

Diabetes Medical Management Plan (DMMP) This plan should be completed by the student's personal diabetes health care team, including the parents/guardian. It should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the school nurse, trained diabetes personnel, and other authorized personnel. Date of Plan: 7/24/2012 This plan is valid for the current school year: 2012 - 2013

Student's Name: _____ **Date of Birth:** _____
Date of Diabetes Diagnosis: _____ X type 1 type 2 Other _____
School: _____ **School Phone Number:** _____
Grade: _____ **Homeroom Teacher:** _____

CONTACT INFORMATION-

First Emergency Contact:
Name: _____ **Relationship:** Nanny _____
Telephone: Home _____ **Cell:** _____

First Emergency Contact:
Name: _____ **Relationship:** _____
Telephone: Home _____ **Cell:** _____

Mother/Guardian:
Address: _____
Telephone: _____ **Work** _____ **Cell:** _____ **Email Address:** _____

Father/Guardian:
Address: _____
Telephone: Home _____ **Cell:** _____ **Email Address:** _____

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CHECKING BLOOD GLUCOSE

Target range of blood glucose: 90-180 mg/dL
Ideal number: 120-130

- Check blood glucose level:**
- X Before snack and lunch
 - X 2 hours after a correction dose
 - X Before and after PE
 - X As needed for signs/symptoms of low or high blood glucose
 - X As needed for signs/symptoms of illness
 - X Prior to going home for the day

Preferred site of testing: Palm

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Student's self-care blood glucose checking skills:

X Requires school nurse or trained diabetes personnel to check blood glucose

Continuous Glucose Monitor (CGM): X Yes

Brand/Model: Dexcom__ Alarms set for: low(3 beeps) and high (2 beeps)

Note: Confirm CGM results with blood glucose meter check before taking action on sensor blood glucose level. If student has symptoms or signs of hypoglycemia, check fingertip blood glucose level regardless of CGM

HYPOGLYCEMIA TREATMENT

Usual symptoms of hypoglycemia (list below): Most commonly has no symptoms, but may appear irritable or say “I’m hungry”

General Information about Hypoglycemia

When a child develops hypoglycemia (low blood sugar) that can be treated with carbohydrate ingestion, it is considered mild to moderate hypoglycemia. On rare occasions, a child may experience severe hypoglycemia. This may cause severe confusion, loss of consciousness or seizures. This severe type of hypoglycemia should be treated with administration of glucagon, call 911, and notify parents.

Hypoglycemia can be caused by: Increased activity, delayed or skipped meal/snack, or too much insulin. It may occur rapidly without noticeable signs. Some common signs are pale, sweaty, shaky, cranky, drowsy, hungry, confusion, headache, dizziness, poor coordination.

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If exhibiting symptoms of hypoglycemia, OR if blood glucose level is less than 90 mg/dL, give a quick-acting glucose product equal to 1grams of carbohydrate for every increase in 10 BG points. Each Dextab is 4 grams of carbohydrate. Each jelly bean is 1 gram of carbohydrate.

Recheck blood glucose in 30 minutes and repeat treatment if blood glucose level is less than 90 mg/dL.

NEVER LEAVE CHILD UNATTENDED WHEN EXPERIENCING HYPOGLYCEMIA.

SEVERE HYPOGLYCEMIA TREATMENT

Glucagon Information:

- If the student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions (jerking movements), give:
 - Glucagon: X 1 mg Route: X IM
 - Site for glucagon injection: X thigh
 - Call 911 (Emergency Medical Services) and the student's parents/guardian.
 - Contact student's health care provider: St. Chris Care at TRHMC (215-427-8100)
 - Glucagon will be stored in classroom, nurse office, and backpack
 - Please have all teachers view glucagon administration video

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Procedure for administration:

1. Mix glucagon in syringe
2. Give 1mg dose into muscle of buttock or leg
3. Turn child to side. Vomiting often occurs
4. Place pump in suspend mode. Notify parent and medical personnel of status of pump upon their arrival.
5. Never leave child unattended.

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HYPERGLYCEMIA TREATMENT

Usual symptoms of hyperglycemia: Excessive thirst or urination. She may have “an accident” due to the sudden increase in urine production.

General information on Hyperglycemia (high blood sugar)

When blood glucose (BG) levels are high (hyperglycemia), the child may experience symptoms of increase urination and thirst. She may need to be encouraged to use the restroom to prevent incontinence and should be encouraged to drink water. If allowed to continue unchecked, a more serious, potentially life-threatening condition called Diabetic Ketoacidosis may develop. This is characterized by symptoms of hyperventilation, abdominal pain, vomiting, drowsiness, and unconsciousness.

Check Urine for ketones every 1hour when blood glucose levels are above 300 mg/dL twice in a row. Notify nanny or mother.

For blood glucose greater than 250mg/dL AND at least 3 hours since last insulin dose, give correction dose of insulin according to Omnipod suggestion.

For insulin pump users: see additional information for student with insulin pump.

Give extra water and/or non-sugar-containing drinks (not fruit juices): 8 ounces per hour.

Additional treatment for ketones:

- Notify parents/guardian of onset of hyperglycemia.
- If the student has symptoms of a hyperglycemia emergency, including dry mouth, extreme thirst, nausea and vomiting, severe abdominal pain, heavy breathing or shortness of breath, chest pain, increasing sleepiness or lethargy, or depressed level of consciousness: Call 911 (Emergency Medical Services) and the student's parents/guardian.
- Contact student's health care provider.

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INSULIN THERAPY

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Insulin delivery device: Omnipod insulin pump

Type of insulin therapy at school:

Adjustable Insulin Therapy

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• **Carbohydrate Coverage/Correction Dose:**

Name of insulin: Novolog

ADDITIONAL INFORMATION FOR STUDENT WITH INSULIN PUMP

Brand/Model of pump: Omnipod Type of insulin in pump: Novolog_____

When to give insulin:

Snack

X No coverage for snack if snack contains <5 carbohydrates

X Carbohydrate coverage only when snack contains >5 carbohydrates

Note: We will provide snack with either NO carbohydrates or a KNOWN amount of carbohydrates. If a special celebration is planned, please notify nanny/parents prior so that we may assist in determining the correct carbohydrate count and insulin dosing for food served. Ellie should only be served water as her beverage during snack time.

Lunch

We will provide a packed lunch with a known carbohydrate value. Nurse will check BG and administer insulin prior to lunch based on the amount of carbohydrates in the packed lunch.

Lunch aid should be assigned to insure that lunch is consumed

Correction dose only:

For blood glucose greater than 180 mg/dL AND at least 2 hours since last insulin dose.

Parental Authorization to Adjust Insulin Dose:

X Yes No Parents/guardian authorization given for school nurse to administer a correction dose when BG > 180.

PHYSICAL ACTIVITY AND SPORTS

Increased activity may cause blood glucose to drop so precautions are necessary to prevent hypoglycemia.

Check BG before and after physical activity.

BG should be greater than 80 prior to starting activity.

Child should always have diabetes supplies immediately accessible to her during exercise

