



DIABETES MEDICAL MANAGEMENT PLAN (DMMP)

Date of Plan: ____ / ____ / ____

This plan is valid for the current school year: 20____ - 20____

STUDENT INFORMATION

Name _____ DOB ____ / ____ / ____ Grade ____ Teacher ____

Type of Diabetes ☐ Type 1 ☐ Type 2 ☐ Other: _____

Insulin Program ☐ Continuous insulin infusion therapy ☐ Injection insulin therapy ☐ Other: _____

CONTACT INFORMATION

Parent/Guardian _____ Phone () - Cell () -

Parent/Guardian _____ Phone () - Cell () -

Emergency Contact _____ Phone () - Cell () -

Health Care Provider _____ Phone () - Fax () -

DIABETES HISTORY

Brief history of diagnosis (including recent hospitalizations): _____

BLOOD GLUCOSE MONITORING

☐ Target Range: 70 – 120 mg/dl ☐ Other Range: ____ – ____ mg/dl ☐ Continuous Glucose Monitoring

☐ Before breakfast Time: _____

☐ Other BG testing times: _____

☐ Before AM snack Time: _____

☐ Before lunch/recess Time: _____

☐ Before PM snack Time: _____

☐ Before phy ed Time: _____

☐ After phy ed Time: _____

☐ Before dismissal Time: _____

Phy ed day: _____ (Secondary)
Phy ed day: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F (Elementary)

DIABETES MEDICATION

☐ No insulin at school Current insulin at home: _____

☐ Oral medication(s) at school: _____

☐ Insulin at school [list type(s)]: _____

Insulin Delivery: ☐ Syringe & insulin vial ☐ Insulin pen ☐ Insulin pump (insulin sensitivity: _____)

Correction Scale (use with fast-acting insulin before meals/snacks/other): ☐ Yes ☐ No

Parent to provide insulin/correction scale dosages and changes of insulin dosages in writing to school.

MEAL PLAN

☐ Exchange ☐ Variable carbohydrate ☐ Fixed carbohydrate

EXERCISE/ACTIVITY CONSIDERATIONS

- Carry treatment for low blood glucose
- Consider decreasing appropriate insulin dose before exercise
- Consider eating an extra snack before or during exercise



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LOW BLOOD GLUCOSE (hypoglycemia)

SIGNS: • Cold, clammy skin • Personality change • Headache • Confusion • Weakness • Sleepiness
• Shakiness • Uncontrollable behavior

INSTRUCTIONS:

- Test Blood Glucose if signs of low blood glucose
- Give 15 grams carbohydrates (juice, 3–4 glucose tabs, or other 15 g carb: _____)
- Wait 15 minutes
- Recheck Blood Glucose: If less than _____, give 15 more grams of carbohydrates
- Wait 15 minutes
- Recheck Blood Glucose
- Continue until Blood Glucose is _____ or more and student is more alert.
- Student may need a snack if their next meal is over an hour away. Return student to class.

EMERGENCY PROTOCOL FOR LOW BLOOD GLUCOSE:

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

GLUCAGON* ☐ ½ mg ☐ 1 mg route: _____

Turn student on side

CALL 911 and the student's parent(s)/guardian(s)

Call Licensed School Nurse

Stay with student

- **GLUCAGON can only be administered by a nurse.*
- *If a nurse is not available, 911 will be called.*

HIGH BLOOD GLUCOSE (hyperglycemia)

SIGNS: • Feeling unwell • Increased thirst and/or increased urination • Ketones in urine
• Blood Glucose greater than 240 (2 or more consecutive readings) • Nausea and/or vomiting

*** If the student has moderate or large ketones in their urine, call parent/guardian. The child's pediatric endocrinologist/health care provider should also be notified ***

INSTRUCTIONS:

- Test urine ketones for blood glucose greater than: _____
- Offer drinks that do NOT contain carbohydrates, (e.g., water, sugar-free soda, Crystal Light)
- Call parent
- Other: _____

EMERGENCY PROTOCOL FOR HIGH BLOOD GLUCOSE:

If student has symptoms of a hyperglycemia emergency, including dry mouth, extreme thirst, nausea and/or vomiting, severe abdominal pain, heavy breathing or shortness of breath, chest pain, increasing sleepiness or lethargy, or depressed level of consciousness:

CALL 911 and the student's parents/guardian

Call Licensed School Nurse

Stay with student



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CLASSROOM ACCOMMODATIONS

- Unlimited access to drinking water (if a container is needed, parent is to provide)
- Bathroom privileges when medically necessary
- Send child to office with staff/buddy if possible low blood glucose
- Re-take tests as needed for blood glucose imbalances
- Other: _____

Extra snacks/parties (check all that apply):

- ☐ Child will eat treat ☐ Teacher/staff will notify parent prior to activity
- ☐ Treat will be replaced with alternative snack provided by parent ☐ Schedule extra insulin per pre-arranged plan
- ☐ Child will eat treat and administer pump insulin bolus per pump calculation

Field Trips:

- ☐ Totally independent ☐ Parent/Guardian accompanies child on trip ☐ Other: _____

STUDENT TRANSPORTATION CONSIDERATIONS

STUDENTS WHO RIDE THE BUS:

If a low blood glucose episode occurs 30 minutes or less prior to departure, the designated staff or nurse will:

- ☐ Call parent to inform of low blood glucose episode (regardless if blood glucose returns to normal)
- ☐ Allow child to ride the bus home if blood glucose returns to normal
- ☐ Call parent to pick up child (**students will not be sent on the bus with a low blood glucose**)
- ☐ Other: _____

If student is totally independent in diabetes management, it is the student's responsibility to alert staff of high or low blood glucose occurring 30 minutes or less before the end of the day.

