



DIABETES MEDICAL MANAGEMENT PLAN FOR THE STUDENT WITH DIABETES ON INJECTIONS

Student:		DOB:	School:	Grade:
Home Address:			Home Phone:	
Notification to Parent/Guardian:		Low Blood Glucose - less than _____ mg/dL	High Blood Glucose - greater than _____ mg/dL	
Continuous glucose monitoring: See continuous glucose monitoring orders <input type="checkbox"/>				
Hypoglycemia Mild/Moderate Treatment: <input type="checkbox"/> less than 70 mg/dL <input type="checkbox"/> less than _____ mg/dL - Follow Rule of 15: Treat with <input type="checkbox"/> 2-4 Glucose Tabs <input type="checkbox"/> 4 ounces juice <input type="checkbox"/> Glucose gel (use finger, place between cheek & gum in mouth) <input checked="" type="checkbox"/> If no meal or snack within the next hour, give a 15 gram snack IMPORTANT: Always RECHECK blood glucose in 15 minutes and repeat above if needed and NOTIFY PARENT/GUARDIAN IF BLOOD GLUCOSE LESS THAN _____ mg/dL				
Hypoglycemia: Severe Symptoms with loss of consciousness/seizures: Call 911 and administer emergency medication				
Glucagon <input type="checkbox"/> 0.5 mg <input type="checkbox"/> 1 mg IM, Arm or Thigh		Gvoke <input type="checkbox"/> 0.5 mg <input type="checkbox"/> 1 mg Subcutaneous, Arm or Thigh		
Zegalouge <input type="checkbox"/> 0.6 mg Subcutaneous, Arm or Thigh		Baqsimi <input type="checkbox"/> 3 mg Intranasal		
Hyperglycemia Treatment: <input checked="" type="checkbox"/> Provide water and access to bathroom		If Blood Glucose is greater than 250 mg/dL twice in a row:		
IMPORTANT: Student should not be sent home from school with elevated blood glucose UNLESS student is too ill to participate in school activities and/or has moderate ketones and vomiting present.		<input checked="" type="checkbox"/> Test urine ketones and call parent/guardian if ketones moderate to large		
		<input checked="" type="checkbox"/> See below for insulin instructions if applicable		
When to Check Blood Glucose: <input checked="" type="checkbox"/> Always for signs and symptoms of low/high blood glucose, when not feeling well, and/or behavior concerns.				
<input type="checkbox"/> Before breakfast		Before Activity: <input type="checkbox"/> Gym / <input type="checkbox"/> Recess Blood Glucose/Sensor Glucose should be greater than _____ mg/dL		
<input type="checkbox"/> Before lunch		Before Dismissal: <input type="checkbox"/> Walking home / <input type="checkbox"/> Riding bus Blood Glucose/Sensor Glucose should be greater than _____ mg/dL		
<input type="checkbox"/> Before snacks		**See continuous glucose monitoring (CGM) orders if applicable**		
Blood Glucose Correction and Insulin Dosage		Insulin Type: <input type="checkbox"/> Apidra / Humalog(Lispro) / Novolog (Aspart) / Admelog / Fiasp		
Injection site: <input type="checkbox"/> Abdomen <input type="checkbox"/> Arm <input type="checkbox"/> Buttock <input type="checkbox"/> Thigh		Injections should be given subcutaneously and rotated		
Correction Factor: Give <input type="checkbox"/> Prior to breakfast/lunch <input type="checkbox"/> Immediately after breakfast/lunch <input type="checkbox"/> Other: _____				
Blood Glucose greater than _____ ADD _____ units.		Blood Glucose greater than _____ ADD _____ units.		Blood Glucose greater than _____ ADD _____ units.
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Blood Glucose greater than _____ ADD _____ units.		Blood Glucose greater than _____ ADD _____ units.		
<input type="checkbox"/> Parent/guardian authorized to increase or decrease total dose of insulin by <input type="checkbox"/> ½ unit <input type="checkbox"/> ½-1 unit <input type="checkbox"/> 1-2 units				
Carbohydrates and Insulin Dosage: <input type="checkbox"/> Breakfast <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Other:				
Breakfast: Insulin to Carbohydrate Ratio _____ unit(s) for every _____ grams of carbohydrate				
Lunch: Insulin to Carbohydrate Ratio _____ unit(s) for every _____ grams of carbohydrate				
Snack: Insulin to Carbohydrate Ratio _____ unit(s) for every _____ grams of carbohydrate				
Student's Care:				
	Nurse/Trained Staff	Student and Staff Together		Student Independent
Glucose monitoring	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Carbohydrate counting	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Insulin dose calculation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Insulin administration	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Student may carry insulin with them <input type="checkbox"/> Student may carry diabetes monitoring supplies with them <input type="checkbox"/> Student may carry treatment for hypoglycemia				
Additional Information: Refer to student's 504 Plan for student specific accommodations.				
Printed Name of Provider		Signature of Provider		Date Time
To be completed by parent/guardian: I give permission for my child to receive medication at school according to the school district policy and as instructed by the Health Care Provider and agree to:				
<ul style="list-style-type: none"> Assume responsibility for safe delivery of the medication in its original container to the school. Notify the school immediately if there is any change in the use of this medication. Notify the school of changes in Health Care Provider. Allow designated school staff to send and/or receive information related to my child's health as they deem appropriate. This form is valid for one year from the date signed by Health Care Provider. 				
Printed Name of Parent/Guardian		Signature of Parent/Guardian		Date Time





