NORTH CAROLINA
OUTWARD BOUND SCHOOL

DIABETES MEDICAL MANAGEMENT PLAN

THIS PLAN SHOULD BE COMPLETED BY THE APPLICANTS PERSONAL HEALTH CARE TEAM.

Applicant Name: _____ **Course Number:** _____

Diabetes Type: ❑ Type 1   ❑ Type 2

Blood Glucose Monitoring

Target range for blood glucose is   ❑ 70-150   ❑ 70-180   ❑ Other: _____

Date of most recent A1C Test: _____ Results of test: _____

Usual times to check blood glucose: _____

Times to do extra blood glucose checks (check all that apply):

    ❑ before exercise

    ❑ after exercise

    ❑ when applicant exhibits symptoms of hyperglycemia

    ❑ when applicant exhibits symptoms of hypoglycemia

    ❑ other (explain): _____

Can applicant perform own blood glucose checks?   ❑ Yes   ❑ No

Exercise and Sports

Outward Bound is a very physical endeavor. Diabetic applicants should be physically active in their everyday life and know the impact of activity on their blood sugar levels.

Is the applicant able to adjust insulin levels with a change in physical activity?   ❑ Yes   ❑ No

Restrictions on activity - should not exercise if blood glucose level is below _____ mg/dl or above _____ mg/dl or if moderate to large urine ketones are present.

For Applicants with Insulin Pumps

Applicants using insulin pumps MUST also be proficient at using syringes in case of pump failure to be accepted to course.

Is the applicant able to calculate the correct amount of insulin and self inject?   ❑ Yes   ❑ No

Type of pump: _____ Type of insulin in pump: _____

Applicant Pump Abilities/Skills:

Count carbohydrates	❑ Yes	❑ No
Bolus correct amount for carbohydrates consumed	❑ Yes	❑ No
Calculate and administer corrective bolus	❑ Yes	❑ No
Calculate and set basal profiles	❑ Yes	❑ No
Calculate and set temporary basal rate	❑ Yes	❑ No
Disconnect pump	❑ Yes	❑ No
Reconnect pump at infusion set	❑ Yes	❑ No
Prepare reservoir and tubing	❑ Yes	❑ No
Insert infusion set	❑ Yes	❑ No
Troubleshoot alarms and malfunctions	❑ Yes	❑ No

Insulin Dosing with Syringes

Is applicant independent in carbohydrate calculations and management? ❏ Yes ❏ No

Can applicant give own injections? ❏ Yes ❏ No

Can applicant determine correct amount of insulin? ❏ Yes ❏ No

Can applicant draw correct dose of insulin? ❏ Yes ❏ No

For Applicants Taking Oral Diabetes Medications

Type of medication: _____ Timing: _____

Other medications: _____ Timing: _____

Diabetic Incident Management

Hypoglycemia (Low Blood Sugar)

Usual symptoms of hypoglycemia:

Treatment of hypoglycemia:

Hyperglycemia (High Blood Sugar)

Usual symptoms of hyperglycemia:

Treatment of hyperglycemia:

Urine should be checked for ketones when blood glucose levels are above _____ mg/dl.

Treatment for ketones:

Contact Information for Applicant's Doctor/Health Care Provider:

Physician's Name: _____ Physician's Signature: _____

Phone: _____ Emergency Phone: _____