

Cincinnati Children's Hospital Medical Center
**Individual Diabetes Management Plan for
Student on Basal Bolus Insulin Injection Therapy**

Student Name: _____ Address: _____ Date of Birth: _____

School Name: _____ Grade: _____ School Year: _____

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 glucose (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) 636-3005 Fax: (513) 636-9677

Glucose Monitoring

Target range: _____ mg/dL to _____ mg/dL

Usual times to check glucose: _____

Additional times to check glucose:

- ☐ Before physical activity
- ☐ After physical activity
- ☐ When student has symptoms of high glucose (hyperglycemia)
- ☐ When student has symptoms of low glucose (hypoglycemia)
- ☐ Before student boards bus at end of school day
- ☐ Other: _____

Can student perform own glucose checking? ☐ Yes ☐ No

Where will checking occur? ☐ Classroom ☐ Health Room ☐ Main Office ☐ Other _____

How will parent/guardian be notified of glucose values obtained at school?

☐ Daily phone call ☐ Daily written communication ☐ Other _____

Continuing Glucose Monitoring Systems

- Wearable device that monitors glucose levels "continuously"
- Will alert with high or low glucose levels

Current CGM device: ☐ Dexcom® G6 ☐ Dexcom® G7 ☐ Guardian™ Sensor
☐ Freestyle Libre® 2 ☐ Freestyle Libre® 3

- **For students using Freestyle®, Libre®, Dexcom®, or Guardian® 4 CGM:** Can be used for treatment decisions and fingerstick is only needed with sensor placement and if greater than 4 hours without sensor data.
- **Always perform fingerstick glucose check if symptoms do not match CGM glucose values or if CGM is not providing accurate data.**

Insulin Administration

- Insulin pen: Product name (Manufacturer) _____
- Type of insulin: ☐ insulin lispro (Humalog® or Admelog®) ☐ insulin aspart (NovoLog®)
☐ insulin glulisine (Apidra®)

Insulin Dosages

Parents are responsible for communicating the correct doses and any change in the doses of insulin. This is supported in the school medical orders signed by 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 glucose or to prevent a low glucose (by giving to the student prior to 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** glucose. The drop in glucose may be immediate or delayed as much as 12-24 hours.
- The child may need fast-acting carbohydrates **without insulin coverage** for every 30 minutes of vigorous physical activity. This amount may need to be adjusted after seeing the effect of physical activity on glucose. (Refer to Activity Table)
- Do **not** give a high glucose correction bolus within 1 hour of vigorous or prolonged activity.

Activity Table

Type of Activity	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 (Some sports may include volleyball, baseball, softball)	80-100 mg/dL	10-15 grams
	100-180 mg/dL	5-10 grams
	180-300 mg/dL	None
Vigorous/Strenuous Running (Some sports may include soccer, basketball, swimming, track)	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 Glucose

The emergency Glucagon will be kept: _____

Refer to the separate form and school orders for details about use and administration.

Diabetes School Supplies

- | | |
|--|---|
| <input type="checkbox"/> Glucose meter | <input type="checkbox"/> Insulin vial or cartridge |
| <input type="checkbox"/> Glucose test strips | <input type="checkbox"/> Insulin syringes or pen needles |
| <input type="checkbox"/> Lancet device | <input type="checkbox"/> Glucagon emergency device or kit |
| <input type="checkbox"/> Lancets | <input type="checkbox"/> 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