DIABETES MEDICAL MANAGEMENT PLAN FOR THE STUDENT WITH DIABETES ON CONTINUOUS GLUCOSE MONITOR

Fax to School Family to Pick up

Student:	DOB:	School:	Grade:
Address:		Home Phone:	

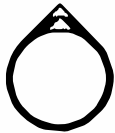
What is a CGM?

A Continuous Glucose Monitor (CGM) reads glucose levels from a sensor the interstitial fluid (under the skin). It usually reads within 20% of a finger stick blood sugar value. It can be programmed to alert (vibrate or alarm) for high and low glucose levels. The Dexcom G5, Dexcom G6 and Freestyle Libre are FDA approved as a replacement to finger sticks for use in making diabetes treatment decisions including dosing. A finger stick blood glucose value is required for calibration or if symptoms don't match sensor glucose reading. **Student should not dose off of a CGM value unless both a blood glucose reading and trending arrow are present.**

CGMs contain three parts: 1) **Glucose sensor:** Placed just under skin by the user. The sensor contains an electrode that detects changes in glucose levels. 2) **Transmitter:** Connects to the sensor and sends results to the receiver. 3) **Receiver:** Shows the glucose result and allows operation of the CGM. Receiver may be within a pump, phone, or electronic device. Most CGMs have software, which allows the user to track trends and communicate data to parent(s)/guardian/healthcare providers.

Alert Settings: A CGM may alert audibly if interstitial glucose is outside the parameters set by parent(s)/guardian.

Arrows: Arrows on the screen indicate the speed at which the glucose levels are changing.



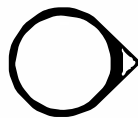
Glucose is rapidly rising.
May increase 90 mg/dl in 30 minutes



Glucose is rising.
May increase 60-90 mg/dL in 30 minutes



Glucose is slowly rising.
May increase 30-60 mg/dL in 30 minutes



Glucose is steady



Glucose is slowly decreasing.
May decrease 30-60 mg/dL in 30 minutes



Glucose is decreasing.
May decrease 60-90 mg/dL in 30 minutes



Glucose is rapidly decreasing.
May decrease 90 mg/dL in 30 minutes

Use of a CGM at School

When to check a finger stick blood glucose:

- When the sensor values is less than _____ or greater than _____
- If a trend arrow or sensor glucose is absent. (Both a trend arrow and glucose reading are necessary)
- If symptoms do not match presentation
- During sensor warm up period
- If device indicates a blood glucose check is required

Notify Parent/Guardian:

- Glucose Sensor becomes dislodged (*If transmitter falls off do not throw away! Give to family*)
- Soreness, redness or bleeding at site
- CGM Malfunction

Additional Information:

- An individualized treatment plan in response to trend arrows will be developed between the school and the parent(s)/guardian.
- Parent(s)/guardian will ensure calibration of CGM daily per manufacturing recommendations
- CGM reading can be used for Pre-activity Dismissal from school Pre-meal glucose Snack glucose Other
- If your school has a metal detector or body scanner contact manufacturer for guidance

To be completed by parent/guardian: I give permission for my child to receive medication at school according to the school district policy and as instructed by the Health Care Provider and agree to:

- Assume responsibility for safe delivery of the medication in its original container to the school
- Notify the school immediately if there is any change in the use of this medication
- Notify the school of changes in Health Care Provider
- Allow designated school staff to send and/or receive information related to my child's health as they deem appropriate.
- This form is valid for one year from the date signed by Health Care Provider.

Parent/Guardian:	Date:
Provider:	Date:





HIPAA AUTHORIZATION to RELEASE MEDICAL RECORDS (TO Children's)

MRN
Facility Use Only

Please PRINT and fill out entirely.

Form sections: Patient Information, Release TO, Release FROM, Purpose, Information to Release, Patient/Parent/Legal Guardian. Includes fields for name, address, phone, and checkboxes for release options.



HIPAA AUTHORIZATION to RELEASE MEDICAL RECORDS (FROM Children's)

MRN
Facility Use Only

Please PRINT and fill out entirely.

Form with sections: Patient Information, Release To, Purpose, Method of Release, Information to Release, Patient/Parent/Legal Guardian, and Submit. Includes fields for patient name, address, release recipient, and signature.