STUDENTS WHO DRIVE TO SCHOOL (high school only):

If a low blood glucose episode occurs 30 minutes or less prior to departure, the **student will**:

- ☐ Treat mild hypoglycemia, wait 15 minutes and retest. If blood glucose returns to normal, student will drive home.
- ☐ Call parent to inform of low blood glucose episode
- ☐ Call parent to pick up child if blood glucose does not return to normal. (***students with low blood glucose or high blood glucose with a large amount of ketones will not be allowed to drive home**)
- ☐ Other: _____

If student is totally independent in diabetes management, it is the student's responsibility to alert staff of high or low blood glucose occurring 30 minutes or less before the end of the day.

EQUIPMENT AND SUPPLIES PROVIDED BY PARENT

- Blood glucose meter kit (includes all blood testing supplies for use at school)
- Insulin (in unopened original container)
- Ketostix
- Glucagon – if ordered by physician and parent makes it available
- Fast acting carbohydrate drink and glucose tablets or glucose gel product
- 5-6 pre-packaged snacks (e.g., crackers and cheese, peanut butter)
- Signed and dated insulin order(s), sliding scale, bolus correction



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STUDENT'S ROLE IN DIABETES MANAGEMENT

Place a ✓ in each box that describes your child's role in the management of their diabetes:

If an activity is marked as independent, the Licensed School Nurse will verify competency with your child. In order for an activity to be marked as independent, your child must be able to perform the task without reminders or assistance.

	Independent	With Supervision	With Assistance	Health Staff Performs
Washes hands				
Puts strips in BG meter				
Pricks finger				
Lancet changed:				
Reads BG meter				
Records reading				
Tests for ketones				

INSULIN SYRINGE/VIAL USERS

Calculates amount of insulin based on BG reading				
Prepares and draw up correct amount of insulin				

INSULIN PEN USERS

Prime and dial up correct amount of insulin				
Change insulin cartridge				

INSULIN SYRINGE/VIAL & PEN USERS

Selects insulin injection site				
Injects insulin				

INSULIN PUMP USERS

Enters BG from meter into pump				
Determines amount of carbs				
Gives correct bolus for carbs				
Calculate & administer correction bolus				
Calculate & set temporary basal rate				
Recognize signs of site infection				
Disconnect pump if necessary				
Reconnect pump infusion set				
Insert new infusion set				
Give injection with syringe/pen if needed				
Troubleshoot alarms & malfunctions				

The student has demonstrated competency in the activities marked as independent above.

LSN Signature _____

Date: / /

SIGNATURES

I give consent to the release of the information contained in this DMMP to RPS professional staff who have responsibility for my child and who may need to know this information to maintain my child's health and safety.

I give consent for RPS professional staff to release information to and/or request information from prescribing Health Care Provider (HCP) related to this DMMP.

I give consent for prescribing Health Care Provider (HCP) to release information to and/or request information from RPS professional staff related to this DMMP.

Parent Signature _____

Date: / /

LSN Signature _____

Date: / /



INSULIN THERAPY / CORRECTION & BASE DOSAGES

Date of plan: ____ / ____ / ____

This plan is valid for the current school year: 20 ____ - 20 ____

STUDENT INFORMATION

Name: _____

DOB

/ /

Grade

INSULIN CORRECTION SCALE

Name of Insulin _____

List times to use correction scale:

BG < ____ mg/dL - ____ units

BG ____ to ____ mg/dL - ____ units

BG ____ to ____ mg/dL - ____ units

BG ____ to ____ mg/dL 0 (goal)

BG ____ to ____ mg/dL + ____ units

BG ____ to ____ mg/dL + ____ units

BG ____ to ____ mg/dL + ____ units

BG > ____ mg/dL + ____ units

Ketones moderate or large + ____ units

parent signature

date

INSULIN BASE DOSE

Name of insulin: _____

____ Units of insulin given pre-breakfast daily @ _____

parent signature

____ Units of insulin given pre-lunch daily @ _____

____ Units of insulin given pre-snack daily @ _____

date

____ Units of insulin given _____ daily @ _____

Name of insulin: _____

____ Units of insulin given pre-breakfast daily @ _____

parent signature

____ Units of insulin given pre-lunch daily @ _____

____ Units of insulin given pre-snack daily @ _____

date

____ Units of insulin given _____ daily @ _____

Name of insulin: _____

____ Units of insulin given pre-breakfast daily @ _____

parent signature

____ Units of insulin given pre-lunch daily @ _____

____ Units of insulin given pre-snack daily @ _____

date

____ Units of insulin given _____ daily @ _____

Name of insulin: _____

____ Units of insulin given pre-breakfast daily @ _____

parent signature

____ Units of insulin given pre-lunch daily @ _____

____ Units of insulin given pre-snack daily @ _____

date

____ Units of insulin given _____ daily @ _____