

Student Name: _____

School Year: _____

Diabetes Medication Management Orders (DMMO) Plan

For use with: Insulin Pump Insulin Pen & CGM Glucose Meter (Fingerstick)

Name of medical devices used: _____

TARGET GLUCOSE RANGE IS ____ - ____ mg/dl

Student & Contact Information		School Name:
Student Name:	Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	School Phone:
DOB:	Grade in school:	School Fax:

Parent/Guardian Information		
Parent Name:	Phone:	Email:
Parent Name:	Phone:	Email:
Emergency Contact:	Phone:	Relationship:

Endocrinologist		
Name: Joshua Smith, MD	Phone: 208-523-1122 Option 4	Fax: 208-523-2582

School Nurse or Allowed Trained Staff <i>*must list 2 people</i>	
Name:	Phone:
Name:	Phone:

Blood Glucose Testing/Monitoring
<p>Blood Glucose Testing/Monitoring Independence Level:</p> <p><input type="checkbox"/> Student needs assistance and can NOT monitor blood sugars independently.</p> <p><input type="checkbox"/> Student needs supervision monitoring blood sugars.</p> <p><input type="checkbox"/> Student can monitor blood sugars independently.</p>
<p>Times to Test:</p> <p><input type="checkbox"/> Before lunch <input type="checkbox"/> Before/after PE <input type="checkbox"/> Before going home <input type="checkbox"/> If CGM (____) stops working contact parent and use fingerstick</p> <p><input type="checkbox"/> Okay to test via fingerstick if symptoms don't match CGM <input type="checkbox"/> If symptoms don't match (____) call parents</p> <p style="text-align: center;">Call parent if blood glucose is below ____ mg/dl (after treating low blood glucose 15 minutes) or above ____ mg/dl (if already given a correction and it hasn't come down for 2 hrs).</p>
<p><u>** Always check if showing signs/ symptoms of low or high blood glucose. **</u></p>

Insulin Delivery
<p>Location of Medication: _____</p> <p><i>***Unopened/unused insulin can be stored in refrigerator until expiration date. Once used, expires in 28 days.</i></p>
<p>Insulin Independence Level:</p> <p><input type="checkbox"/> Student needs assistance and can NOT self-administer insulin.</p> <p><input type="checkbox"/> Student needs supervision when administering insulin.</p> <p><input type="checkbox"/> Student can administer insulin independently.</p> <p>Person(s) to administer insulin: _____</p>
<p>Time of Day Insulin Should be Administered:</p> <p><input type="checkbox"/> 10 min before breakfast <input type="checkbox"/> 10 min before lunch <input type="checkbox"/> 10 min before snacks (unless low, then no insulin)</p> <p><input type="checkbox"/> If a correction is needed <input type="checkbox"/> Other times: _____</p>

Type of Insulin: Humalog Humalog Jr Novolog Lispro Aspart Lyumjev Fiasp

Method of Insulin Delivery:

Primary: T-slimX2 Omnipod Dash Omnipod 5 Medtronic 670/770 Medtronic 780 Insulin pen

Secondary: None at this time Other: _____ **Contact parent if there is any problem with method of delivery*

Blood Glucose Correction Dose (Bolus):

Correction should be administered via Primary method of delivery as recommended by:

The pump Insulin dosing sheet (See attached pg)

Meal Bolus: Insulin-Carbohydrate:

Bolus should be administered via Primary method of delivery as recommended by:

The pump Insulin dosing sheet (see attached pg)

Carbohydrate Counting Independence Level:

- Student needs assistance and can NOT count carbs themselves.
- Student needs supervision when counting carbs.
- Student can count carbs independently.

Snacks

Are snacks needed during school? As needed for low blood sugar (*Snacks provided by parent*)

Other times snacks are needed: _____

Directions for class snacks (i.e. birthday treats... etc): _____

Exercise and Sports

Pump should be in activity-mode during exercise: Yes No

If blood sugar is less than ____ or arrow indicates that student is low or will be low a snack needed before PE/recess to bring blood sugars up.

