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(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 ☐ Guardian™ 4 Sensor
☐ FreeStyle Libre 2 Plus ☐ FreeStyle Libre 3 Plus

- **For students using FreeStyle Libre, Dexcom®, or Guardian® 4 CGM**: 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.**

## 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

| | *Adult Needs to Perform* | *Adult Needs to Assist* | *No Assistance Needed by Student* |
|---|---|---|---|
| Count carbohydrate grams | ☐ | ☐ | ☐ |
| Calculate carb and correction bolus | ☐ | ☐ | ☐ |
| Administer carb and correction bolus | ☐ | ☐ | ☐ |

| | *Contact Parent* | *No Assistance Needed by Student* |
|---|---|---|
| Suspend/resume insulin delivery | ☐ | ☐ |
| Set/cancel temporary basal rate | ☐ | ☐ |
| Disconnect/reconnect pump | ☐ | ☐ |
| Prepare reservoir and tubing | ☐ | ☐ |
| Insert infusion set | ☐ | ☐ |
| Troubleshoot alarms and malfunctions | ☐ | ☐ |

## 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® SmartGuard, Omnipod® 5 Auto Mode, Tandem® Control-IQ, Twiist™ AID) carbohydrates may be subtracted from lunch to prevent low glucose with activity.
- With Automated Insulin Delivery Systems Temp Target (Medtronic® SmartGuard), Activity Mode (Omnipod® 5), Exercise Activity (Tandem® Control-IQ) or Workout Present (Twiist™ AID) 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 |
|---|---|---|
| **Low / Light**<br>Slower walk<br>(During activity can easily talk or sing) | 80-100 mg/dL | 5-10 grams |
| | 100-300 mg/dL | None |
| **Moderate**<br>Faster walk<br>(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**<br>Running<br>(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

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