

iLet Bionic Pancreas System: School Diabetes Care Plan

1. INTENDED USE OF THIS FORM

This plan is intended solely for the use of school nurses or other qualified personnel caring for the student wearing the iLet Bionic Pancreas. This plan may be used to supplement the current 504 or school care plan. Beta Bionics recommends that the school nurse or other qualified personnel be familiar with the use of the iLet and refer to the User Guide, product label and or instructions for use before providing diabetes care to students using the iLet.

The following documents should be provided to and reviewed by the school nurse and other qualified personnel:

- iLet Bionic Pancreas User Guide <https://www.betabionics.com/resources/user-guides/>
- iLet Bionic Pancreas User Educational Resource Guide
- Beta Bionics Standard Ketone Action Plan (if applicable)

School nurses and other qualified personnel may request training and support from Beta Bionics: 1-855-745-3800

Sections 2 and 3 may be completed by the student's parent/guardian

2. STUDENT INFORMATION

Student Name: _____

Date of Birth: _____

School Year: _____

Plan valid until: _____

*****This plan should be updated as needed by the parent/guardian and the student's healthcare provider to ensure accuracy*****

3. STUDENT'S SELF-CARE SKILLS ON THE iLet

Skill	Full Support	Supervision	Independent
Select meal type and size for carbohydrates to be consumed and deliver the meal announcement	☐	☐	☐
Manage the iLet related to exercise/physical activity	☐	☐	☐
Recognize and treat hypoglycemia	☐	☐	☐
Manage hyperglycemia/ketones using the prescribed Ketone Action Plan	☐	☐	☐
Change insulin cartridge, cartridge connector, tubing, and prime the tubing	☐	☐	☐
Insert a new infusion set (includes removing the old infusion set and inserting a new one)	☐	☐	☐
Disconnect/reconnect the iLet tubing from infusion set	☐	☐	☐
Troubleshoot alarms	☐	☐	☐
Insert a new CGM sensor and connect to the iLet	☐	☐	☐
Charge the iLet	☐	☐	☐
For any self-care skill that the student is not able to perform independently the school nurse or other qualified personnel must assist or provide supervision to ensure the task is completed safely and correctly.			

Sections 4 and 5 should be reviewed and completed by the student's healthcare provider with input from the parent/guardian

4. INSULIN, GLUCOSE TARGET, AND CGM ALERTS

Insulin Type	
☐ insulin lispro (Humalog) ☐ insulin aspart (Novolog) ☐ Fiasp prefilled PumpCart ☐ Other: _____	
Infusion Set ** Only use supplies compatible with the iLet**	
☐ Contact Detach (change at least every 2 days or as needed) ☐ Inset (change at least every 3 days or as needed)	
iLet CGM Glucose Target Settings ** Do not change these settings without consulting the parent/guardian and/or HCP**	
Default CGM glucose target: ☐ Lower ☐ Usual ☐ Higher	Sleep (secondary) glucose target enabled: ☐ Yes ☐ No Sleep CGM glucose target: ☐ Lower ☐ Usual ☐ Higher Starts at: _____ Ends at: _____ ☐ N/A
iLet CGM Glucose Alerts (checked if set to on) ** It is strongly recommended to keep AT LEAST the High Glucose and Urgent Low Soon Alerts on**	
☐ High Glucose (CGM glucose > 300 mg/dl for more than 90 minutes) ☐ Low Glucose (CGM glucose < 75 mg/dl) **Urgent low (CGM glucose < 54 mg/dl) cannot be turned off**	☐ Urgent Low Soon (CGM glucose will be < 54 mg/dl in 20 minutes) ☐ Fall Rate (CGM glucose < 100 mg/dl and falling 2 mg/dl/min)
Limited Access	
Limited access passcode required to access meal announcements, cartridge menus and settings? ☐ Yes ☐ No Passcode: _____ ☐ N/A	

