

# GUIDELINES FOR DIABETES MANAGEMENT IN SCHOOL

Oklahoma State Department of Health



Please call the School Health Coordinator, Maternal and Child Health Service, Family Health Services, Child and Adolescent Health Division, Oklahoma State Department of Health at: 405-426-8085 with any questions.

Oklahoma State Department of Health August 2019 Revised January 2024

# GUIDELINES FOR DIABETES MANAGEMENT IN SCHOOL

## FOREWORD

The Oklahoma State Department of Health (OSDH) is pleased to present the Oklahoma *Guidelines for Diabetes Care Management in Schools*, a resource document for school personnel.

The Oklahoma *Guidelines for Diabetes Management in Schools* are intended to provide guidance to school administrators, school nurses, teachers, and other staff members on the care of students with diabetes during the school day.

The *Guidelines* are meant to assure the training requirements for volunteer diabetes care assistants per Oklahoma **70 O.S. §1210.196** are understood and consistently applied.



## Oklahoma State Department of Health

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## **Importance of Diabetes Management**

In order to assure appropriate diabetes management in schools, the Oklahoma Legislature passed the Diabetes Management in Schools Act of 2007, codified in **70 O.S. § 1210.196**. The Act empowers school staff with the training and information they need to care for students safely and appropriately with diabetes following their physician's orders, while in their care at school or a school activity. The following guidelines have been set forth by the planning committee, as outlined in the Act, to establish guidelines for the training of volunteer diabetes care assistants and to clarify procedures for those involved in caring for students with diabetes.

Managing a student's diabetes in school is important for the student academically, as well as for their health, safety, and to promote normal growth and development. Proper management can prevent emergency situations related to blood glucose levels that are too high or too low and reduce the complications related to diabetes. Maintaining blood glucose levels within the target range optimizes the student's ability to learn by avoiding the effects of hypoglycemia and hyperglycemia on cognitive function, attention, and behavior. Maintaining blood glucose levels may prevent or delay serious complications such as heart disease, stroke, blindness, kidney failure, gum disease, nerve disease and amputations.

## **Guidelines for Diabetes Medical Management Plan (DMMP)**

A school nurse, if the district has a school nurse, shall obtain, and review the Diabetes Medical Management Plan (DMMP) annually or more often if changes occur. DMMP (link to a sample DMMP is listed under Appendix as well as a sample copy) may also be known as medical orders provided by the student's healthcare provider or team of providers. The DMMP or physician orders must have a provider's signature to be valid.

For appropriate care and supervision, DMMP or physician orders must be followed by all school personnel who have direct contact with the student with diabetes. A fillable DMMP form is provided in the Appendix.

## **Approved Trainings**

The following trainings have been approved by the Oklahoma State Department of Health (OSDH) and are considered to meet the standards for school nurses, certified school nurses, or public health nurses assigned to the school, as set forth in the law. Under Resources, trainings are marked with an asterisk (\*).

**American Diabetes Association Safe at School Diabetes Care Tasks at School:** *What Key Personnel Need to Know, curriculum along with the use of Helping the Student with Diabetes Succeed: A Guide for School Personnel.* Completion of all modules, videos, and pre/post-test are necessary for the training requirements to be fulfilled. **Note:** If you choose this option, you must contact OSDH for further instructions

**The Oklahoma State Department of Health Diabetes Management in Schools Training:** This training is provided in conjunction with the Oklahoma State Department of Education (OSDE) around the state throughout the year. Training dates and locations can be found on the OSDE website under Health and P.E., professional learning. An on-demand training option as well as live virtual trainings are available with several live in-person trainings each year. The training schedule is available on the OSDE site on the safe and healthy schools professional learning

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<https://sde.ok.gov/safe-and-healthy-schools-professional-learning> and the on-demand training is available on the OSDE connect site located at the address following: <https://osdeconnect.pdx.catalog.canvaslms.com/?query=Diabetes>. These links are also found in the resources.

Additional training may be submitted for approval by OSDH. The training to be reviewed must meet all requirements set forth in state law.

## **Guidelines for School Nurses and Training**

A school nurse, certified school nurse, or public health nurse assigned to the school setting should complete diabetes management training provided by OSDH/OSDE a minimum of one time. Once the training is complete, it is recommended to complete an approved training course every 3 years. **Upon successful completion of the OSDH/OSDE training, a certificate of completion will be issued.** The subsequent online training must be completed in the same month as the previous year's training. If a participant attended the initial training in August, they should complete the online training by August 31<sup>st</sup> 3 years from the date on the certificate. A nurse may also complete a different approved training every 3 years in order to train other school personnel. (The OSDH/OSDE training may also be completed every 3 years for a licensed registered nurse to train other school staff.)

A school nurse, certified school nurse, or public health nurse assigned to the school must complete a diabetes management training provided by OSDH/OSDE, a training that is approved by National Association of School Nurse (NASN) or American Diabetes Association (ADA) such as **Diabetes Care Tasks at School: What Key Personnel Need to Know** to be used with the **Helping the Student with Diabetes Succeed: A Guide for School Personnel**. (The link for the guide is in Resources.) The guide should be read prior to training and be able to locate online. Another training option is the National Diabetes Education Program and Diabetes training found under Healthy Schools by the American Diabetes Association (ADA). It is recommended that school nurses complete an approved training course a minimum of every **three years**, or as recommended by the organization that provides the training. Training every **three years** ensures appropriate preparation to properly train school personnel to function as a volunteer diabetes care assistant. By completing one of the approved training courses, the nurse is permitted to provide the annual diabetes management training to other school personnel as outlined in the state law.

***NOTE: A trained school nurse may have staff complete the OSDE Connect Diabetes training. The trained school nurse can then complete the hands-on needle skills training with the staff member to complete their training.***

A nurse shall understand his/her role in ensuring compliance with Federal and State laws that apply to students with diabetes, including Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Individuals with Disabilities Education Act. The nurse must understand the procedures for implementing these laws and respect the student's confidentiality and right to privacy. The nurse must follow any relevant FERPA laws as well as HIPAA laws that pertain to their work, to protect the student's privacy. A school nurse, certified school nurse, or a public health nurse assigned to the school is responsible for implementing the Diabetes Medical Management Plan, developing Individual Health Care Plans (IHPs), Action Plans, emergency plans, disaster plans, Section 504 Plan (a sample of a Section 504 Plan and a link are listed under Appendix), and training other school personnel. **It is recommended that a minimum of two adult school personnel in each building** have successfully completed an annual approved

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training and that both individuals trained should be available every day. It is best practice for all staff that have contact with a diabetic student to complete diabetes training annually.

The training provided by the nurse to the volunteer diabetes care assistant must follow **70 O.S. § 1210.196.5. Volunteer Diabetes Care Assistants training.**

**The training shall include instruction on:**

1. Recognizing the symptoms of hypoglycemia and hyperglycemia;
2. Understanding the proper action to take if the blood glucose levels of a student with diabetes is outside the target ranges indicated by the student's DMMP;
3. Understanding the details of the diabetes medical management plan of each student assigned as a volunteer diabetes care assistant;
4. Performing finger sticks to check blood glucose levels, checking urine ketone levels, and recording the results of those checks appropriately;
5. Properly administering, according to the physician's orders or the DMMP, insulin, and glucagon and recording the results of the administration;
6. Recognizing complications that require seeking emergency assistance; and
7. Understanding the recommended schedules and food intake for meals and snacks for a student with diabetes, the effect of physical activity on blood glucose levels, and the proper actions to be taken if the schedule of a student is disrupted.

**NOTE:** The volunteer diabetes care assistant shall annually demonstrate competency in the training required by subsection C of the **70 O.S. § 1210.196.5** listed above. When a school nurse is in the district, the nurse may observe the care assistant performing diabetes management tasks. At the in-person state training, a hands-on return demonstration is part of the training.

A nurse who has completed the approved training may request a copy of the training PowerPoint presentations and competency test. The requestor may contact the School Health Coordinator at the Oklahoma State Department of Health, Maternal and Child Health Division, Family Health Services.

A nurse providing training to school staff may also find the NASN approved resource of Danatech website helpful. Danatech Provides Diabetes Technology training and information by the Association of Diabetes Care and Education Specialists. Some trainings are free, and some have a nominal fee to complete. Podcasts and other valuable information and resources are also available. The Danatech link is in resources.

The school nurse, the principal, or a designee of the principal shall maintain a copy of the training guidelines and any records associated with the training for 7 years or following school policy on records retention.

When delegation of diabetes management tasks is deemed appropriate, the school nurse provides ongoing supervision and evaluation of student health outcomes. The school nurse is accountable for addressing the student's ongoing healthcare needs, encouraging independence, and self-care within the ability of the individual student. The school nurse must also promote a

healthy, safe school environment that is conducive to learning. Ineffective diabetes management in school can lead to absenteeism, depression, stress, poor academic performance, and poor quality of life. Poorly controlled diabetes not only affects academic performance but can lead to long-term health complications that can be irreversible.