Student should not exercise if blood glucose sensor level is below ____ mg/dl (unless trending upward).

If blood glucose is over 300 on 2 checks, 1 hour apart, or with symptoms of illness/vomiting the school should:

- Contact parent, provide water, and wait for parent instruction.
- Check ketones and if ketones are present, call parents, provide water and student should not exercise.
- Student may need insulin via injection. Do you want the school to do this for your student? Yes No

Low Blood Glucose (Hypoglycemia)

COMMON SYMPTOMS:

- Shaky Sweating Weakness
- Fast Heartbeat Blurry Vision Dizzy
- Fatigue Anxious Headache
- Irritable Confusion Hungry

Other symptoms: _____

Emergency situations may occur with low blood sugar.

Student needs treatment when blood glucose is below ____ mg/dl or if symptomatic:

- If treated outside the classroom, a responsible person MUST accompany student to the office.
- After **15** minutes recheck blood sugar.
- Repeat until sensor glucose is over ____ mg/dl or trending up at a good rate.

Use of Glucagon

Glucagon Name: Baqsimi (nasal) Gvoke Zegalogue

Symptoms:

- Student is unable to orally ingest fast acting carbohydrates
- Student is unconscious
- Student is non responsive

- **IMMEDIATELY** contact delegated staff member to administer glucagon!
- **IMMEDIATELY** contact 911
- **IMMEDIATELY** contact parents

High Blood Glucose (Hyperglycemia)

COMMON SYMPTOMS:	WHAT TO DO:
<input type="checkbox"/> Extreme thirst <input type="checkbox"/> Frequent urination <input type="checkbox"/> Hyper <input type="checkbox"/> Dry skin <input type="checkbox"/> Hungry <input type="checkbox"/> Achy <input type="checkbox"/> Grumpy <input type="checkbox"/> Slow wound healing <input type="checkbox"/> Headache	<ul style="list-style-type: none">• Student needs treatment when blood glucose is over ____ mg/dl and no active insulin.• If fast-acting insulin has been administered and blood sugar is over ____ mg/dl for over 2 hours contact parent.• Allow unrestricted bathroom privileges.• Encourage student to drink water or sugar-free drinks.• If vomiting or diarrhea call parent immediately!
Other symptoms: _____	

Additional Accommodations

- Student must always be allowed access to (including during testing) fast-acting sugar, meter, mobile phone, wifi access, water bottle, unrestricted bathroom and drink privileges.
- Student is not allowed to exercise alone without supervision.
- Substitute teachers must be aware of the student's health situation, but still respecting privacy.
- Notify parent(s)/guardian when blood sugar is below ____ mg/dl (after treating low blood glucose) or above ____ mg/dl for over 2 hours after having given a correction and for emergencies.

PUMP INFORMATION AND MALFUNCTIONS

- If any problems noticed with the pump, notify parent immediately.
- If pod or infusion sets needs to be changed: _____
- Settings are not to be altered except by Parent, Doctor, or Diabetes Educator.
- Do not override the pump.
- Please do not silence phone or PDM due to risk of missing important notifications/alerts.

Additional Instructions

Parents/Authorized Person as designated in the school plan may make adjustments to these instructions. All dosage changes will be approved by parent, authorized person or emergency contact persons listed in the school plan before being given.

As parent/guardian of the above named student, I give my permission to the school nurse and other designated approved staff to perform and carry out the diabetes tasks as outlined in this Individualized Health Plan (IHP) and for my child's healthcare provider to share information with the school nurse for the completion of this plan.

I understand that the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/Authorized Persons to notify the school nurses whenever there is any change in the student's health status or care. Parents/Authorized Persons and student are responsible for maintaining necessary supplies, snack, blood glucose monitor, medications and equipment.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Physician Signature _____ Date _____