5. DIABETES MANAGEMENT ON THE iLet

Responding to Alerts																															
- The student's high and low glucose alerts should be kept on. Volume should be set at a level they can hear. ALWAYS read, respond to, and dismiss active alerts on the iLet. - Acknowledging the alerts may be required to resume insulin dosing. - If the student is not independent in troubleshooting alarms, the school nurse or other qualified personnel must be notified to assist.																															
High Glucose (Hyperglycemia) **DO NOT give additional insulin outside of the iLet unless instructed by the parent/guardian or healthcare provider (e.g., while following the Ketone Action Plan)**																															
ALWAYS allow unrestricted access to water or sugar free beverages and the restroom. If the student's BG is high but has not been above 300 for 90 minutes confirm the following: - The iLet has enough battery, is reading the CGM glucose, and has insulin in the cartridge. - The student's insulin infusion set is in place and not leaking. WHEN IN DOUBT, CHANGE IT OUT! - Confirm the High Glucose alert is on in the iLet. If the student's BG is above 300 mg/dl for more than 90 minutes: ☐ Follow the Beta Bionics Standard Ketone Action Plan for hyperglycemia on the iLet. <i>(parent/guardian will provide copy)</i> ☐ Follow the instructions below for all episode of hyperglycemia on the iLet.																															
<u>Notify the parent/guardian if:</u> - Ketones are present OR the student has ketones in Zone 3 OR has nausea or vomiting. - EMS is called due to persistent ketosis with nausea, vomiting or abdominal pain and/or altered mental status or labored breathing.																															
Low Glucose (Hypoglycemia)																															
ALWAYS have rapid-acting carbohydrates available to prevent or treat hypoglycemia and emergency glucagon to treat severe hypoglycemia. <u>If the student is symptomatic without receiving a low CGM glucose alert:</u> - Check a fingerstick BG to confirm hypoglycemia. - Confirm CGM alerts are on. - If the student is hypoglycemic, treat accordingly to the instructions listed in this plan. <i>**if the fingerstick BG does not match the CGM glucose value consider whether the CGM requires calibration. CGM should be calibrated per manufacturer's instructions. To calibrate the sensor, enter a BG into the iLet **</i>		<u>For Low Glucose Alert or BG less than 70 mg/dL:</u> - Always check a fingerstick BG reading to confirm hypoglycemia. - Treat with up to 15 grams of rapid-acting carbohydrates. - The student may need fewer carbs than they are used to because the iLet will have likely already decreased and/or stopped insulin dosing. It is important to not overtreat. - Allow the students glucose level to respond to the rapid-acting carbs before treating again. - Check a fingerstick BG reading approx. 15 minutes after treating. - If BG remains low, repeat treatment until BG is above 70 mg/dl. - Notify the parent/guardian if the student continues to have persistent lows.																													
<u>Additional instructions for hypoglycemia management:</u>																															
For severe hypoglycemia (unable to take oral carbohydrates, is unconscious or having a seizure) administer glucagon. **Consult the prescribed glucagon labeling and package insert for the most up to date drug information including route and dosing** <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Type of glucagon to be administered</th> <th style="width: 15%;">Injection Site</th> <th style="width: 15%;">Route</th> <th style="width: 20%;">Dose</th> </tr> </thead> <tbody> <tr> <td>☐ Gvoke PFS (pre-filled syringe)</td> <td></td> <td>Subcutaneous</td> <td></td> </tr> <tr> <td>☐ Gvoke Hypopen (auto-injector)</td> <td></td> <td>Subcutaneous</td> <td></td> </tr> <tr> <td>☐ Gvoke Kit (ready to use vial and syringe)</td> <td></td> <td>Subcutaneous</td> <td></td> </tr> <tr> <td>☐ Zegalogue (dasiglucagon) Auto-Injector</td> <td></td> <td>Subcutaneous</td> <td></td> </tr> <tr> <td>☐ Zegalogue (dasiglucagon) Pre-Filled Syringe</td> <td></td> <td>Subcutaneous</td> <td></td> </tr> <tr> <td>☐ Baqsimi (Nasal Glucagon)</td> <td></td> <td>Nasal</td> <td></td> </tr> </tbody> </table>				Type of glucagon to be administered	Injection Site	Route	Dose	☐ Gvoke PFS (pre-filled syringe)		Subcutaneous		☐ Gvoke Hypopen (auto-injector)		Subcutaneous		☐ Gvoke Kit (ready to use vial and syringe)		Subcutaneous		☐ Zegalogue (dasiglucagon) Auto-Injector		Subcutaneous		☐ Zegalogue (dasiglucagon) Pre-Filled Syringe		Subcutaneous		☐ Baqsimi (Nasal Glucagon)		Nasal	
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STEPS FOR RESPONDING TO SEVERE HYPOGLYCEMIA - Administer the prescribed glucagon. - Place the student on their left side (recovery position) and monitor for vomiting. - Call 911 and notify the student's parent/guardian. - If a BG meter is accessible, confirm hypoglycemia with fingerstick BG measurement. DO NOT delay treatment if a meter is not accessible. - Disconnect the student from the iLet but keep it with the student. - Always send the iLet with EMS to the hospital.																															