A school nurse, certified school nurse, or public health nurse assigned to the school shall be the coordinator/provider of care and the trainer of an adequate number of school personnel as specified above in the state statute. A school nurse, certified school nurse, or a public health nurse assigned to the school shall ensure if the school nurse is not present, at least one adult school employee who has received training per **70 O.S. § 1210.196.5** is present and can complete the diabetes care tasks in a timely manner. The management tasks must be followed while the student is at school, on field trips, participating in school sponsored extracurricular activities, and while being transported by the school. This is necessary to enable full participation in school activities. These school personnel shall successfully complete the training per **70 O.S. §1210.196.5**. These school personnel need not be health care professionals. A school nurse, certified school nurse, or a public health nurse assigned to the school must conduct ongoing, periodic nursing assessments of the student with diabetes, review the DMMP/physician's orders, and update the Individual Health Care Plan (IHP). They must also coordinate the student's Emergency Care Plan and the Disaster Plan following the DMMP/physician's orders.

It is important that the nurse facilitate the initial school diabetes team meeting to discuss the implementation of the DMMP, IHP and develop/implement the Section 504 Plan, Individual Education Plan (IEP) (a sample of an IEP and a link are listed under Appendix), or another education plan used by the school. In addition, the nurse is to follow up with school diabetes team meetings when necessary to discuss assessment data, receive updates, and evaluate the need for changes to the written plans. It is also recommended the nurse discusses with the parent or guardian throughout the year any changes or issues that arise.

The nurse, if available in the district, must plan and implement diabetes management training for school personnel with responsibility for the student with diabetes. Additionally, the nurse should verify the competency of everyone mentioned in the IHP, Section 504 Plan, IEP, or other plans making sure they are competent in knowing their role to carry out the plan, how their role is related to each other and when and where to seek help.

Diabetes management is most effective when there is a partnership among students, parents/guardians, school nurses, healthcare providers, and other school personnel (e.g., teachers, counselors, coaches, transportation, food service employees, and administrators). A school nurse or public health nurse assigned to the school provides the health expertise and coordination needed to ensure cooperation from all partners in assisting the student toward diabetes self-care.

The nurse works with the student, parents, and the student's health care provider, principal, Section 504/IEP coordinator, and other relevant school staff members to implement written care plans, including the IHP, Section 504 Plan, IEP, or other education plans and monitor compliance.

The nurse will work with the classroom teacher, bus driver, nutrition staff and other school personnel who have direct contact with the student with diabetes, in developing a plan to provide substitute personnel with appropriate information to manage diabetes at school. The nurse must verify that an adult school employee who has received the Diabetes Training per **70 O.S. §**

**1210.196.5** is available for the student while they are attending school or participating in a school sponsored activity.

The nurse is to request the appropriate materials and medical supplies from the parent/guardian and arrange a system to notify them of any material or medical supplies that need to be replenished. The nurse must also communicate assessment data about the student's diabetes management or health concerns, such as acute hypoglycemia episodes, hyperglycemia, general attitude, and emotional issues. The nurse must maintain accurate and legible documentation of blood glucose levels, incidents in care occurring at school, as well as all school sponsored activities. A copy of documentation shall be available for continued care for physician/health care team or to the parent/guardian as necessary.

## **Stock Glucagon for Districts**

In the 2023 Legislative session a bill was passed and then signed by the governor to be an emergency approved law. **70 O.S. § 1210.196.9**. This law allows school districts to stock Glucagon for their diabetic students. It is to take the place of a student's glucagon that is expired or not with the student on campus. The parent/guardian must provide a written consent that is on file for the district to administer the medication in an emergency situation where the student with known diabetes and a current DMMP on file with guidance for the use of glucagon.

The school board must first approve the addition of the stock glucagon. Policy and procedures should then be put into place. A physician or a local medical provider can then write a prescription for the district. The prescription can then be taken to a local pharmacy to be filled. The medication can then be stored with other emergency medications. Staff need to be made aware where the stock glucagon is to be kept. Staff must also be trained to provide this life-saving medication following state law.

## **Guidelines for Volunteers**

Following the Oklahoma Statutes, the Diabetes Management Volunteer must demonstrate annual competency by successfully completing approved diabetes management training per **70 O.S. § 1210.196.5**. The school nurse, if available in the district, must verify the competency of the trained diabetes care assistant. The volunteers may be trained by a nurse in their district who has met the training requirements for school nurses. A second option is to successfully complete the annual state diabetes training provided by OSDH staff in conjunction with OSDE. This may be completed in-person at one of the trainings held across the state, or if staff completed the training the prior year 'in-person with the hands-on needle skills', they may complete the virtual online training (Link listed under Resources). For example, if the initial training was attended in August, volunteers should complete training by August 31<sup>st</sup> of next year. Needle skill compliance and evaluation of competency of the skills as written in **70 O.S. § 1210.196.5. Volunteer Diabetes Care Assistants needle skills training should be completed at least every other year and more often if necessary.**

A school employee shall not be subject to any penalty or disciplinary action for refusing to serve as a volunteer diabetes care assistant. However, those who agree to serve **must** accept responsibility for assigned tasks and acknowledge liability for actions that do not follow the Diabetes Medical Management Plan or Physician Orders. The volunteer must understand and follow the relevant portions of the student's DMMP, Emergency care plan, IHP, Section 504 plan, or another education plan. The volunteer must also attend scheduled diabetes management

meetings. The volunteer must understand that a student who is experiencing high or low blood glucose levels is never to be left alone or sent anywhere alone.

The volunteer must be able to recognize signs and symptoms of hypoglycemia, hyperglycemia, and determine what action is needed.

The volunteer must keep accurate and legible documentation of blood glucose levels and any incidents that require follow-up. There must be open communication between the volunteer and the school nurse, if one is available in the district, to ensure care is appropriate. The nurse must also verify the DMMP/physician orders are being followed.

The volunteer must respect the student's confidentiality and right to privacy and follow the relevant HIPAA and FERPA guidelines to protect the student's privacy. The volunteer must be available on campus during regular school hours and when a student is participating in before and after-school activities on field trips, athletics, or other school-sponsored activities. The volunteer is to provide support and encouragement to the student to help ensure the student is provided with a supportive learning environment and treated the same as students without diabetes, except to respond to medical needs.

Please direct any question to OSDH, MCH, CAH, School Health Program at:

**Oklahoma State Department of Health  
Maternal and Child Health Services  
Child and Adolescent Health  
123 Robert S, Kerr Suite 1702  
Oklahoma City, OK 73117  
(405) 426-8085**



## **School Health Resources**

(Trainings are marked with an asterisk)

### **ADA Safe at School State Laws:**

<https://www.diabetes.org/tools-support/know-your-rights/safe-at-school-state-laws>

### **American Diabetes Association Safe at School Diabetes Care Tasks at School**

<https://diabetes.org/advocacy/safe-at-school-state-laws/diabetes-care-tasks-school>

### **\*American Diabetes Association Training Resource for School Staff \*ADA Training for school nurses and to use to train other school staff**

<https://diabetes.org/advocacy/safe-at-school-state-laws/training-resources-school-staff>

### **Center for Disease Control Managing Diabetes at School Resource**

<https://www.cdc.gov/diabetes/library/features/managing-diabetes-at-school.html>

### **Danatech Training and Education:**

<https://www.adces.org/danatech/training-education>

### **Diabetes Resource:**

<https://danatech.org>

### **Helping the Student with Diabetes Succeed: A Guide for School Personnel**

<https://www2.diabetes.org/sites/default/files/2020-06/SchoolguidepdfMay2020.pdf>

### **National Association of School Nurses School Nursing Evidence-Based Clinical Practice Guideline: Students with Type 1 Diabetes**

<https://learn.nasn.org/courses/37660>

### **National Institute of Diabetes and Digestive and Kidney Diseases**

<https://www.niddk.nih.gov/health-information/professionals/clinical-tools-patient-management/diabetes/helping-student-diabetes-succeed-guide-school-personnel>

### **Oklahoma State Department of Education - Connect On-demand Training (create a free account and search for the desired training topic):**

<https://osdeconnect.pdx.catalog.canvaslms.com/>

### **Oklahoma State Department of Health - School Health Guidelines-Diabetes (under Diabetes Education)**

<https://oklahoma.gov/health/health-education/children---family-health/maternal-and-child-health-service/child-and-adolescent-health/school-health.html>

**Oklahoma State Department of Health**

<https://oklahoma.gov/health/health-education/children---family-health/maternal-and-child-health-service/child-and-adolescent-health/school-health.html>

