

Diabetes Medical Management Plan (DMMP)

Student: _____ DOB: _____ Date: _____
School: _____ School year: _____ to _____
School Fax #: _____ School Phone #: _____

Diabetes Health Care Provider

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Address: Pediatric Diabetes Resource Center (PDRC), 530 NE Glen Oak, Peoria, IL 61637

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For additional resources, visit www.childrenshospitalofil.org → Programs and Services → Diabetes

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- Monitor Blood Glucose:** Before breakfast Before lunch
 As needed for symptoms of low or high blood glucose or illness

Target range for blood glucose: _____ to _____ mg/dL

Methods of Monitoring:

Finger Stick: ● Use fingertip with lancing device and blood glucose meter.

- For students not wearing a sensor

Sensor (sometimes called CGM): Sensor: _____

- Finger stick monitoring is necessary if student's symptoms do not match sensor reading and/or sensor reading is missing an arrow and/or number.

Hypoglycemia *Blood glucose reading less than 70 mg/dL; also known as Low Blood Sugar*
Student should not be left alone if blood glucose is less than 70 mg/dL and/or has low blood glucose symptoms.

Mild symptoms: Student is alert and shows signs of shakiness, dizziness, sweating, extreme hunger, headache, pale skin color, behavioral changes, other: _____

- Treatment: ● Give 15 grams rapid-acting carbohydrate (e.g. Glucose tabs, fruit juice, Smarties®, granulated sugar) with NO insulin.
● Recheck blood glucose in 15 minutes after treating. Repeat treatment if blood glucose is less than 70 mg/dL and/or symptoms persist

Moderate symptoms: Student shows signs of severe confusion, disorientation, not able to or unwilling to swallow, may be combative

- Treatment: ● Keeping head elevated, give 15 grams carbohydrate using glucose/icing gel applied between cheek and gum.
● Recheck blood glucose in 15 minutes after treating. Repeat treatment if blood glucose is less than 70 mg/dL and/or symptoms of hypoglycemia persists.

Severe symptoms: seizures, unconsciousness, unable or unwilling to swallow

- Treatment: Inject Glucagon or GlucaGen®: 0.5 mg 1.0 mg intramuscularly (IM) in outer thighs or buttock and place student on his/her side as vomiting may occur.

Hypoglycemia (severe) continued:

- Administer Baqsimi™: Place tip of device into nostril; press device plunger until green line no longer shows; place student on his/her side as vomiting may occur.
 - **Do not remove the Shrink Wrap or open the tube until time of use.**
 - Inject Gvoke™PFS: 0.5 mg 1.0 mg subcutaneously in lower abdomen, outer thighs or outer upper arm; place student on his/her side as vomiting may occur.
 - **Do not open foil pouch until time of use.**
 - Contact parent/guardian.
 - Call 9-1-1 if specified in 504 Health Plan and/or student does not respond within 15 minutes.
 - Do not refrigerate or freeze severe low blood glucose medications.
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Hyperglycemia *Any blood glucose reading above target blood glucose. Also called high blood sugar.*
Allow student bathroom privileges and water access as needed.

- Treatment:
- Give student water to drink.
 - Give correction insulin dose before meals and/or at times specified in 504 Health Plan.
 - Check for urine ketones if student has one or more of the following:
nausea vomiting headache “feels sick” stomach pain fever
unexpected blood glucose above **300** mg/dL for **two** routine checks in a row

When **trace or small** urine ketones are present:

- Contact parent/guardian if specified in 504 Health Plan.
- Push fluids: 8 ounces of water every 30 – 60 minutes.
- Check blood glucose and urine ketones every two hours
- Give correction insulin dose using rapid-acting insulin every two hours if blood glucose is above target.

When **moderate to large** ketones are present:

- Follow the instructions for trace or small urine ketones **AND** do the following:
 - If blood glucose is less than 150 mg/dL, treat with 15 grams of carbohydrates every 15 minutes until the blood glucose is equal to or greater than 150 mg/dL.
 - Once/when blood glucose is 150 mg/dL or more, calculate correction insulin dose for current blood glucose. Next, calculate the ketone treatment insulin dose using the following:
 - For **moderate** urine ketones: Multiply correction insulin dose by **1.5**
 - For **large** urine ketones: Multiply correction insulin dose by **2.0**
 - Calculate food insulin dose for any carbohydrates eaten after blood sugar is greater than 150 mg/dL, and add to the above ketone treatment insulin dose.
 - Administer insulin by syringe or insulin pen **even if on insulin pump**.
 - If on insulin pump therapy, consider/do an infusion site change.
 - Avoid physical activity.
 - Recheck blood glucose and urine ketones **every two hours**. Repeat treatment until ketones are small, trace, or none.
 - **Call 9-1-1 if student has any of the following symptoms: chest pain, shortness of breath, heavy breathing, and/or decreased level of consciousness.**
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- Diet**
- Count carbohydrates in foods/beverages. Total grams of carbohydrate student eats at meal times can vary.
 - Gluten-free.

