

**Cincinnati Children's Hospital Medical Center**  
**Individual Diabetes Management Plan for**  
**Student on Insulin Pump 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 Health Care Provider:**

Name: Diabetes Center, Cincinnati Children's Hospital Medical Center

Address: 3333 Burnet Ave., Cincinnati, OH 45229 Telephone: (513) 636-3005

**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 pump: Manufacturer \_\_\_\_\_ Model Number \_\_\_\_\_

Type of insulin: ☐ insulin lispro (Humalog® or Admelog®)    ☐ insulin aspart (NovoLog®)  
☐ insulin glulisine (Apidra®)

Is student using “insulin on board” or “active insulin” feature? ☐ Yes    ☐ No

Tandem Mobi Quick Bolus Increment: Number of grams: \_\_\_\_\_ or Number of units: \_\_\_\_\_

### **Insulin Dosages**

Parents are responsible for communicating the correct doses of and any change in the dose 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 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 glucose or to prevent a low glucose (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 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 physical activity on glucose. (Refer to Activity Table)
- With Automated Insulin Delivery Systems (Medtronic® Auto Mode, Omnipod® 5 Auto Mode, Tandem® Control-IQ) carbohydrates may be subtracted from lunch to prevent low glucose with activity.
- With Automated Insulin Delivery Systems Temp Target (Medtronic® Auto Mode), Activity Mode (Omnipod® 5) or Exercise Activity (Tandem® Control-IQ) may be set prior to activity.
- 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
<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 (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
<b>Vigorous/Strenuous</b> 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

**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"/> Extra pump supplies             |
| <input type="checkbox"/> 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"/> 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