**\*Oklahoma State Department of Health Diabetes Management in Schools Training (scroll down to the calendar)**

<https://sde.ok.gov/safe-and-healthy-schools-professional-learning>

**Oklahoma State Law Diabetes Management in Schools Act**

<https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=450388>

**Safe at School Virtual Lunch and Learn for Pediatric Diabetes Health Care Providers**

[https://www.youtube.com/watch?v=-rjN\\_2sfuso](https://www.youtube.com/watch?v=-rjN_2sfuso)

**Tips for Teachers:**

<https://www2.diabetes.org/tools-support/know-your-rights/safe-at-school-state-laws/training-resources-school-staff/tips-for-teachers>

## **Appendix:**

### **Oklahoma Statutes Title 70 Diabetes Management in Schools Act:**

<https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=450388>

### **Sample Diabetic Medical Management Plan (DMMP):**

<https://www2.diabetes.org/sites/default/files/2020-02/NDEP-School-Guide-Full-508.pdf>

### **NEW: Updated ADA Safe at School DMMP(Fillable):**

<https://www2.diabetes.org/sites/default/files/2022-11/DMMP-updated-11-11-22.pdf>

### **Sample Section 504 Plan:**

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fdiabetes.org%2Fsites%2Fdefault%2Ffiles%2F2023-10%2FModel-504-Plan-CURRENT.docx&wdOrigin=BROWSELINK>

### **OSCN Diabetes Law:**

<https://www.oscn.net/applications/oscn/deliverdocument.asp?lookup=Previous&listorder=215950&dbCode=STOKST70&year=>

# **Legislation Related to Diabetes Management in Schools**

OKLAHOMA STATUTES TITLE 70. SCHOOLS DIVISION III.

OTHER SCHOOL LAWS CHAPTER 15.

HEALTH AND SAFETY DIABETES MANAGEMENT IN SCHOOLS ACT

## **§ 1210.196.1. Short title**

Sections 3 through 9 of this Act shall be known and may be cited as the "Diabetes Management in Schools Act".

## **§ 1210.196.2. Definitions**

As used in the Diabetes Management in Schools Act:

1. "Diabetes medical management plan" means a document developed by the personal Healthcare team of a student, that sets out the health services that may be needed by the school, and is signed by the personal health care team and the parent or Guardian, of the student;
2. "School" means a public elementary or secondary school. The term shall not include a charter school established pursuant to Section 3-132 of Title 70 of the Oklahoma Statutes;
3. "School nurse" means a certified school nurse as defined in Section 1-116 of Title 70 of the Oklahoma Statutes, a registered nurse contracting with the school to provide school health services, or a public health nurse; and
4. "Volunteer diabetes care assistant" means a school employee who has volunteered to be a diabetes care assistant and who has successfully completed the training required by Section 5 of this act.

## **§ 1210.196.3. Diabetes medical management plan**

- A. A diabetes medical management plan shall be developed for each student with diabetes who will seek care for diabetes while at school or while participating in a school activity. The plan shall be developed by the personal health care team of each student. The personal health care team shall consist of the principal or designee of the principal, the school nurse, if a school nurse is assigned to the school, the parent or guardian of the student, and to the extent practicable, the physician responsible for the diabetes treatment of the student.
- B. The diabetes medical management plan shall indicate whether the parent or legal guardian of the student with diabetes has given written consent for a school nurse, a school employee trained by a health care professional, or a volunteer diabetes care assistant, as defined by [Section 1210.196.2](#) of this title, to provide diabetes care in accordance with [Section 1210.196.5](#) of this title including but not limited to the administration of glucagon to a student experiencing a hypoglycemic emergency.

## **§ 1210.196.4. School nurse to administer management plan-Volunteer diabetes care assistant--Refusal to serve as assistant**

- A. The school nurse at each school in which a student with diabetes is enrolled shall assist the student with the management of their diabetes care as provided for in the diabetes medical management plan for the student.

- B. If a school does not have a school nurse assigned to the school, the principal shall make an effort to seek school employees who may or may not be health care professionals to serve as volunteer diabetes care assistants to assist the student with the management of their diabetes care as provided for in the diabetes medical management plan for the student.
- C. Each school in which a student with diabetes is enrolled shall make an effort to ensure that a school nurse or a volunteer diabetes care assistant is available at the school to assist the diabetic student when needed.
- D. A school employee shall not be subject to any penalty or disciplinary action for refusing to serve as a volunteer diabetes care assistant.
- E. A school district shall not restrict the assignment of a student with diabetes to a particular school site based on the presence of a school nurse, contract school employee, or a volunteer diabetes care assistant.
- F. Each school nurse and volunteer diabetes care assistant shall at all times have access to a physician.

**§ 1210.196.5. Volunteer diabetes care assistants training**

- A. The state Department of Health shall develop guidelines, with the assistance of the Following entities, for the training of volunteer diabetes care assistants:
  - 1. Oklahoma School Nurses Association (renamed School Nurse Organization of Oklahoma SNOO);
  - 2. The American Diabetes Association;
  - 3. The Juvenile Diabetes Research Foundation International;
  - 4. The Oklahoma Nurses Association;
  - 5. The State Department of Education;
  - 6. Oklahoma Board of Nursing;
  - 7. Oklahoma Dietetic Association (renamed Oklahoma Academy of Nutrition and Dietetics);
  - 8. Cooperative council of School Administrators.
- B. A school nurse or a State Department of health designee with training in diabetes care shall coordinate the training of volunteer diabetes care assistants.
- C. The training shall include instruction in:
  - 1. Recognizing symptoms of hypoglycemia and hyperglycemia;
  - 2. Understanding the proper action to take if the blood glucose levels of a student with diabetes are outside the target ranges indicated by the diabetes medical management plan for the student;
  - 3. Understanding the details of the diabetes medical management plan of each Student assigned to a volunteer diabetes care assistant;
  - 4. Performing finger sticks to check blood glucose levels, checking urine ketone levels, and recording the results of those checks;
  - 5. Properly administering insulin and glucagon and recording the results of the administration
  - 6. Recognizing complications that require seeking emergency assistance; and
  - 7. Understanding the recommended schedules and food intake for meals and snacks for a student with diabetes, the effect of physical activity on blood glucose levels, and the

proper actions to be taken if the schedule of a student is disrupted. The volunteer diabetes care assistant shall annually demonstrate competency in the training required by subsection C of this section.

- D. The school nurse, the principal, or a designee of the principal shall maintain a copy of the training guidelines and any records associated with the training.
- E. The school nurse, the principal, or a designee of the principal shall maintain a copy of the training guidelines and any records associated with the training.

**§ 1210.196.6. Student information sheet--Privacy policies**

- A. Each school district shall provide, with the permission of the parent, to each school Employee who is responsible for providing transportation for the student with diabetes or supervision a student with diabetes an information sheet that:
  - 1. Identifies the student who has diabetes;
  - 2. Identifies potential emergencies that may occur as a result of the diabetes of the student and the appropriate responses to emergencies; and
  - 3. Provides the telephone number of a contact person in case of an emergency involving the student with diabetes.
- B. The school employee provided information as set forth in this section shall be informed of all health privacy policies.

**§ 1210.196.7. Student management of diabetes at school--Designated private area**

- A. In accordance with the diabetes medical management plan of a student, a school shall permit the student to attend to the management and care of the diabetes of the student, which may include:
  - 1. Performing blood glucose level checks;
  - 2. Administering insulin through the insulin delivery system used by the student;
  - 3. Treating hypoglycemia and hyperglycemia;
  - 4. Possessing on the person of the student at any time any supplies or equipment necessary to monitor and care for the diabetes of the student; and
  - 5. Otherwise attending to the management and care of the diabetes of the student in the classroom, in any area of the school or school grounds, or at any school- related activity.
- B. Each school shall provide a private area where the student may attend to the management and care of the student's diabetes.

**§ 1210.196.8. Employee immunity from liability--Nurse not responsible for acts of diabetes care assistant**

- A. A school employee may not be subject to any disciplinary proceeding resulting from an action taken in compliance with the Diabetes Management in Schools Act. Any employee acting in accordance with the provisions of the act shall be immune from civil liability unless the actions of the employee arise to a level of reckless or intentional misconduct.
- B. A school nurse shall not be responsible for and shall not be subject to disciplinary Action for actions performed by a volunteer diabetes care assistant.