Medication

- PDRC recommends administering insulin **before** the student eats. Timing of insulin should be clarified with parent/guardian at 504 Health Plan meeting.
- A blood glucose taken less than **two hours** after insulin administration **should NOT be corrected**.

Rapid-acting insulin: _____ Given by: syringe or insulin pen
 insulin pump: _____

Dose information for rapid-acting insulin:

Blood Glucose Correction:

Blood glucose target: _____ mg/dL Correction/sensitivity factor: 1 unit/ _____

Carbohydrate counting: Give 1 unit rapid-acting insulin per specified grams of carbohydrate

Insulin-to-carbohydrate ratio:

Breakfast: 1 unit: _____ grams Lunch: 1 unit: _____ grams

How to calculate rapid-acting insulin doses at meal times:

Correction insulin dose:

High blood glucose reading – Blood glucose target = _____ ÷ Correction factor/Sensitivity factor
= Units insulin for correction

Food insulin dose:

Total grams carbohydrate in meal ÷ Insulin-to-carbohydrate ratio = Units insulin for food

Total insulin dose:

Correction insulin dose + Food insulin dose = Total units of insulin

An insulin pump will calculate the insulin dose when blood glucose and/or total grams of carbohydrates are entered into pump. See pump settings for current insulin dose information.

Snacks

Routine snacks are not required; however, student is allowed to have snacks the same as his/her classmates. Blood glucose monitoring is not required with snacks. Insulin is to be given for carbohydrates unless specified differently in 504 Health Plan. (For students using injection therapy a low carb snack may not need insulin.) **Clarify plan with parent/guardian for blood glucose monitoring and insulin dosing.**

Student's Self Care

Per Illinois law, student should have access to supervision, support and assistance by properly trained school personnel. Details of support should be discussed with student and parent/guardian at 504 Health Plan meeting. PDRC recommendations for this student are:

- Student requires adult assistance with diabetes tasks.
 - Student can perform diabetes tasks but requires adult verification that tasks are completed correctly.
 - Student independently self-manages diabetes, requiring assistance only for emergency care.
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Dose Adjustments Parent/guardian is authorized to change doses as needed.

- Yes
- No
- Only after talking to PDRC health care provider/professional staff

Diabetes Supplies

PDRC teaches that diabetes supplies should be in the same room as the student at all times, in accordance with school law, and with awareness of unexpected situations including lockdown, tornado, and fire.

The following diabetes supplies and equipment are used to monitor and treat diabetes:

- | | | | |
|---------------------------------------|------------------------|-----------------------------------|----------------------|
| glucometers | lancets/lancing device | blood glucose test strips | insulin |
| batteries/charger | ketone test strips | food/drink/snacks | |
| syringes/insulin pens and pen needles | | rapid-acting carbohydrate | food/glucose tablets |
| sensor with receiver/reader/phone | | severe hypoglycemia medication(s) | |

For student on insulin pump therapy, additional supplies include alcohol wipes, insulin pump/PDM/DASH™, infusion sets/pods, and/or cartridges, reservoirs, tubing, and insertion device.

Handling of used sharps should be in accordance to FDA guidelines.

Other

Signatures

My signature below provides authorization for the above written orders and exchange of health information to assist the trained diabetes care aid/school nurse/school administrator in developing an individualized 504 Health Plan.

Physician/Health Care Provider: _____ Date: _____

I give permission for my child’s healthcare provider to share information with the school for completion of this plan. I understand that the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the school whenever there is any change in the student’s health status or care. School may contact parent/guardian if questions regarding diabetes care arise. I also give the school permission to contact my child’s health care provider.

Parent/Guardian: _____ Date: _____

As parent/guardian of the above named student, I give my permission to the diabetes care aide/school nurse/school administrator or other trained designated staff to perform and carry out the diabetes tasks as outlined in this Diabetes Medical Management Plan and/or 504 Medical Plan.

Parent/Guardian: _____ Date: _____

School Representative: _____ Date: _____