



Diabetes Medical Management Plan

The Molly Center for Children with Diabetes and Endocrine Disorders

Hours of Operation: Mon-Fri 8:30 am- 4:30 pm

Phone 551-996-5329- For *urgent* matters PROMPT #2; For *routine* matters PROMPT #3; Fax 551-996-0115

Student: _____ DOB: _____ Endocrinologist: _____

Endocrine Diagnosis: Type 1 diabetes Type 2 diabetes Other _____

Medication: Student takes oral diabetes medication- Medication: _____ Dose: _____ Time: _____

- **Insulin Therapy: To be given before all meals and snacks unless otherwise specified.**

<p>Name of Rapid Acting Insulin _____</p> <p>Insulin-to-Carbohydrate Ratio:</p> <p>Breakfast: 1 unit of insulin per _____ grams of carbohydrate</p> <p>Lunch: 1 unit of insulin per _____ grams of carbohydrate</p> <p>Dinner: 1 unit of insulin per _____ grams of carbohydrate</p> <p>Snacks: 1 unit of insulin per _____ grams of carbohydrate</p>	<p>SHADED SECTIONS TO BE COMPLETED BY MD/APN</p> <p><input type="checkbox"/> This section not applicable if checked.</p> <ul style="list-style-type: none"> • Parents/Guardians are authorized to increase or decrease insulin-to-carbohydrate ratio within the following range: +/- _____ gms of carbohydrate 																
<p>Correction Dose: Blood glucose correction factor = _____</p> <p>Target blood glucose = _____</p> <p>Example – $\frac{\text{Current Blood Glucose} - \text{Target Blood Glucose}}{\text{Correction Factor}} = \text{Correction Dose}$</p> <p>(CORRECTION DOSE MAY BE GIVEN EVERY 3 HOURS UNLESS DIRECTED OTHERWISE BY PARENT OR MD)</p>	<p><input type="checkbox"/> This section not applicable if checked.</p> <ul style="list-style-type: none"> • Parents/Guardians are authorized to increase or decrease correction factor within the following range: +/- _____ 																
<p>Basal Insulin for Injections -Lantus/Basaglar/Levemir/Tresiba</p> <p>Dose for Injections: _____ units at _____ am/pm</p>																	
<p>Basal Insulin - _____ for Pump:</p> <table border="0"> <thead> <tr> <th>Time</th> <th>Basal Rate</th> <th>Time</th> <th>Basal Rate</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td>4.</td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td>5.</td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td>6.</td> <td></td> </tr> </tbody> </table>	Time	Basal Rate	Time	Basal Rate	1.		4.		2.		5.		3.		6.		<p>May disconnect pump for 1 hour for physical activity. May use temporary basal minus up to 100% for up to 2 hours if requested by parent/student. Call MD for exceptions.</p>
Time	Basal Rate	Time	Basal Rate														
1.		4.															
2.		5.															
3.		6.															

Glucagon IM injection for severe hypoglycemia: 0.5 mg if student is <20 kg **OR** 1mg if student is \geq 20 kg
Position the student on his/her side to prevent choking, give Glucagon, call 911, student's parent/guardian and student's health care provider.

For students using Dexcom Continuous Glucose Monitor: Insulin doses may be given based on sensor readings providing student is calibrating sensor Dexcom G5 every 12 hours. No calibration required for G6 users. Student may have access to school Wi-Fi and carry cell phone/receiver (must be within 20 feet to record data).

Student: _____ DOB: _____

Monitor Blood Glucose (BG): before meals/snacks, before gym if more than one hour after meal/snack, when symptomatic or when requested by parent/student. Always clean finger prior to checking BG.

- **Target blood sugar goals before meals:** Under 8 years- 80-180 mg/dL
9-11 years- 70-180 mg/dL
12-18 years- 70-150 mg/dL
18 and up - 70-130 mg/dL
- **Notify parent if BG is less than 60 or greater than 300.**
- **Notify parent of BG results done at school weekly or as per parent request.**

Hypoglycemia: Student should be treated in the classroom if symptomatic or BG is below *Target Range*. If student needs to go to Health Office, he/she should be accompanied by a responsible person.

If child feels low and no BG equipment is available, treat with rapid acting carbohydrate as noted below.

- BG < 70 mg/dL (< 100 if under 6 yrs of age) with or without symptoms or less than 80 with symptoms.
 1. Treat with 10- 15 grams of rapid acting carbohydrate (juice, sugar tabs, sugar gel, etc) and recheck BG in 15 minutes; repeat until BG within *Target Range*.
 2. When BG is within target range: Follow with 15 gm complex carb/protein snack or meal. Do not give insulin coverage for the first 15 grams carbohydrate of this meal/snack. Give insulin based on carbs, do not correct BG.
 3. If BG is less than 120 mg/dL prior to exercise, give 15 gm carbohydrate snack without insulin coverage unless otherwise specified by parent.
 4. For severe hypoglycemia, including seizures, unconsciousness, unable or unwilling to take juice or gel, administer Glucagon and call 911. If pump user, disconnect/suspend pump.

Hyperglycemia:

- Check ketones if BG is over 300 mg/dl or with symptoms of illness/vomiting. Allow unrestricted access to bathroom and provide water.
 1. If urine ketones are trace/small or blood ketones less than 1.0, administer BG correction dose if greater than 3 hours since last insulin dose, call parents. Recheck BG in 2 hours. (For pump users provide BG correction per pump calculator)
 2. If urine ketones are moderate/large or blood ketones 1.0 or higher, call parents and MD. Additional insulin (1.5 x usual correction dose), will need to be given via syringe or pen. Do not use insulin pump when ketones are present or when BG remains high 2 hours after correction bolus. Student should not exercise.
 3. If BG is greater than 350 and symptomatic (illness, nausea, vomiting) and school is unable to check ketones, then the student must go home and be monitored by the parent.
- Recommend student be released from school when ketones are moderate/large or symptoms of illness in order to be treated and monitored more closely by parent/guardian.

If the student has symptoms of a hyperglycemia emergency, call 911 (Emergency Medical Services) and contact the student's parents/guardians and health care provider. Symptoms of a hyperglycemia emergency include: 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.

Please excuse absences for diabetes visits approximately every 3 months.

Additional Instructions _____ Not applicable if checked

MD Signature: _____ **Date:** _____