**§ 1210.196.9. Glucagon Stock Policy**

- A. A school district board of education may elect to stock glucagon to treat a student with diabetes who experiences a hypoglycemic emergency or if the student's prescribed

glucagon is not available on site or has expired. A board of education that elects to stock glucagon shall adopt a policy that requires:

1. The school district to inform, in writing, the parent or legal guardian of each student who has a diabetes medical management plan pursuant to [Section 1210.196.3 of Title 70](#) of the Oklahoma Statutes that a school nurse, a school employee trained by a health care professional, or a volunteer diabetes care assistant, as defined by [Section 1210.196.2 of Title 70](#) of the Oklahoma Statutes, may administer, with parent or legal guardian written consent but without a health care provider order, glucagon to a student with diabetes whom the school nurse, trained employee, or volunteer diabetes care assistant in good faith believes is having a hypoglycemic emergency or if the student's prescribed glucagon is not available on site or has expired;
  2. A waiver of liability executed by a parent or legal guardian be on file with the school district prior to administration of glucagon; and
  3. The school district to designate the employee responsible for obtaining the glucagon at each school site.
- B. Written consent and a waiver of liability executed pursuant to subsection A of this section shall be effective for the school year for which it is granted and shall be renewed each subsequent school year.
- C. A licensed physician who has prescriptive authority may write a prescription for glucagon to a school district in the name of the district as a body corporate specified in [Section 5-105 of Title 70](#) of the Oklahoma Statutes, which shall be maintained at each school site in accordance with the manufacturer's instructions. Provided, however, that nothing in this section shall be construed as creating or imposing a duty on a school district to maintain glucagon at a school site or sites.
- D. In the event a student is believed to be having a hypoglycemic emergency, a school employee shall contact 911 and shall contact the student's parent or legal guardian as soon as possible.

Laws 2023, SB 147, c. 187, § 2, emerg. eff. July 1, 2023.

# SAMPLE SECTION 504 PLAN

The attached sample Section 504 Plan was developed by the American Diabetes Association (ADA) and the Disability Rights Education and Defense Fund, Inc. (DREDF). [Model-504-Plan-CURRENT.docx \(live.com\)](#)



## MODEL 504 PLAN FOR A STUDENT WITH DIABETES

[NOTE: This model 504 Plan lists a broad range of services and accommodations that might be needed by a child with diabetes in school. The plan should be individualized to meet the needs, abilities, and medical condition of each student and should *include only those items in the model that are relevant to that student*. Some students will need additional services and accommodations that have not been included in this model plan.]

## Section 504 Plan for School

School Year: \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Health Status/Disability: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Bus Number: \_\_\_\_\_ Car Rider: \_\_\_\_\_



## **OBJECTIVES/GOALS OF THIS PLAN**

Diabetes can cause blood glucose (sugar) levels to be too high or too low, both of which affect the student's ability to learn as well as seriously endangering the student's health both immediately and in the long term. The goal of this plan is to provide the special education and/or related aids and services needed to maintain blood glucose within this student's target range, and to respond appropriately to levels outside of this range in accordance with the instructions provided by the student's personal health care team.

## **REFERENCES**

- School accommodations, diabetes care, and other services set out by this Plan will be consistent with the information and protocols contained in the National Diabetes Education Program *Helping the Student with Diabetes Succeed: A Guide for School Personnel*, June 2010.

## **DEFINITIONS USED IN THIS PLAN**

1. ***Diabetes Medical Management Plan (DMMP)***: A plan that describes the diabetes care regimen and identifies the health care needs of a student with diabetes. This plan is developed and approved by the student's personal health care team and family. Schools must do outreach to the parents and child's health care provider if a DMMP is not submitted by the family **[Note: School districts may have other names for the plan. If so, substitute the appropriate terminology throughout.]**
2. ***Quick Reference Emergency Plan***: A plan that provides school personnel with essential information on how to recognize and treat hypoglycemia and hyperglycemia.
3. ***Trained Diabetes Personnel (TDP)***: Non-medical school personnel who have been identified by the school nurse, school administrator, and parent who are willing to be trained in basic diabetes knowledge and have received training coordinated by the school nurse in diabetes care, including the performance of blood glucose monitoring, insulin and glucagon administration, recognition and treatment of hypoglycemia and hyperglycemia, and performance of ketone checks, and who will perform these diabetes care tasks in the absence of a school nurse.

## **PROVISION OF DIABETES CARE**

### **1.**

- 1.1 At least \_ staff members will receive training to be Trained Diabetes Personnel (TDP), and either a school nurse or TDP will be available at the site where the student is **at all times** during school hours, during extracurricular activities, and on school sponsored field trips to provide diabetes care in accordance with this Plan and as directed in the DMMP, including performing or overseeing administration of insulin or other diabetes medications (which, for pump users includes programming and troubleshooting the student's insulin pump), blood glucose monitoring, ketone checks, and responding to hyperglycemia and hypoglycemia including administering glucagon.

- 1.2 Any staff member who is not a TDP and who has primary care for the student at any time during school hours, extracurricular activities, or during field trips shall receive training that will include a general overview of diabetes and typical health care needs of a student with diabetes, recognition of high and low blood glucose levels, and how and when to immediately contact either a school nurse or a TDP.
- 1.3 Any bus driver who transports the student must be informed of symptoms of high or low blood glucose levels and provided with a copy of the student's Quick Reference Emergency Plan and be prepared to act in accordance with that Plan.

**2. TRAINED DIABETES PERSONNEL**

The following school staff members will be trained to become TDP's  
(date): \_\_\_\_\_

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**3. STUDENT'S LEVEL OF SELF-CARE AND LOCATION OF SUPPLIES AND EQUIPMENT**

3.1 As stated in the attached DMMP:

(a)The student is able to perform the following diabetes care tasks without help or supervision:

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and the student will be permitted to provide this self-care at any time and in any location at the school, on field trips, at sites of extracurricular activities, and on school buses.

(b) The student needs assistance or supervision with the following diabetes healthcare tasks:

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(c) The student needs a school nurse or TDP to perform the following diabetes care tasks:

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3.2 The student will be permitted to carry the following diabetes supplies and equipment with him/her at all times and in all locations:

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3.3 Diabetes supplies and equipment that are not kept on the student and additional supplies and will be kept at:

- 
- 
- 3.4 Parent is responsible for providing diabetes supplies and food to meet the needs of the student as prescribed in the DMMP.

#### **4. SNACKS AND MEALS**

- 4.1 The school nurse or TDP, if school nurse is not available, will work with the student and his/her parents/guardians to coordinate a meal and snack schedule in accordance with the attached DMMP that will coincide with the schedule of classmates to the closest extent possible. The student shall eat lunch at the same time each day, or earlier if experiencing hypoglycemia. The student shall have enough time to finish lunch. A snack and quick-acting source of glucose must always be immediately available to the student.
- 4.2 The attached DMMP sets out the regular time(s) for snacks, what constitutes a snack, and when the student should have additional snacks. The student will be permitted to eat a snack no matter where the student is.
- 4.3 The parent/guardian will supply snacks needed in addition to or instead of any snacks supplied to all students.
- 4.4 The parent/guardian will provide carbohydrate content information for snacks and meals brought from home.
- 4.5 The school nurse or TDP will ensure that the student takes snacks and meals at the specified time(s) each day.
- 4.6 Adjustments to snack and meal times will be permitted in response to changes in schedule upon request of parent/guardian.

#### **5. EXERCISE AND PHYSICAL ACTIVITY**

- 5.1 The student shall be permitted to participate fully in physical education classes and team sports except as set out in the student's DMMP.
- 5.2 Physical education instructors and sports coaches must have a copy of the emergency action plan and be able to recognize and assist with the treatment of low blood glucose levels.
- 5.3 Responsible school staff members will make sure that the student's blood glucose meter, a quick-acting source of glucose, and water is always available at the site of physical education class and team sports practices and games.

## **6. WATER AND BATHROOM ACCESS**

- 6.1 The student shall be permitted to have immediate access to water by keeping a water bottle in the student's possession and at the student's desk, and by permitting the student to use the drinking fountain without restriction.
- 6.2 The student shall be permitted to use the bathroom without restriction.

## **7. CHECKING BLOOD GLUCOSE LEVELS, INSULIN AND MEDICATION ADMINISTRATION, AND TREATING HIGH OR LOW BLOOD GLUCOSE LEVELS**

- 7.1 The student's level of self-care is set out in section 3 above including which tasks the student can do by himself/herself and which must be done with the assistance of, or wholly by, either a school nurse or a TDP.
- 7.2 Blood glucose monitoring will be done at the times designated in the student's DMMP, whenever the student feels her/his blood glucose level may be high or low, or when symptoms of high or low blood glucose levels are observed.
- 7.3 Insulin and/or other diabetes medication will be administered at the times and through the means (e.g., syringe, pen, or pump) designated in the student's DMMP for both scheduled doses and doses needed to correct for high blood glucose levels.
- 7.4 The student shall be provided with privacy for blood glucose monitoring and insulin administration if the student desires.
- 7.5 The student's usual symptoms of high and low blood glucose levels and how to respond to these levels are set out in the attached DMMP.
- 7.6 When the student asks for assistance or any staff member believes the student is showing signs of high or low blood glucose levels, the staff member will immediately seek assistance from the school nurse or TDP while making sure an adult stays with the student at all times. Never send a student with actual -- or suspected -- high or low blood glucose levels anywhere alone.
- 7.7 Any staff member who finds the student unconscious will immediately contact the school office. The office will immediately do the following in the order listed:
  - 1. Contact the school nurse or a TDP (if the school nurse is not on site and immediately available) who will confirm the blood glucose level with a**

**monitor and immediately administer glucagon (glucagon should be administered if no monitor is available);**

- 2. Call 911 (office staff will do this without waiting for the school nurse or TDP to administer glucagon); and**
- 3. Contact the student's parent/guardian and physician at the emergency numbers provided below.**

7.8 School staff including physical education instructors and coaches will provide a safe location for the storage of the student's insulin pump if the student chooses not to wear it during physical activity or any other activity.

