



## Individual Diabetes Management Plan 2009-2010 Split/Mixed Insulin 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

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
<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

**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"/> Blood glucose test strips           |
| <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