

**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 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 Health Care Provider:

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 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

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"/>	

Student Name: _____ Date of Birth: _____

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 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 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 vigorous physical activity. This amount may need to be adjusted after seeing the effect 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
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

Glucagon for Treatment of Severe Low BG

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"/> Extra pump supplies |
| <input type="checkbox"/> Blood 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"/> Supply of 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