## **8. FIELD TRIPS AND EXTRACURRICULAR ACTIVITIES**

8.1 The student will be permitted to participate in all school-sponsored field trips and extracurricular activities (such as sports, clubs, and enrichment programs) without restriction and with all of the accommodations and modifications, including necessary supervision by identified school personnel, set out in this Plan. The student's parent/guardian will not be required to accompany the student on field trips or any other school activity.

8.2 The school nurse or TDP will be available on site at all school-sponsored field trips and extracurricular activities, will provide all usual aspects of diabetes care (including, but not limited to, blood glucose monitoring, responding to hyperglycemia and hypoglycemia, providing snacks and access to water and the bathroom, and administering insulin and glucagon), and will make sure that the student's diabetes supplies travel with the student.

## **9. TESTS AND CLASSROOM WORK**

9.1 If the student is affected by high or low blood glucose levels at the time of regular testing, the student will be permitted to take the test at another time without penalty.

9.2 If the student needs to take breaks to use the water fountain or bathroom, check blood glucose, or to treat hypoglycemia or hyperglycemia during a test or other activity, the student will be given extra time to finish the test or other activity without penalty.

9.3 The student shall be given instruction to help him/her make up any classroom instruction missed due to diabetes care without penalty.

9.4 The student shall not be penalized for absences required for medical appointments and/or for illness. The parent will provide documentation from the treating health care professional if otherwise required by school policy.

## **10. COMMUNICATION**

- 10.1 The school nurse, TDP, and other staff will keep the student's diabetes confidential, except to the extent that the student decides to openly communicate about it with others.
- 10.2 Encouragement is essential. The student be treated in a way that encourages the student to eat snacks on time, and to progress toward self-care with his/her diabetes management skills.
- 10.3 The teacher, school nurse or TDP will provide reasonable notice to parent/guardian when there will be a change in planned activities such as exercise, playground time, field trips, parties, or lunch schedule, so that the lunch, snack plan, and insulin dosage can be adjusted accordingly.
- 10.4 Each substitute teacher and substitute school nurse will be provided with written instructions regarding the student's diabetes care and a list of all school nurses and TDP at the school.

## **11. EMERGENCY EVACUATION AND SHELTER-IN-PLACE**

- 11.1 In the event of emergency evacuation or shelter-in-place situation, the student's 504 Plan and DMMP will remain in full force and effect.
- 11.2 The school nurse or TDP will provide diabetes care to the student as outlined by this Plan and the student's DMMP, will be responsible for transporting the student's diabetes supplies, and equipment, will attempt to establish contact with the student's parents/guardians and provide updates, and will and receive information from parents/guardians regarding the student's diabetes care.

## **12. PARENTAL NOTIFICATION**

- 12.1 ***NOTIFY PARENTS/GUARDIANS IMMEDIATELY IN THE FOLLOWING SITUATIONS:***
  - Symptoms of severe low blood sugar such as continuous crying, extreme tiredness, seizure, or loss of consciousness.
  - The student's blood glucose test results are below \_\_\_\_\_ or are below \_\_\_\_\_15 minutes after consuming juice or glucose tablets.
  - Symptoms of severe high blood sugar such as frequent urination, presence of ketones, vomiting or blood glucose level above \_\_\_\_\_.
  - The student refuses to eat or take insulin injection or bolus.
  - Any injury.
  - Insulin pump malfunctions cannot be remedied.
  - Other:

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## **12.2 EMERGENCY CONTACT INSTRUCTIONS**

Call parent/guardian at the numbers listed below. If unable to reach parent/guardian, call the other emergency contacts or student's health care providers listed below.

**EMERGENCY CONTACTS:**

\_\_\_\_\_  
Parent's/Guardian's Name   Home Phone Number   Work Phone Number   Cell Number

\_\_\_\_\_  
Parent's/Guardian's Name   Home Phone Number   Work Phone Number   Cell Number

**Other emergency contacts:**

\_\_\_\_\_  
Name   Home Phone Number   Work Phone Number   Cell Number

\_\_\_\_\_  
Name   Home Phone Number   Work Phone Number   Cell Number

**Student's Health Care Provider(s):**

\_\_\_\_\_  
Name   Phone   Address

\_\_\_\_\_  
Name   Phone   Address

***This Plan shall be reviewed and amended at the beginning of each school year or more often if necessary.***

**Approved and received:**

\_\_\_\_\_  
**Parent/Guardian**   Date

\_\_\_\_\_  
**Parent/Guardian**   Date

**Approved and received:**

\_\_\_\_\_  
**School Administrator and Title**   Date

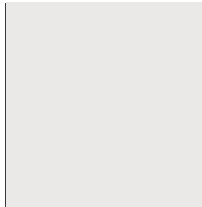
\_\_\_\_\_  
**School Nurse**   Date





# Safe at School®

# Diabetes Medical Management Plan



(Add student photo here.)

SCHOOL YEAR:

STUDENT LAST NAME: FIRST NAME: DOB:

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**PARENTS/GUARDIANS: Please complete pages 1 and 2 of this form and approve the final plan on page 6.**

## 1. DEMOGRAPHIC INFORMATION – PARENT/GUARDIAN TO COMPLETE

Student First Name: Last Name: DOB: Student's Cell #: Diabetes Type: Date Diagnosed: Month: Year:

School Name: School Phone #: School Fax #: Grade:

Home Room: School Point of Contact: Contact Phone #:

**STUDENT'S SCHEDULE** Arrival Time: Dismissal Time:

Travels to school by (check all that apply): Foot/Bicycle Car Bus Attends Before School Program	Meals Times: Breakfast AM Snack Lunch PM Snack Pre Dismissal Snack	Physical Activity: Gym Recess Sports Additional information:	Travels to: Home After School Program Via: Foot/Bicycle Car Student Driver Bus
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Parent/Guardian #1 (contact first): Relationship: Parent/Guardian #2: Relationship:

Cell #: Home #: Work #: Cell #: Home #: Work #:

E-mail Address: E-mail Address:

Indicate preferred contact method: Indicate preferred contact method:

## 2. NECESSARY SUPPLIES / DISASTER PLANNING / EXTENDED FIELD TRIPS

1. A 3-day minimum of the following Diabetes Management Supplies should be provided by the parent/guardian and accessible for the care of the student at all times.

- Insulin
- Syringe/Pen Needles
- Ketone Strips
- Treatment for lows and snacks
- Glucagon
- Antiseptic Wipes
- Blood Glucose (BG)
- Meter with (test strips, lancets, extra battery) – required for all Continuous Glucose Monitor (CGM) users
- Pump Supplies (Infusion Set,
- Cartridge, extra Battery/Charging Cord) if applicable
- Additional supplies:

2. View Disaster/Emergency Planning details – refer to Safe at School Guide

3. Please review expiration dates and quantities monthly and replace items prior to expiration dates

4. In the event of a disaster or extended field trip, a school nurse or other designated personnel will take student's diabetes supplies and medications to student's location.

Name of Health Care Provider/Clinic: Contact #: Fax #: Email Address (non-essential communication): Other:

STUDENT LAST NAME:

FIRST NAME:

DOB:

**3. SELF-MANAGEMENT SKILLS (DEFINITIONS BELOW)**

		Full Support	Supervision	Self-Care
Glucose Monitoring:	Meter CGM (Requires Calibration)			
Carbohydrate Counting				
Insulin Administration:	Syringe Pen Pump			
Can Calculate Insulin Doses				
Glucose Management:	Low Glucose High Glucose			

Self-Carry Diabetes Supplies: Yes No Please specify items:  
Smart Phone: Yes No

Device Independence: CGM Interpretation & Alarm Management Sensor Insertion Calibration Insulin Pumps Bolus  
Connects/Disconnects Temp Basal Adjustment Interpretation & Alarm Management Site Insertion Cartridge Change

Full Support: All care performed by school nurse and trained staff (as permitted by state law).  
Supervision: Trained staff to assist & supervise. Guide & encourage independence.  
Self-Care: Manages diabetes independently. Support is provided upon request and as needed.

