

Place Child's

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**\*\*THIS FORM WILL EXPIRE AT THE END OF THE SCHOOL YEAR and START FROM THE TIME IT'S SIGNED BY THE PHYSICIAN AND PARENT/GUARDIAN\*\***

**Diabetes Action/Management Plan for a student with an Insulin Pump**

School Year: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician Name (Printed): \_\_\_\_\_ Physician Phone: \_\_\_\_\_

**Emergency Contact Information**

1. Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>NOTIFICATION TO PARENT/GUARDIAN FOR THE FOLLOWING:</b>	Low Blood Glucose: < ____mg/dl	High Blood Glucose: > ____mg/dl
Continuous Glucose Monitoring (CGM): See continuous glucose monitoring orders <input type="checkbox"/>		
<b>Hypoglycemia (low blood sugar) Mild/Moderate Treatment:</b> <input type="checkbox"/> less than 70 mg/dl <input type="checkbox"/> less than ____mg/dl <b>Follow Rule of 15:</b> <b>Treat with 15 gm of carbohydrate, wait 15 minutes, check blood glucose level and repeat if needed.</b> <input type="checkbox"/> Treat with 2-4 Glucose Tabs <input type="checkbox"/> 4 ounces juice <input type="checkbox"/> Glucose gel (use finger, place between cheek and gum) <input checked="" type="checkbox"/> Student choice of 15 gm snack from home. <input type="checkbox"/> If no meal or snack within the next hour, give a 15-gram snack. <b>NOTIFY PARENT/GUARDIAN IF BLOOD GLUCOSE &lt; ____mg/dl</b>		
<b><u>Hypoglycemia Severe Symptoms with loss of consciousness/seizures:</u></b> <b>Disconnect Pump, Call 911/Administer Glucagon, Gvoke or Baqsimi</b>	Glucagon: <input type="checkbox"/> 0.5mg <input type="checkbox"/> 1mg Gvoke: <input type="checkbox"/> 0.5mg <input type="checkbox"/> 1mg Baqsimi: <input type="checkbox"/> 3 mg	<b>Physician Order:</b> Intramuscular: <input type="checkbox"/> Arm <input type="checkbox"/> Buttocks <input type="checkbox"/> Thigh Subcutaneous: <input type="checkbox"/> Arm <input type="checkbox"/> Thigh Intranasal
<b><u>Hyperglycemia (High Blood sugar) Treatment:</u></b> <input checked="" type="checkbox"/> Provide water and access to bathroom <b><u>When Hyperglycemia occurs other than at lunchtime:</u></b> <input type="checkbox"/> If > than 2 hours since last bolus of insulin, student may be given a bolus using the pump calculator instructions		<b><u>If Blood Glucose is &gt; 250mg/dl twice in a row:</u></b> <input checked="" type="checkbox"/> Test urine ketones and call parent/guardian if ketones moderate to large <input checked="" type="checkbox"/> See below for insulin instructions if applicable
<b><u>IMPORTANT:</u></b> Student should not be sent home from school with elevated blood glucose UNLESS student is too ill to participate in school activities and/or has moderate ketones and vomiting present.		
<b><u>When to Check Blood glucose:</u></b> Blood glucose should always be checked when the individual experiences signs and symptoms of low or high blood glucose, when not feeling well, and/or when they experience behavior concerns or someone notices change in behavior. <b>Before Meals:</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snacks		
<b>Before Activity/Dismissal from school:</b> <input type="checkbox"/> Gym <input type="checkbox"/> Recess - Blood glucose/sensor glucose should be greater than ____mg/dl <input type="checkbox"/> Walking home <input type="checkbox"/> Riding bus - Blood glucose/sensor glucose should be greater than ____mg/dl <b>**See continuous glucose monitoring (CGM) orders if applicable**</b>		

Continued reverse side

Diabetes Action/Management Plan for Insulin Pump Continued Student's Name: \_\_\_\_\_

