

Diabetes Medical Management Plan (DMMP)

Adapted from Helping the Student with Diabetes Succeed: A Guide for School Personnel (2016)

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: _____

Student Information:

Student's name: _____ Date of birth: _____

Date of diabetes diagnosis: _____

__Type 1 __Type 2 Other: _____

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	Before dismissal	Hours after lunch
Mid-morning	Before PE	After PE
Before recess	After recess	

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 a school nurse or trained diabetes personnel to check

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: _____

Additional information for student with CGM

- Confirm CGM results with a blood glucose meter check before taking action on the sensor blood glucose level. If the student has signs or symptoms of hypoglycemia, check fingertip blood glucose level regardless of the 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	Independent?	
The student troubleshoots alarms and malfunctions.	Yes	No
The student knows what to do and is able to deal with a HIGH alarm.	Yes	No
The student knows what to do and is able to deal with a LOW alarm.	Yes	No
The student can calibrate the CGM.	Yes	No
The student knows what to do when the CGM indicates a rapid trending rise or decrease in the blood glucose level.	Yes	No

The student should be escorted to the nurse if the CGM alarm goes off.

Other instructions for the health team:

Hypoglycemia treatment**Student's usual symptoms of hypoglycemia (list below):**

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.

Notify parents/guardian if blood glucose is under _____ mg/dL.
Recheck blood glucose in 15 minutes and repeat treatment if blood glucose level is less than _____ mg/dL.

Additional treatment:

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.

Give glucagon: ___ 1 mg 1/2 mg Other (dose) _____

Route: ___ Subcutaneous (SC) ___ Intramuscular (IM)

Site for glucagon injection: ___ Buttocks ___ Arm ___ Thigh

Other: _____

If student has an insulin pump, disconnect or suspend.

Call 911 (Emergency Medical Services) and the student's parents/guardians.

Contact the student's health care provider.

Hyperglycemia treatment**Student's usual symptoms of hyperglycemia (list below):**

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.

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:

Follow physical activity and sports orders.

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

Insulin therapy *Continued*

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	
$\frac{\text{Total Grams of Carbohydrate to Be Eaten}}{\text{Insulin-to-Carbohydrate Ratio}}$	$= \text{ ______ Units of Insulin}$

Correction dose: Blood glucose correction factor (insulin sensitivity factor) = _____ Target blood glucose = _____ mg/dL

Correction Dose Calculation Example	
$\frac{\text{Current Blood Glucose} - \text{Target Blood Glucose}}{\text{Correction Factor}}$	$= \text{ ______ Units of Insulin}$

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: _____

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: _____

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: _____ Time: _____ Basal rate: _____

Other pump instructions:

Type of infusion set: _____

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:		
Counts carbohydrates	Yes	No
Calculates correct amount of insulin for carbs consumed	Yes	No
Administers correction bolus	Yes	No
Calculates and sets basal profiles	Yes	No
Calculates and sets temporary basal rate	Yes	No
Changes batteries	Yes	No
Disconnect Pump	Yes	No
Reconnects pump to infusion set	Yes	No
Prepares reservoir, pod, and/or tubing	Yes	No
Inserts infusion set	Yes	No
Troubleshoots alarms and malfunctions	Yes	No

Other diabetes medications

Name: _____ Dose: _____ Route: _____

Times given: _____

Name: _____ Dose: _____ Route: _____

Times given: _____

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): _____

Special event/party food permitted: _____ Parent/Guardian discretion
 _____ Student discretion

Student's self-care nutrition skills:

- _____ Independently counts carbohydrates
- _____ May count carbohydrates with supervision
- _____ Requires School nurse/trained diabetes personnel count carbohydrates

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.

Disaster Plan

To prepare for an unplanned disaster or emergency (72 hours), obtain emergency supply kit from parents/guardians.

____ Continue to follow orders contained in this DMMP.

____ Additional insulin orders as follows (e.g., dinner and nighttime):

Other: _____

Trained Diabetes Personnel

If the school chooses to designate nonmedical school staff as trained diabetes personnel for this student, they may administer the following medications:

____ Insulin
____ Glucagon
____ Other (please specify): _____

Signatures

This Diabetes Medical Management Plan (DMMP) 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)

_____ DMMP. I also consent to the release of the information contained in this DMMP to all school staff members and other adults who have responsibility for this student and who may need to know this information to maintain my student's health and safety. I also give permission to the school nurse to contact my student's physician/health care provider.

Acknowledged and received by:

Student's Parent/Guardian

Date

Student's Parent/Guardian

Date

Certified School Nurse

Date