Meal Announcements			
• Only announce meals that have carbohydrates. <u>DO NOT</u> announce meals that have no carbohydrates or are very low carb. • Meals should be announced right when the student is about to eat. • If it has been more than 30 minutes since the student started eating <u>DO NOT</u> announce.			
Select one of the following options for meal announcements at school:			
☐	The student may independently select the meal type and size according to the amount of carbohydrates in the meal		
☐	Parent/guardian will pack meals and snacks labeled with meal type. School personnel should call parent/guardian for any extra snacks served at school.		
☐	Parent/guardian and/or student's healthcare provider will provide carbohydrate ranges below for the school nurse or other qualified personnel to use when selecting meal type and size for all meals and snacks served at school.		
☐	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Breakfast Use for ☐ Breakfast ☐ AM Snack ☐ PM Snack Usual for me: ___ - ___ grams More: ___ - ___ grams Less: ___ - ___ grams </td> <td style="width: 50%; border: none;"> Lunch Use for ☐ Lunch ☐ AM Snack ☐ PM Snack Usual for me: ___ - ___ grams More: ___ - ___ grams Less: ___ - ___ grams </td> </tr> </table>	Breakfast Use for ☐ Breakfast ☐ AM Snack ☐ PM Snack Usual for me: ___ - ___ grams More: ___ - ___ grams Less: ___ - ___ grams	Lunch Use for ☐ Lunch ☐ AM Snack ☐ PM Snack Usual for me: ___ - ___ grams More: ___ - ___ grams Less: ___ - ___ grams
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Exercise/Physical Activity			
• <u>DO NOT</u> "pre-load" with carbs BEFORE disconnecting from the iLet. • If the student will "pre-load" with carbs, this should only be done AFTER disconnecting from the iLet. • ALWAYS have rapid-acting carbohydrates available to prevent or treat hypoglycemia. • ALWAYS have emergency glucagon to treat severe hypoglycemia.			
Select one of the following options for physical activity at school:			
☐	Disconnect from the iLet before physical activity. • Disconnect from the iLet _____ minutes before physical activity. • Take _____ grams of carbs before physical activity. • Reconnect to the iLet _____ minutes after physical activity. • The iLet should not be disconnected for longer than _____ minutes for physical activity.		
☐	Stay connected to the iLet during physical activity. • <u>DO NOT</u> "pre-load" with carbohydrates prior to physical activity. • Treat hypoglycemia as needed.		
BG-Run Mode & Back Up Therapy Plan			
• It is very important to always have a backup CGM sensor to avoid going into BG-run mode. • The iLet will go into BG-run mode when it is not receiving CGM glucose readings. • In BG-run mode, the iLet will alert when a fingerstick BG is required. • If a required BG is not entered within the required interval, insulin dosing will stop until a BG is entered or the student is connected to a CGM. • This mode is temporary. After 72 hours BG-run mode will end, and all insulin dosing will stop. • Once BG-run mode ends, the student will need to connect to a CGM or switch to their back up therapy plan.			
Select one of the following for managing BG-run mode:			
☐	Place a new CGM sensor immediately and enter a BG as requested by the iLet until CGM has completed the warm-up and the iLet is reading CGM glucose values. If the student does not have a backup CGM sensor contact the parent or guardian.		
☐	Notify the parent or guardian for guidance on managing BG-run mode or transitioning to back up therapy plan.		
☐	Disconnect from the iLet and transition to the student's back up therapy plan outlined below:		
Instructions for transitioning to the student's back up therapy plan:			

