

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 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) 636-3005

**Blood Glucose (BG) Testing**

Target range: \_\_\_\_\_ mg/dL

Usual times 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 \_\_\_\_\_

**Continuing Glucose Monitoring Systems**

- Wearable device that monitors glucose levels “continuously”
  - Will alert with high or low glucose levels
- Current CGM device:  Dexcom G5® Mobile     Dexcom G6®     Guardian™ Sensor 3  
 Freestyle Libre®

**For students using Freestyle Libre®, Dexcom G5® Mobile or Dexcom G6® CGM only:**

- Use CGM glucose level for treatment decisions
- Check fingerstick blood glucose at the following times:

|                                 |                                  |
|---------------------------------|----------------------------------|
| When glucose is less than _____ | When glucose is great than _____ |
| Before meals _____              | Before activity _____            |
| End of school day _____         | Other _____                      |

**Always perform fingerstick blood glucose level 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 BG or to prevent a low BG (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** blood glucose. The drop in blood 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 physical activity. This amount may need to be adjusted after seeing the effect of physical activity on blood glucose. (Refer to **Activity Table**)
- Do **not** give a high blood glucose correction bolus within 1 hour of vigorous or prolonged activity.

**Activity Table**

| Type of Activity  | Blood Glucose | Amount of Fast-Acting Carbs for Every 30 Minutes of Activity |
|---|---------------|--|
| <b>Low / Light</b><br>Slower walk<br>(During activity can easily talk or sing)                        | 80-100 mg/dL  | 5-10 grams   |
|   | 100-300 mg/dL | None   |
| <b>Moderate</b><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   |
| <b>Vigorous/Strenuous</b><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   |

**Field Trips**

School personnel designated to provide/supervise diabetes care on field trip(s): \_\_\_\_\_

**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 about use and administration.

**Diabetes School Supplies**

- |  |  |
|--|--|
| <input type="checkbox"/> Blood glucose meter       | <input type="checkbox"/> Insulin vial or cartridge           |
| <input type="checkbox"/> Blood glucose test strips | <input type="checkbox"/> Insulin syringes or pen needles     |
| <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