**4. STUDENT RECOGNITION OF HIGH OR LOW GLUCOSE SYMPTOMS (CHECK ALL THAT APPLY)**

**Symptoms of High:**

Thirsty Frequent Urination Fatigued/Tired/Drowsy Headache Blurred Vision Warm/Dry/Flushed Skin  
Abdominal Discomfort Nausea/Vomiting Fruity Breath Unaware Other:

**Symptoms of Low:**

None Hungry Shaky Pale Sweaty Tired/Sleepy Tearful/Crying Dizzy Irritable  
Unable to Concentrate Confusion Personality Changes Other:

Has student lost consciousness, experienced a seizure or required Glucagon: Yes No If yes, date of last event:

Has student been admitted for DKA after diagnosis: Yes No If yes, date of last event:

**5. GLUCOSE MONITORING AT SCHOOL**

**Monitor Glucose:**

Before Meals With Physical Complaints/Illness (include ketone testing) High or Low Glucose Symptoms  
Before Exams Before Physical Activity After Physical Activity Before Leaving School Other:

**CONTINUOUS GLUCOSE MONITORING (CGM)**

(Specify Brand & Model:

Specify Viewing Equipment: Device Reader Smart Phone  
Insulin Pump Smart Watch iPod/iPad/Tablet

CGM is remotely monitored by parent/guardian.  
Document individualized communication plan in Section 504 or other plan to minimize interruptions for the student.  
May use CGM for monitoring/treatment/insulin dosing unless symptoms do not match reading.

**CGM Alarms:**



Low alarm mg/dL

High alarm mg/dL if applicable

**Please:**

- Permit student access to viewing device at all times
- Permit access to School Wi-Fi for sensor data collection and data sharing
- Do not discard transmitter if sensor falls

**Perform finger stick if:**

- Glucose reading is below mg/dL or above mg/dL
- If CGM is still reading below mg/dL (DEFAULT 70 mg/dL) 15 minutes following low treatment
- CGM sensor is dislodged or sensor reading is unavailable.  (see CGM addenda for more information) 
- Sensor readings are inconsistent or in the presence of alerts/alarms
- Dexcom does not have both a number and arrow present
- Libre displays Check Blood Glucose Symbol
- Using Medtronic system with Guardian sensor

**Notify parent/guardian if glucose is:**

below mg/dL (<55 mg/dL DEFAULT)  
above mg/dL (>300 mg/d DEFAULT)

Section 1-5 completed by Parent/Guardian

Name of Health Care Provider/Clinic:

Contact #:

Fax #:

Email Address (non-essential communication):

Other:

STUDENT LAST NAME:

FIRST NAME:

DOB:

**6. INSULIN DOSES AT SCHOOL - HEALTHCARE PROVIDER TO COMPLETE**

**Insulin Administered Via:**

Syringe      Insulin Pen ( Whole Units    Half Units)      Insulin Pump (Specify Brand & Model: \_\_\_\_\_ )  
i-Port      Smart Pen      Insulin Pump is using Automated Insulin Delivery (automatic dosing) using an  
Other      FDA-approved device  
Insulin Pump is using DIY Looping Technology (child/parent manages device  
independently, nurse will assist with all other diabetes management)

**DOSING** to be determined by Bolus Calculator in insulin pump or smart pen/meter unless moderate or large ketones are present or in the event of device failure (provide insulin via injection using dosing table in section 6A).

**Insulin Administration Guidelines**

Insulin Delivery Timing: Pre-meal insulin delivery is important in maintaining good glucose control. Late or partial doses are used with students that demonstrate unpredictable eating patterns or refuse food. Provide substitution carbohydrates when student does not complete their meal.

**Prior to Meal** (DEFAULT)

**After Meal** as soon as possible and within 30 minutes

**Snacking** avoid snacking \_\_\_\_\_ hours (DEFAULT 2 hours) before and after meals

**Partial Dose Prior to Meal:** (preferred for unpredictable eating patterns using **insulin pump therapy**)

Calculate meal dose using \_\_\_\_\_ grams of carbohydrate prior to the meal  
Follow meal with remainder of grams of carbohydrates (may not be necessary with advanced hybrid pump therapy)  
May advance to Prior to Meal when student demonstrates consistent eating patterns.

**For Injections, Calculate Insulin Dose To The Nearest:**

Half Unit (round down for < 0.25 or < 0.75 and round up for ≥ 0.25 or ≥ 0.75)

Whole Unit (round down for < 0.5 and round up for ≥ 0.5)

**Supplemental Insulin Orders:**

Check for **KETONES** before administering insulin dose if BG > \_\_\_\_\_ mg/dL (DEFAULT >300 mg/dL or >250 mg/dL on insulin pump) or if student complains of physical symptoms. Refer to section 9. for high blood glucose management information.

Parents/guardians are authorized to adjust insulin dose +/- \_\_\_\_\_ units

Insulin dose +/- \_\_\_\_\_ units

Insulin dose +/- \_\_\_\_\_ %

Insulin to Carb Ratio +/- \_\_\_\_\_ grams/units

Insulin Factor +/- \_\_\_\_\_ mg/dL/unit

Additional guidance on parent adjustments:

Name of Health Care Provider/Clinic:

Contact #:

Fax #:

Email Address (non-essential communication):

Other:

STUDENT LAST NAME:

FIRST NAME:

DOB:

**6A. DOSING TABLE – HEALTHCARE PROVIDER TO COMPLETE – SINGLE PAGE UPDATE ORDER FORM**

**Insulin:** (administered for food and/or correction)

**Rapid Acting Insulin:** Humalog/Admelog (Lispro), Novolog (Aspart), Apidra (Glulisine) Other:

**Ultra Rapid Acting Insulin:** Fiasp (Aspart) Lyumjev (Lispro-aabc) Other:

**Other insulin:** Humulin R Novolin R

Meal & Times	Food Dose		Glucose Correction Dose Use Formula See Sliding Scale 6B		PE/Activity Day Dose	
	Select if dosing is required for meal	<b>Carbohydrate Ratio:</b> Total Grams of Carbohydrate divided by Carbohydrate Ratio = Carbohydrate Dose	<b>Fixed Meal Dose</b>	<b>Formula:</b> (Pre-Meal Glucose Reading minus <b>Target Glucose</b> ) divided by <b>Correction Factor</b> = Correction Dose May give Correction dose every _____ hours as needed (DEFAULT 3 hours)		<b>Adjust:</b> <b>Carbohydrate Dose Total Dose</b> Indicate dose instructions below:
<b>Breakfast</b>	Breakfast Carb Ratio = _____ g/unit	<b>Breakfast</b> units	<b>Target Glucose</b> is: _____ mg/dL &	<b>Correction Factor</b> is: _____ mg/dL/unit	Carb Ratio	g/unit
			_____		Subtract	%
			<b>No Correction dose</b>		Subtract	units
<b>AM Snack</b>	AM Snack Carb Ratio = _____ g/unit	<b>AM Snack</b> units	<b>Target Glucose</b> is: _____ mg/dL &	<b>Correction Factor</b> is: _____ mg/dL/unit	Carb Ratio	g/unit
	No Carb Dose	No Insulin if < _____ grams	_____		Subtract	%
			<b>No Correction dose</b>		Subtract	units
<b>Lunch</b>	Lunch Carb Ratio = _____ g/unit	<b>Lunch</b> units	<b>Target Glucose</b> is: _____ mg/dL &	<b>Correction Factor</b> is: _____ mg/dL/unit	Carb Ratio	g/unit
			_____		Subtract	%
			<b>No Correction dose</b>		Subtract	units
<b>PM Snack</b>	PM Snack Carb Ratio = _____ g/unit	<b>PM Snack</b> units	<b>Target Glucose</b> is: _____ mg/dL &	<b>Correction Factor</b> is: _____ mg/dL/unit	Carb Ratio	g/unit
	No Carb Dose	No Insulin if < _____ grams	_____		Subtract	%
			<b>No Correction dose</b>		Subtract	units
<b>Dinner</b>	Dinner Carb Ratio = _____ g/unit	<b>Dinner</b> units	<b>Target Glucose</b> is: _____ mg/dL &	<b>Correction Factor</b> is: _____ mg/dL/unit	Carb Ratio	g/unit
			_____		Subtract	%
			<b>No Correction dose</b>		Subtract	units

**6B. CORRECTION SLIDING SCALE**

Meals Only	Meals and Snacks	Every	hours as needed						
to	mg/dL =	units	to	mg/dL =	units	to	mg/dL =	units	
to	mg/dL =	units	to	mg/dL =	units	to	mg/dL =	units	
to	mg/dL =	units	to	mg/dL =	units	to	mg/dL =	units	

**6C. LONG ACTING INSULIN**

Time	Lantus, Basaglar, Toujeo (Glargine) Levemir (Detemir) Tresiba (Degludec) Other	units	Daily Dose Overnight Field Trip Dose Disaster/Emergency Dose	Subcutaneously
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**6D. OTHER MEDICATIONS**

Time	Metformin Other	units	Daily Dose Overnight Field Trip Dose Disaster/Emergency Dose	Route
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Signature is required here if sending ONLY this one-page dosing update.