This iLet Bionic Pancreas System: School Diabetes Management Guide has been approved by:

STUDENT'S PARENT/GUARDIAN	
PARENT/GUARDIAN NAME:	
PARENT/GUARDIAN SIGNATURE:	DATE

STUDENT'S HEALTHCARE PROVIDER	
HEALTHCARE PROVIDER NAME:	
HEALTHCARE PROVIDER SIGNATURE:	DATE

This iLet Bionics Pancreas System: School Diabetes Management Guide has been received and acknowledged by:

STUDENT'S SCHOOL NURSE/OTHER QUALIFIED PERSONNEL	
SCHOOL NURSE/OTHER QUALIFIED PERSONNEL NAME:	
SCHOOL NURSE/OTHER QUALIFIED PERSONNEL SIGNATURE:	DATE

Cincinnati Children's Hospital Medical Center
Individual Diabetes Management Plan for
Student on the iLet Pump

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 _____

Cincinnati Children's Hospital Diabetes Center Providers:

☐ Rosario Alarcon MD
☐ Rohit Aswani MD
☐ Marnie Blalock MD
☐ Ryan Brady MD
☐ Lea Chokr MD
☐ Sarah Corathers MD
☐ Nancy Crimmins MD
☐ Hailee Delsart MD
☐ Lily Deng MD
☐ Lawrence Dolan MD
☐ Chineze Ebo MD
☐ Deborah Elder MD
☐ Janise Felblinger APRN-CNP

☐ Rubina Ghasletwala APRN-CNP
☐ Sarah Giger MD
☐ Shara Griffin APRN-CNP
☐ Karli Heiskell APRN-CNP
☐ Audrey Hull MD
☐ Swati John MD
☐ Nana-Hawa Yayah ones MD
☐ Jennifer Kelly APRN-CNP
☐ Oneza Kothawala MD
☐ Hui Liu APRN-CNP
☐ Limor Marko MD
☐ Chelsea Murphy MD
☐ Gajanthan Muthuvel MD

☐ Nat Nasomyont MD
☐ Yoori Noh APRN-CNP
☐ Chris Osborn APRN-CNP
☐ Lisa Schaaf APRN-CNP
☐ Allegra Schikler MD
☐ Natalie Segev MD
☐ Amy Shah MD
☐ Nicole Sheanon MD
☐ Katya Sracic MD
☐ Katrina Stumbras MD
☐ Siobhan Tellez APRN-CNP
☐ Karishma Tilton APRN-CNP

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(s)/guardian(s) 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 ☐ FreeStyle Libre 3 Plus

- **For students using FreeStyle Libre or Dexcom®:** devices can be used for treatment decisions and a finger stick is only needed if greater than 4 hours without sensor data.
- **Always perform finger stick glucose check if symptoms do not match CGM glucose values or if CGM is not providing accurate data.**

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): _____

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

- | | |
|--|--|
| ☐ Glucose meter | ☐ Extra pump supplies |
| ☐ Glucose test strips | ☐ Insulin vial or cartridge |
| ☐ Lancet device | ☐ Insulin syringes or pen needles |
| ☐ Lancets | ☐ Glucagon emergency kit |
| ☐ Ketone test strips | ☐ Fast-acting carbohydrates |

School personnel who will notify parent(s) when supplies are getting low:

Acknowledged and received by:

Student's Parent/Guardian

Date

School Representative and Title

Date