**Community School District #128 Health Services**

Libertyville High School Vernon Hills High School 847-327-7016 847-932-2040

# DIABETES MEDICAL MANAGEMENT PLAN FOR SCHOOL

Student: DOB:

Student ID#: School:

Type of Diabetes:  Type 1  Type 2  Pre-Diabetes

Date of Diagnosis:

Other:

## Blood Glucose Monitoring

Meter type:

Blood glucose testing times: For suspected hypoglycemia Only at student’s discretion

Permission to test independently

Blood glucose target range:

-

mg/dl

At student’s discretion excluding suspected hypoglycemia

No blood glucose testing at school Supervision of testing/results

Student will need assistance with testing and blood glucose management.:

Test blood glucose 10 to 20 minutes before boarding bus.

**Diabetes Medication**

No insulin at school: Current insulin at home Oral diabetes medication at school:

Insulin at school: Humalog Novolog

Lantus

Other:

Insulin delivery device: Standard lunchtime dose: Insulin dose for school:

Syringe and vial

Insulin pen Insulin pump

Meal bolus:

units of insulin per

grams of carbohydrate.

Correction for blood glucose:

units of insulin for every

md/dl above

mg/dl.

(Correction bolus can be given with meals or every 3 hours if blood glucose levels are high)

## Blood Glucose Value (mg/dl) Units of Insulin

Less than 100

100-150

151-200

201-250

251-300

301-350

352-400

More than 400

Note: Insulin dose is a total of meal bolus and correction bolus.

Parent may adjust insulin doses as needed. Student may self manage.

# DIABETES MEDICAL MANAGEMENT PLAN FOR SCHOOL (cont.)

## Meal Plan

**1 carbohydrate choice =**

**Grams of carbohydrate**

Meal plan prescribed (see below)

Breakfast Time: Morning Snack Time: Lunch Time: Afternoon Snack Time:

Plan for pre-activity:

Plan for after school activities: Plan for class parties:

Extra food allowed:

Meal plan variable

# of carb choices =

# of carb choices =

# of carb choices =

# of carb choices =

Parent/guardian’s discretion

Student’s discretion

**Hypoglycemia**

**Low Blood Glucose <**

**mg/dl**

Self treatment of mild lows Assistance for all lows

Immediately treat with 15 mg of fast-acting carbohydrate (e.g.; 4 oz juice, 3-4 glucose tabs, 4 oz regular pop, 8 oz of skim milk

Recheck blood glucose in 15 minutes and repeat 15 mg of carbohydrate if blood glucose remains low. If more than 1 hour until next meal or snack student should have another 15 mg of carbohydrate.

If child will be participating in additional exercise or activity before the next meal, provide an additional carbohydrate choice.

If student is using an insulin pump, suspend pump until blood glucose is back in goal range.

**Severe Hypoglycemia**

If the child is unconscious or having seizures due to low blood glucose immediately administer injection of:

**Glucagon mg (glucagon emergency kit)**

•Immediately after administering the Glucagon, turn the child onto their side. Vomiting is a common side effect of Glucagon.

•Notify parent and EMS per protocol

**Hyperglycemia**

**High Blood Glucose > =**

**mg/dl**

Check ketones when blood glucose > mg/dl or student is sick

Use correction scale insulin orders when blood glucose is mg/dl. Unlimited bathroom pass.

Notify parent immediately of blood glucose > mg/dl or if student is vomiting. If student is using an insulin pump, follow DKA prevention protocol

**Special Occasions**

Arrange for appropriate monitoring and access to supplies on all field trips.

Signature of Physician/Licensed Prescriber Date

 Print name of Physician/Licensed Prescriber

 **Return this form to:**

Libertyville High School

Nurse’s Office 708 W. Park Ave.

 Libertyville, IL 60048

Clinic Address Phone Fax

Phone: 847-327-7016 Fax: 847-327-7933