**Diabetes Provider Signature:**

**Date:**

Name of Health Care Provider/Clinic:

Contact #:

Fax #:

Email Address (non-essential communication):

Other:

STUDENT LAST NAME:

FIRST NAME:

DOB:

**7. LOW GLUCOSE PREVENTION (HYPOGLYCEMIA)**

**Allow Early Interventions**

Allow Mini-Dosing of carbohydrate (i.e., 1-2 glucose tablets) when low glucose is predicted, sensor readings are dropping (down arrow) at mg/dL (DEFAULT 80 mg/dL or 120 mg/dL prior to exercise) or with symptoms.

Allow student to carry and consume snacks School staff to administer

Allow Trained Staff/Parent/Guardian to adjust mini dosing and snacking amounts (DEFAULT)

**Insulin Management (Insulin Pumps)**

**Temporary Basal Rate** Initiate pre-programmed rate as indicated below to avoid or treat hypoglycemia.

Pre-programmed Temporary Basal Rate Named (Omnipod)

Temp Target (Medtronic) Exercise Activity Setting (Tandem) Activity Feature (Omnipod 5)

**Start:** minutes prior to exercise for minutes duration (DEFAULT 1 hour prior, during, and 2 hours following exercise).

**Initiated by:** Student Trained School Staff School Nurse

May disconnect and suspend insulin pump up to minutes (DEFAULT 60 minutes) to avoid hypoglycemia, personal injury with certain physical activities or damage to the device (keep in a cool and clean location away from direct sunlight).

**Exercise (Exercise is a very important part of diabetes management and should always be encouraged and facilitated).**

**Exercise Glucose Monitoring**

prior to exercise every 30 minutes during extended exercise following exercise with symptoms

**Delay exercise if glucose is < mg/dL (120 mg/dL DEFAULT)**

**Pre-Exercise Routine**

**Fixed Snack:** Provide grams of carbohydrate prior to physical activity if glucose < mg/dL

**Added Carbs:** If glucose is < mg/dL (120 DEFAULT) give grams of carbohydrates (15 DEFAULT)

**TEMPORARY BASAL RATE as indicated above**

**Encourage and provide access to water for hydration, carbohydrates to treat/prevent hypoglycemia, and bathroom privileges during physical activity**

**8. LOW GLUCOSE MANAGEMENT (HYPOGLYCEMIA)**

Low Glucose below mg/dL (below 70 mg/dL DEFAULT) or below mg/dL before/during exercise ( DEFAULT is < 120 mg/dl).

1. If student is awake and able to swallow give grams of fast acting carbohydrate (DEFAULT 15 grams). Examples include 4 ounces of juice or regular soda, 4 glucose tabs, 1 small tube glucose gel.

School nurse/parent may change amount given

2. Check blood glucose every 15 minutes and re-treat until glucose > mg/dL (DEFAULT is 80 mg/dL or 120 mg/dL before exercise).

**SEVERE LOW GLUCOSE (unconscious, seizure, or unable to swallow)**

Administer Glucagon, position student on their side and monitor for vomiting, call 911 and notify parent/guardian. If BG meter is available, confirm hypoglycemia via BG fingerstick. Do not delay treatment if meter is not immediately available. If wearing an insulin pump, place pump in suspend/stop mode or disconnect tubing from infusion site. Keep pump with student.

Gvoke PFS (prefilled syringe) by SC Injection 0.5 mg 1.0 mg

Gvoke HypoPen (auto-injector) by SC Injection 0.5 mg 1.0 mg

Gvoke Kit (ready to use vial and syringe, 1mg/0.2 ml) by SC injection

Zegalogue (dasiglucagon) 0.6 mg SC by Auto-Injector Zegalogue (dasiglucagon) 0.6 mg SC by Pre-Filled Syringe

Baqsimi Nasal Glucagon 3 mg

Name of Health Care Provider/Clinic:

Contact #:

Fax #:

Email Address (non-essential communication):

Other:

STUDENT LAST NAME:

FIRST NAME:

DOB:

**9. HIGH GLUCOSE MANAGEMENT (HYPERGLYCEMIA)**

Management of High Glucose over \_\_\_\_\_ mg/dL (Default is 300 mg/dL OR 250 mg/dl if on an insulin pump).

1. Provide and encourage consumption of water or sugar-free fluids. Give 4-8 ounces of water every 30 minutes. May consume fluids in classroom. Allow frequent bathroom privileges.
2. Check for Ketones (before giving insulin correction)
  - a. If Trace or Small Urine Ketones (0.1 – 0.5 mmol/L if measured in blood)
    - Consider insulin correction dose. Refer to the “Correction Dose” Section 6.A-B. for designated times correction insulin may be given.
    - *Can return to class and PE unless symptomatic*
    - Recheck glucose and ketones in 2 hours
  - b. If Moderate or Large Urine Ketones (0.6 – 1.4 mmol/L or >1.5 mmol/L blood ketones). This may be serious and requires action.
    - Contact parents/guardian or, if unavailable, healthcare provider
    - **Administer correction dose via injection.** If using Automated Insulin Delivery contact parent/provider about turning off automatic pump features. Refer to the “Blood Glucose Correction Dose” Section 6.A-B
    - If using insulin pump change infusion site/cartridge or use injections until dismissal.
    - No physical activity until ketones have cleared
    - Report nausea, vomiting, and abdominal pain to parent/guardian to take student home.
    - Call 911 if changes in mental status and labored breathing are present and notify parents/guardians.

Send student’s diabetes log to Health Care Provider (include details): If pre-meal blood glucose is below 70 mg/dL or above 240 mg/dL more than 3 times per week or you have any other concerns.

**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 this 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 collaborate with my child’s physician/health care provider.

**Acknowledged and received by:**

Student’s Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledged and received by:**

School Nurse or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

# 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: \_\_\_\_\_ - \_\_\_\_\_

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## 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: \_\_\_\_\_

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## Contact information

**Parent/guardian 1:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Parent/guardian 2:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Student's physician/health care provider:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Emergency number: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Other emergency contacts:**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_



## 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 school nurse or trained diabetes personnel to check blood glucose  
 Uses a smartphone or other monitoring technology to track blood glucose values

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: Check "Yes" or "No" if the student can perform the skill independently.

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: \_\_\_\_\_





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## Hypoglycemia treatment

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

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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: \_\_\_\_\_

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**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

- Call 911 (Emergency Medical Services) and the student's parents/guardians.
- Contact the student's health care provider.
- If on insulin pump, stop by placing mode in suspend or disconnect. Always send pump with EMS to hospital.

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## Hyperglycemia treatment

Student's usual symptoms of hyperglycemia (list below): \_\_\_\_\_

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- Check  Urine  Blood for ketones every \_\_\_\_\_ hours when blood glucose levels are above \_\_\_\_\_ mg/dL.
- For blood glucose greater than \_\_\_\_\_ mg/dL AND at least \_\_\_\_\_ hours since last insulin dose, give correction dose of insulin (see correction dose orders).
- Notify parents/guardians if blood glucose is over \_\_\_\_\_ mg/dL.
- For insulin pump users: see **Additional Information for Student with Insulin Pump**.
- Allow unrestricted access to the bathroom.
- Give extra water and/or non-sugar-containing drinks (not fruit juices): \_\_\_\_\_ ounces per hour.

Additional treatment for ketones: \_\_\_\_\_

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- Follow physical activity and sports orders. (See **Physical Activity and Sports**)

If the student has symptoms of a hyperglycemia emergency, call 911 (Emergency Medical Services) and contact the student's parents/guardians and health care provider. Symptoms of a hyperglycemia emergency include: dry mouth, extreme thirst, nausea and vomiting, severe abdominal pain, heavy breathing or shortness of breath, chest pain, increasing sleepiness or lethargy, or depressed level of consciousness.



