test strips        |  |

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