

Individual Diabetes Management Plan 2009-2010 Insulin Pump Therapy

Student Name: _____ Date of Birth: _____ Grade: _____

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) 636-2444, option 9

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 _____

Insulin Administration

- Insulin pump: Manufacturer _____ Model Number _____
- Type of insulin: ☐ insulin lispro (Humalog®) ☐ 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 dose of and any change in the dose of insulin; this is supported in the school medical orders signed per 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 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 will need fast-acting carbohydrates **without insulin coverage** for every 30 minutes of vigorous physical activity. This amount may need to be adjusted later after seeing the effect 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 <ul style="list-style-type: none"> Slower walk During activity can easily talk or sing | 80-100 mg/dL | 5-10 grams |
| | 100-300 mg/dL | None |
| Moderate <ul style="list-style-type: none"> Faster walk During activity can talk in short phrases | 80-100 mg/dL | 10-15 grams |
| | 100-180 mg/dL | 5-10 grams |
| | 180-300 mg/dL | None |
| Vigorous/Strenuous <ul style="list-style-type: none"> Running During activity can have difficulty talking easily | 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 regarding use and administration.

Supplies to be Kept at School

- | | |
|--|--|
| <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