## Insulin therapy

Insulin delivery device:  Syringe  Insulin pen  Insulin pump

Type of insulin therapy at school:  Adjustable (basal-bolus) insulin  Fixed insulin therapy  No insulin

### Adjustable (Basal-bolus) Insulin Therapy

• Carbohydrate Coverage/Correction Dose: Name of insulin: \_\_\_\_\_

• Carbohydrate Coverage:

Insulin-to-carbohydrate ratio:

**Breakfast:** 1 unit of insulin per \_\_\_\_\_ grams of carbohydrate

**Lunch:** 1 unit of insulin per \_\_\_\_\_ grams of carbohydrate

**Snack:** 1 unit of insulin per \_\_\_\_\_ grams of carbohydrate

#### Carbohydrate Dose Calculation Example

**Total Grams of Carbohydrate to Be Eaten ÷ Insulin-to-Carbohydrate Ratio = \_\_\_\_\_ Units of Insulin**

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

#### Correction Dose Calculation Example

**(Current Blood Glucose – Target Blood Glucose) ÷ 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: \_\_\_\_\_



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## Insulin therapy (continued)

**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.

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## 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:** \_\_\_\_\_



## Additional information for student with insulin pump (continued)

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.

### Physical Activity

- 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

**Student's Self-care Pump Skills:** Check "Yes" or "No" if the student can perform the skill independently.

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 plan

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



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## Physical activity and sports

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.  
(See **Administer Insulin** for additional information for students on insulin pumps.)

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## 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: \_\_\_\_\_  
\_\_\_\_\_

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## 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



# Hyperglycemia Emergency Care Plan (For High Blood Glucose)

Student's Name: \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_

Date of Plan: \_\_\_\_\_

## Emergency Contact Information

**Parent 1/Guardian:** \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Parent 2/Guardian:** \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Health Care Provider:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

**School Nurse:** \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

**Trained Diabetes Personnel:** \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Causes of Hyperglycemia	Onset of Hyperglycemia
<ul style="list-style-type: none"> <li>• Too little insulin or other blood glucose-lowering medications</li> <li>• Insulin pump or infusion set malfunction</li> <li>• Food intake that has not been covered adequately by insulin</li> <li>• Decreased physical activity</li> <li>• Illness</li> <li>• Infection</li> <li>• Injury</li> <li>• Severe physical or emotional stress</li> </ul>	<ul style="list-style-type: none"> <li>• Over several hours or days</li> </ul>



Circle student's usual signs and symptoms.

Hyperglycemia Symptoms	Hyperglycemia Emergency Symptoms Diabetic ketoacidosis (DKA), which is associated with hyperglycemia, ketosis, and dehydration
<ul style="list-style-type: none"> <li>• Increased thirst and/or dry mouth</li> <li>• Frequent or increased urination</li> <li>• Change in appetite and nausea</li> <li>• Blurry vision</li> <li>• Fatigue</li> <li>• Other: _____</li> </ul>	<ul style="list-style-type: none"> <li>• Dry mouth, extreme thirst, and dehydration</li> <li>• Nausea and vomiting</li> <li>• Severe abdominal pain</li> <li>• Fruity breath</li> <li>• Heavy breathing or shortness of breath</li> <li>• Chest pain</li> <li>• Increasing sleepiness or lethargy</li> <li>• Depressed level of consciousness</li> </ul>

**Actions for Treating Hyperglycemia**

Notify school nurse or trained diabetes personnel as soon as you observe symptoms.

Treatment for Hyperglycemia	Treatment for Hyperglycemia Emergency
<ul style="list-style-type: none"> <li><input type="checkbox"/> Check the blood glucose level.</li> <li><input type="checkbox"/> Check urine or blood for ketones if blood glucose levels are greater than _____ mg/dL.</li> <li><input type="checkbox"/> Calculate the Insulin Correction Dose needed as specified in the DMMP.</li> <li><input type="checkbox"/> Administer supplemental insulin dose: _____. (If student uses a pump, see instructions below.)</li> <li><input type="checkbox"/> Give extra water or non-sugar-containing drinks (not fruit juices): _____ ounces per hour.</li> <li><input type="checkbox"/> Allow free and unrestricted access to the restroom.</li> <li><input type="checkbox"/> Recheck blood glucose every 2 hours to determine if decreasing to target range of _____ mg/dL.</li> <li><input type="checkbox"/> Restrict participation in physical activity if blood glucose is greater than _____ mg/dL and if ketones are moderate to large.</li> <li><input type="checkbox"/> Notify parents/guardians if blood glucose is greater than _____ mg/dL or if ketones are present.</li> </ul> <p><b>For Students Using an Insulin Pump</b></p> <ul style="list-style-type: none"> <li>• If student uses a pump, check to see if the pump is connected properly and functioning by giving a correction bolus through the pump and checking the blood glucose 1 hour later.</li> <li>• If moderate or large ketones are present, treat ketones with a subcutaneous injection of insulin, then change pump site or initiate pump back-up plan.</li> <li>• For infusion site failure: insert new infusion set and/or replace reservoir or pod, or give insulin by syringe or pen.</li> <li>• For suspected pump failure: suspend or remove pump and give insulin by syringe or pen.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Call parents/guardians, student's health care provider, and 911 (Emergency Medical Services) right away.</li> <li><input type="checkbox"/> Stay with the student until Emergency Medical Services arrive.</li> </ul>



National Institute of Diabetes and Digestive and Kidney Diseases

# Hypoglycemia Emergency Care Plan (For Low Blood Glucose)

Student's Name: \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_

Date of Plan: \_\_\_\_\_

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## Emergency Contact Information

**Parent 1/Guardian:** \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Parent 2/Guardian:** \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Health Care Provider:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

**School Nurse:** \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

**Trained Diabetes Personnel:** \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

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**The student should never be left alone, or sent anywhere alone or with another student, when experiencing hypoglycemia.**

Causes of Hypoglycemia	Onset of Hypoglycemia
<ul style="list-style-type: none"><li>• Too much insulin</li><li>• Missing or delaying meals or snacks</li><li>• Not eating enough food (carbohydrates)</li><li>• Getting extra, intense, or unplanned physical activity</li><li>• Being ill, particularly with gastrointestinal illness</li></ul>	<ul style="list-style-type: none"><li>• Sudden — symptoms may progress rapidly</li></ul>





**Hypoglycemia Symptoms**

Circle student's usual symptoms.

Mild to Moderate Symptoms	Severe Symptoms
<ul style="list-style-type: none"> <li>• Shaky or jittery</li> <li>• Sweaty</li> <li>• Hungry</li> <li>• Pale</li> <li>• Headache</li> <li>• Blurry vision</li> <li>• Sleepy</li> <li>• Dizzy</li> <li>• Lightheaded</li> <li>• Confused</li> <li>• Disoriented</li> <li>• Uncoordinated</li> <li>• Irritable or nervous</li> <li>• Argumentative</li> <li>• Combative</li> <li>• Changed personality</li> <li>• Changed behavior</li> <li>• Inability to concentrate</li> <li>• Weak</li> <li>• Lethargic</li> <li>• Other: _____</li> </ul>	<ul style="list-style-type: none"> <li>• Inability to eat or drink</li> <li>• Unconscious</li> <li>• Unresponsive</li> <li>• Seizure activity or convulsions (jerking movements)</li> </ul>

**Actions for Treating Hypoglycemia**

Notify school nurse or trained diabetes personnel as soon as you observe symptoms. If possible, check blood glucose (sugar) at side of finger. Treat for hypoglycemia if blood glucose level is less than \_\_\_\_\_ mg/dL.

**WHEN IN DOUBT, ALWAYS TREAT FOR HYPOGLYCEMIA AS SPECIFIED BELOW.**

Treatment for Mild to Moderate Hypoglycemia	Treatment for Severe Hypoglycemia
<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide quick-acting glucose (sugar) product equal to grams of carbohydrates. Examples of 15 grams of carbohydrates are listed below:               <ul style="list-style-type: none"> <li>• 4 glucose tablets</li> <li>• 1 tube of glucose gel</li> <li>• 4 ounces of fruit juice (not low-calorie or reduced sugar)</li> <li>• 4-6 ounces (½ can) of soda (not low-calorie or reduced sugar)</li> </ul> </li> <li><input type="checkbox"/> Wait 15 minutes.</li> <li><input type="checkbox"/> Recheck blood glucose level.</li> <li><input type="checkbox"/> Repeat quick-acting glucose product if blood glucose level is less than _____ mg/dL.</li> <li><input type="checkbox"/> Contact the student's parents/guardians.</li> <li><input type="checkbox"/> Once the student's blood glucose returns to normal, check the blood glucose level 1 hour later. Provide an additional source of carbohydrate (e.g., whole grain crackers, graham crackers, granola bar, yogurt, or fruit) if a meal or snack is not planned.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Position the student on his or her side.</li> <li><input type="checkbox"/> Do not attempt to give anything by mouth.</li> <li><input type="checkbox"/> Administer glucagon: _____ mg at _____ site.</li> <li><input type="checkbox"/> While treating, have another person call 911 (Emergency Medical Services).</li> <li><input type="checkbox"/> Contact the student's parents/guardians.</li> <li><input type="checkbox"/> Stay with the student until Emergency Medical Services arrive.</li> <li><input type="checkbox"/> Notify student's health care provider.</li> </ul>