<b>INSULIN PUMP: BRAND-</b> <input type="checkbox"/> Medtronic <input type="checkbox"/> Omnipod <input type="checkbox"/> Tandem <input type="checkbox"/> Animas <input type="checkbox"/> Accucheck <input type="checkbox"/> Other _____ <b>INSULIN TYPE:</b> <input type="checkbox"/> Apidra/Humalog (Lispro)/Novolog (Aspart)/Admelog/Flasp <ul style="list-style-type: none"> <li>The student's health care provider will establish and adjust the pump settings with the student. The school staff should not adjust pump settings</li> <li>All Pump setting changes are to be made at home by student and parent</li> </ul>
<b>All Correction Insulin and Carbohydrates Insulin dosage's are per pump for</b> <input type="checkbox"/> breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack
<b>BOLUS FOR CARBOHYDRATES SHOULD TAKE PLACE:</b> <input type="checkbox"/> Immediately prior to meals <input type="checkbox"/> Immediately after breakfast/lunch <input type="checkbox"/> Other _____

<p align="center"><b><u>IN THE EVENT THE PUMP FAILS OR THE PUMP SITE FAILS, DISCONNECT THE PUMP AND CONTACT THE PARENT</u></b></p> <ul style="list-style-type: none"> <li>If the pump calculator is still working the insulin dose can be calculated by using the pump bolus calculator and then given by injection (carbohydrate coverage/glucose correction)</li> <li>If the pump calculator is NOT working the PARENT can determine the insulin dose to be given by injection</li> <li>If the pump can't be restarted, the pump site replaced, or the pump isn't infusing insulin the student's glucose level should be checked every 3 hours with correction given by injection for elevated glucose values</li> </ul> <p>Use <input type="checkbox"/> Apidra/Humalog (Lispro)/Novolog (Aspart)/Admelog/Flasp <input type="checkbox"/> Backup insulin and syringe/pen available at school</p>
<b>STUDENTS CARE:</b> <input type="checkbox"/> <b>REQUIRES FULL SUPERVISION</b> <input type="checkbox"/> Requires some supervision: Ability level should be determined by Provider and Parent/Guardian unless otherwise indicated here: _____ <input checked="" type="checkbox"/> Student may carry insulin with them <input checked="" type="checkbox"/> Student may carry diabetes monitoring supplies with them <input checked="" type="checkbox"/> Student may carry treatment for hypoglycemia with them <input type="checkbox"/> Student can change pump site <input type="checkbox"/> Student needs assistance changing pump site
<input type="checkbox"/> Refer to student's 504 plan for additional information or other specific accommodations.

Signatures: Represent agreement with the above Information/Action Plan

<b>PROVIDER:</b> (print and sign)	<b>DATE:</b>
<b>AGREEMENT: PARENTS ARE RESPONSIBLE FOR PROVIDING ALL NECESSARY MEDICATION TO THE CLINIC IN A TIMELY MANNER. IF STUDENT SELF CARRIES THE SCHOOL NURSE STILL NEEDS TO MAKE SURE THE INHALER IS LABELED CORRECTLY</b> <ul style="list-style-type: none"> <li>I am requesting permission for my child named above to receive medication in accordance with this action plan. I will assume responsibility for safe delivery of the medication/drug to school. The medication must be brought to school in the container in which it was dispensed by the prescriber or licensed pharmacist.</li> <li>I will notify the school immediately if there is any change in the use of the medication or prescribed treatment. A revised action plan will need to be on file signed by the prescriber.</li> <li>I release and agree to hold the Board of Education, it's officials, and it's employees harmless from all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.</li> </ul>	
<b>PARENT/GUARDIAN:</b>	<b>DATE:</b>

Continued to Page 3 if student is on a Continuous Glucose Monitor (CGM)



*Education at its Finest*

### Diabetes Medical Management Plan for a Student with Diabetes on Continuous Glucose Monitor (CGM)

School Year: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician Name (Printed): \_\_\_\_\_ Physician Phone: \_\_\_\_\_

#### Emergency Contact Information

- |                       |       |        |       |
|-----------------------|-------|--------|-------|
| 4. Parent/Guardian:   | _____ | Phone: | _____ |
| 5. Emergency Contact: | _____ | Phone: | _____ |
| 6. Emergency Contact: | _____ | Phone: | _____ |

