

Diabetes Medical Management Plan (DMMP)

This plan should be completed by the student's personal diabetes health care team, including the parents/guardians. 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: _____ This plan is valid for the current school year: _____ - _____

Student information

Student's name: _____ Date of birth: _____
Date of diabetes diagnosis: _____ Type 1 Type 2 Other: _____
School: _____ School phone number: _____
Grade: _____ Homeroom teacher: _____
School nurse _____ Phone: _____

Checking blood glucose

Brand/model of blood glucose meter: _____

Target range of blood glucose:

Before meals: 90–130 mg/dL Other: _____

Check blood glucose level:

- Before breakfast After breakfast _____ Hours after breakfast 2 hours after a correction dose
 Before lunch After lunch _____ Hours after lunch Before dismissal
 Mid-morning Before PE After PE Other: _____
 As needed for signs/symptoms of low or high blood glucose As needed for signs/symptoms of illness

Preferred site of testing: Side of fingertip Other: _____

Note: The side of the fingertip should always be used to check blood glucose level if hypoglycemia is suspected.

Student's self-care blood glucose checking skills:

- Independently checks own blood glucose
 May check blood glucose with supervision
 Requires a school nurse or trained diabetes personnel to check blood glucose
 Uses a smartphone or other monitoring technology to track blood glucose value

Continuous glucose monitor (CGM): Yes No Brand/model: _____

Alarms set for: Severe Low: _____ Low: _____ High: _____

Predictive alarm: Low: _____ High: _____ Rate of change: Low: _____ High: _____

Threshold suspend setting: _____

CGM may be used for insulin calculation if glucose is between ___ - ___ mg/dL ___ Yes ___ No

CGM may be used for hypoglycemia management ___ Yes ___ No

CGM may be used for hyperglycemia management ___ Yes ___ No

Additional information for student with CGM

- Insulin injections should be given at least three inches away from the CGM insertion site.
- Do not disconnect from the CGM for sports activities.
- If the adhesive is peeling, reinforce it with approved medical tape.
- If the CGM becomes dislodged, return everything to the parents/guardians. Do not throw any part away.
- Refer to the manufacturer's instructions on how to use the student's device.

Student's self-care CGM skills	Independent?	
The student troubleshoots alarms and malfunctions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do and is able to deal with a HIGH alarm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do and is able to deal with a LOW alarm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student can calibrate the CGM.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do when the CGM indicates a rapid trending rise or fall in the blood glucose level.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The student should be escorted to the nurse if the CGM alarm goes off: Yes No

Other instructions for the school health team:

Hypoglycemia treatment

Student's usual symptoms of hypoglycemia (list below):

If exhibiting symptoms of hypoglycemia, OR if blood glucose level is less than _____ mg/dL, give a quick-acting glucose product equal to _____ grams of carbohydrate.

Recheck blood glucose in 15 minutes and repeat treatment if blood glucose level is less than _____ mg/dL.

Additional treatment:

If the student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions (jerking movement):

- Position the student on his or her side to prevent choking.
- Administer glucagon Name of glucagon used: _____

Injection:

- 1 mg ½ mg Other (dose) _____
- Route: Subcutaneous (SC) Intramuscular (IM)
- Site for glucagon injection: Buttocks Arm Thigh Other: _____

Nasal route:

- 3 mg
- Route: Intranasal (IN)
- Site: Nose

Correction Dose: Blood glucose correction factor (insulin sensitivity factor) = _____
 Target blood glucose = _____ mg/dL

Correction Dose Calculation Example	
$\frac{\text{Current Blood Glucose} - \text{Target Blood Glucose}}{\text{Correction Factor}}$	= _____ Units of Insulin

Correction dose scale (use instead of calculation above to determine insulin correction dose):

Blood glucose _____ to _____ mg/dL, give _____ units Blood glucose _____ to _____ mg/dL, give _____ units
 Blood glucose _____ to _____ mg/dL, give _____ units Blood glucose _____ to _____ mg/dL, give _____ units

See the worksheet examples in **Advanced Insulin Management: Using Insulin-to-Carb Ratios and Correction Factors** for instructions on how to compute the insulin dose using a student's insulin-to-carb ratio and insulin correction factor.

