

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 _____

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 ▪ Slower walk ▪ During activity can easily talk or sing	80-100 mg/dL	5-10 grams
	100-300 mg/dL	None
Moderate ▪ 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 ▪ 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