#### What is a CGM?

A continuous Glucose Monitor (CGM) reads a person's glucose level from a sensor in the interstitial fluid (under the skin). It can be programmed to alert (vibrate or alarm) for high and low glucose levels. The Dexcom G5, Dexcom G6 and Freestyle Libre are FDA approved as a replacement to finger sticks for use in making diabetes treatment decisions including dosing. A finger stick blood glucose value is required for calibration or if symptoms don't match sensor glucose reading. **Student should not dose off a CGM value unless both a blood glucose reading, and trending arrow are present.**















#### CGMs contain three parts:

1. Glucose Sensor: Placed just under the skin by the user. The sensor contains an electrode that detects changes in glucose levels.
2. Transmitter: This connects to the sensor and sends results to the receiver.
3. Receiver: This shows the glucose result and allows operation of the CGM.
  - a. This may be within the pump, on a phone or another electronic device (most typically phones)

Most CGMs have software which allows the user to track trends and communicate data to the parent/guardian and healthcare providers.

**Alert Settings:** A CGM may alert audibly if interstitial glucose is outside the parameters set by parent(s)/guardian.

**Arrows:** These are located on the screen and indicate the speed at which the glucose levels are changing.

Dexcom G5 Trend Arrows			Change in Glucose
Receiver	App	Glucose Direction	
		Increasing	<b>Glucose is rapidly rising</b> Increasing >3 mg/dL/min or >90 mg/dL in 30 minutes
		Increasing	<b>Glucose is rising</b> Increasing 2–3 mg/dL/min or 60–90 mg/dL in 30 minutes
		Increasing	<b>Glucose is slowly rising</b> Increasing 1–2 mg/dL/min or 30–60 mg/dL in 30 minutes
		Increasing or Decreasing	<b>Glucose is steady</b> Not increasing/decreasing >1 mg/dL/min
		Decreasing	<b>Glucose is slowly falling</b> Decreasing 1–2 mg/dL/min or 30–60 mg/dL in 30 minutes
		Decreasing	<b>Glucose is falling</b> Decreasing 2–3 mg/dL/min or 60–90 mg/dL in 30 minutes
		Decreasing	<b>Glucose is rapidly falling</b> Decreasing >3 mg/dL/min or >90 mg/dL in 30 minutes
No Arrow	N/A	System cannot calculate the velocity and direction of the glucose change	

#### USE OF CGM AT SCHOOL

##### STUDENT SHOULD CHECK THEIR BLOOD GLUCOSE WHEN:

The sensor value is < \_\_\_\_\_ or > \_\_\_\_\_, If an arrow and glucose reading are absent, during sensor warm up period or if the device indicates you need to check your blood glucose.

##### NOTIFY PARENT/ GUARDIAN IF:

If the glucose sensor becomes dislodge, soreness, redness or bleeding is noted at the site or the CGM is malfunctioned.

##### ADDITIONAL INFORMATION:

Parent/Guardian will ensure calibration of CGM daily per recommendation and the CGM reading can be used for

☐ Pre-activity ☐ Dismissal from school ☐ Pre-meal glucose ☐ Snack Other \_\_\_\_\_

**IF YOUR SCHOOL HAS A METAL DETECTOR OR BODY SCANNER CONTACT MANUFACTURER FOR GUIDANCE**

**Signatures: Represent agreement with the above Information/Action Plan**

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<b>AGREEMENT: PARENTS ARE RESPONSIBLE FOR PROVIDING ALL NECESSARY MEDICATION TO THE CLINIC IN A TIMELY MANNER. IF STUDENT SELF CARRIES THE SCHOOL NURSE STILL NEEDS TO MAKE SURE THE INHALER IS LABELED CORRECTLY</b> <ul style="list-style-type: none"> <li>I am requesting permission for my child named above to receive medication in accordance with this action plan. I will assume responsibility for safe delivery of the medication/drug to school. The medication must be brought to school in the container in which it was dispensed by the prescriber or licensed pharmacist.</li> <li>I will notify the school immediately if there is any change in the use of the medication or prescribed treatment. A revised action plan will need to be on file signed by the prescriber.</li> <li>I release and agree to hold the Board of Education, it's officials, and it's employees harmless from all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization</li> </ul>	
<b>PARENT/GUARDIAN:</b>	<b>DATE:</b>