When to give insulin:

Breakfast

- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and _____ hours since last insulin dose.
- Other: _____

Lunch

- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and _____ hours since last insulin dose.
- Other: _____

Snack

- No coverage for snack
- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and _____ hours since last insulin dose.
- Correction dose only: For blood glucose greater than _____ mg/dL AND at least _____ hours since last insulin dose.
- Other: _____

Fixed Insulin Therapy Name of insulin: _____

- _____ Units of insulin given pre-breakfast daily
- _____ Units of insulin given pre-lunch daily
- _____ Units of insulin given pre-snack daily
- Other: _____

Basal Insulin Therapy Name of insulin: _____

To be given during school hours: ___ Pre-breakfast dose: ___ units
 ___ Pre-lunch dose: ___ units
 ___ Pre-dinner dose: ___ units

Other diabetes medications:

Name: _____ Dose: _____ Route: _____ Times given: _____

Name: _____ Dose: _____ Route: _____ Times given: _____

Parents/Guardians authorization to adjust insulin dose:

- Yes No Parents/guardians authorization should be obtained before administering a correction dose.
- Yes No Parents/guardians are authorized to increase or decrease correction dose scale within the following range: +/- _____ units of insulin.
- Yes No Parents/guardians are authorized to increase or decrease insulin-to-carbohydrate ratio within the following range: _____ units per prescribed grams of carbohydrate, +/- _____ grams of carbohydrate.
- Yes No Parents/guardians are authorized to increase or decrease fixed insulin dose within the following range: +/- _____ units of insulin.

Student's self-care insulin administration skills:

- Independently calculates and gives own injections.
- May calculate/give own injections with supervision.
- Requires school nurse or trained diabetes personnel to calculate dose and student can give own injection with supervision.
- Requires school nurse or trained diabetes personnel to calculate dose and give the injection.

Additional information for student with insulin pump

Brand/model of pump: _____ **Type of insulin in pump:** _____

Basal rates during school: Time: _____ Basal rate: _____ Time: _____ Basal rate: _____
Time: _____ Basal rate: _____ Time: _____ Basal rate: _____
Time: _____ Basal rate: _____

Other pump instructions:

Type of infusion set: _____

Appropriate infusion site(s): _____

- For blood glucose greater than _____ mg/dL that has not decreased within _____ hours after correction, consider pump failure or infusion site failure. Notify parents/guardians.
- For infusion site failure: Insert new infusion set and/or replace reservoir or give insulin by syringe or pen.
- For suspected pump failure: Suspend or remove pump and give insulin by syringe or pen.

Student's self-care pump skills		Independent?	
Counts carbohydrates		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates correct amount of insulin for carbohydrates consumed		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administers correction bolus		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates and sets basal profiles		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates and sets temporary basal rate		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changes batteries		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disconnects pump		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reconnects pump to infusion set		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares reservoir, pod and/or tubing		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inserts infusion set		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Troubleshoots alarms and malfunctions		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meal/Snack	Time	Carbohydrate Content (grams)	
Breakfast		_____ to _____	
Mid-morning snack		_____ to _____	
Lunch		_____ to _____	
Mid-afternoon snack		_____ to _____	

Other times to give snacks and content/amount: _____

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event):

Parent/guardian substitution of food for meals, snacks and special events/parties permitted.

Special event/party food permitted: Parents'/Guardians' discretion Student discretion

Student's self-care nutrition skills:

- Independently counts carbohydrates
- May count carbohydrates with supervision
- Requires school nurse/trained diabetes personnel to count carbohydrates

Physical activity and sports for insulin administration and/or pump use

A quick-acting source of glucose such as glucose tabs and/or sugar-containing juice must be available at the site of physical education activities and sports.

Student should eat 15 grams 30 grams of carbohydrate other: _____
 before every 30 minutes during. every 60 minutes during after vigorous physical activity
 other: _____

If most recent blood glucose is less than _____ mg/dL, student can participate in physical activity when blood glucose is corrected and above _____ mg/dL.

Avoid physical activity when blood glucose is greater than _____ mg/dL or if urine/blood ketones are moderate to large.

- May disconnect from pump for sports activities: Yes, for _____ hours No
- Set a temporary basal rate: Yes, _____% temporary basal for _____ hours No
- Suspend pump use: Yes, for _____ hours No

Disaster/Emergency and Drill Plan

To prepare for an unplanned disaster, emergency (72 hours) or drill, obtain emergency supply kit from parents/guardians. School nurse or other designated personnel should take student's diabetes supplies and medications to student's destination to make available to student for the duration of the unplanned disaster, emergency or drill.

- Continue to follow orders contained in this DMMP.
- Additional insulin orders as follows (e.g., dinner and nighttime):

Other: _____

Signatures

This Diabetes Medical Management Plan has been approved by:

Student's Physician/Health Care Provider _____ Date _____

I, (parent/guardian) _____ give permission to the school nurse or another qualified health care professional or trained diabetes personnel of (school) _____ to perform and carry out the diabetes care tasks as outlined in (student) _____

Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I also give permission to the school nurse or another qualified health care professional to contact my child's physician/health care provider.

Acknowledged and received by:

Student's Parent/Guardian _____ Date _____

Student's Parent/Guardian _____ Date _____

School Nurse/Other Qualified Health Care Personnel _____ Date _____