SCHOOL FORM

VIRGINIA DIABETES MEDICAL MANAGEMENT PLAN

The DMMP is a management tool that is required for the medical care of children with diabetes at school. This form has been adapted from the form developed by the Virginia Diabetes Council Schools Committee.

Parts of this form are medical orders. Other parts of the form are guidelines from the parent/guardians regarding care of their student at school.

The goal of this form is to:

1. Give school personnel the legal authorization to care for your student.
2. To facilitate communication between the student and their family, school personnel and diabetes medical care team.

PARENT/GUARDIAN INSTRUCTIONS:

Please complete the following:

*We cannot complete this form until the following parent portions are completed and signed by a parent/guardian.*

Page 2: Entire page
Page 3: All sections except the Parent/Guardian authorization to adjust insulin dose.
Page 4: Please complete using the doses you are currently using. Our diabetes team will double check this page.
Page 5: Entire page
Page 6: Provider will put correct Glucagon dose
Page 7: Fill in Ketone dose for moderate and large ketones if you know it.
Page 8: Complete if your child is on a pump
Page 9: Complete top portion. Date and sign the bottom.
Page 10: Check yes or no on the parent authorization questions, then date and sign the form.

Please call with any questions.

P: 434-924-9144
F: 434-924-9181
Virginia 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.

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: ___________________________

Contact information

Parent/guardian 1: ________________________________________________________________
Address: _______________________________________________________________________
Email address: ___________________________________________________________________

Parent/guardian 2: ________________________________________________________________
Address: _______________________________________________________________________
Email address: ___________________________________________________________________

Student’s physician / health care provider: University of Virginia Pediatric Endocrinology/Diabetes
Address: P.O. Box 800386, UVA Health Care System, Charlottesville, VA 22908
Telephone Number: 434-924-9144 Fax Number: 434-924-9181

Providers: Deborah Gleason NP, Pamela Bailey NP, Dr. David Repaske, Dr. Christine Burt Solorzano, Dr. Kelly Mason, Dr. Melissa Schoelwer, Dr. Mark DeBoer, Dr. Ladan Davallow Ghajar, Dr. Lauren Wood Heickman, Dr. Amy Kakkanatt

Other emergency contacts:

Name: ___________________________ Relationship: ___________________________
Insulin Administration

Before meals per carb ratios and correction factor

For snacks:
- 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

Parents/Guardians Authorization to Adjust Insulin Dose

<table>
<thead>
<tr>
<th>Parents/guardians are authorized to increase or decrease correction dose formula</th>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents/guardians are authorized to increase or decrease insulin-to carbohydrate ratio from:</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>1 unit for every ______ grams of carbohydrate to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 unit for every ______ grams of carbohydrate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parents/Guardians Authorization to Give Correction insulin doses between meals for moderate or large ketones

| School personnel authorized to give correction dose between meals if it has been 3 hours since the last correction insulin was given and moderate or large ketones are present | □ Yes | □ No |

Student’s Self-Care Insulin Administration Skills

- □ Independently calculates / gives own injections.
- □ May calculate / give own injections with supervision.
- □ Requires a school nurse or trained diabetes personnel to calculate dose and student can give own injection with supervision.
- □ Requires a school nurse or trained diabetes personnel to calculate dose and give the injection.
Insulin therapy

Insulin delivery device:
- Injections  □  Insulin pump (additional information on page 6)

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

Adjustable (Basal-Bolus) Insulin Therapy
Insulin Type: Apidra; Novolog; or Humalog

TOTAL PRE-MEAL INSULIN DOSE IS CARBOHYDRATE COVERAGE PLUS CORRECTION DOSE:

Carbohydrate Coverage/ Insulin-to-carbohydrate ratio:
- **Breakfast:** 1 unit of insulin per _____ gm of carbohydrate
- **Lunch:** 1 unit of insulin per _____ gm of carbohydrate
- **Snack:** 1 unit of insulin per _____ gm of carbohydrate

<table>
<thead>
<tr>
<th>Carbohydrate Dose Calculation Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Grams of Carbohydrate to Be Eaten</td>
</tr>
<tr>
<td>Insulin-to-Carbohydrate Ratio</td>
</tr>
</tbody>
</table>

- Correction Dose for pre meal insulin dose calculation
  Blood glucose correction factor (insulin sensitivity factor) = _____
  Target blood glucose = _____mg/dL

<table>
<thead>
<tr>
<th>Correction Dose Calculation Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Blood Glucose – Target Blood Glucose</td>
</tr>
<tr>
<td>Correction Factor</td>
</tr>
</tbody>
</table>

If moderate or large ketones present at mealtime and blood glucose is >200, then add the following extra insulin for ketones:
Correction Dose for moderate ketones:
Above correction calculation plus _____

Correction dose for large ketones
Above correction calculation plus _________________

This correction dose is also the same dose as for in between meal corrections doses if needed for moderate or large ketones. If BG <200 with moderate or large ketones, call Pediatric Endocrinology before administering additional insulin.
Checking blood glucose

Check blood glucose level by finger stick if not using a CGM
- Before breakfast if breakfast is eaten at school
- Before lunch
- Before/After PE: discuss with parent
- Before dismissal if requested by parent
- As needed for signs/symptoms of illness
- As needed for signs/symptoms of high / low blood glucose □ Other: ______________________

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 blood glucose
□ Uses a smartphone or other monitoring technology to track blood glucose values

Continuous Glucose Monitoring (CGM) □ Yes □ No □ Other: ______________________
Alarms set for: □ Severe Low: ______ □ Low: ______ □ High: ______

Additional information for student with CGM
- Confirm CGM results with a blood glucose meter check before taking action on the sensor blood glucose level only if blood glucose is less than 70
- 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 any medical adhesive or tape the parent / guardian has provided.
- If the CGM becomes dislodged, remove, and return everything to the parents/guardian. Do not throw anything away.

<table>
<thead>
<tr>
<th>Student’s Self-care CGM Skills</th>
<th>Independent?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student is able to troubleshoot alarms and malfunctions.</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>The student is able to respond to HIGH alarm.</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>The student is able to respond to LOW alarm.</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>The student is able to respond when the CGM indicates a rapid trending rise or fall in the blood glucose level.</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>The student should be escorted to the nurse if the CGM alarms</td>
<td>□ High □ Low</td>
</tr>
</tbody>
</table>
**Hypoglycemia (Low Blood Glucose)**

**Hypoglycemia**: Any blood glucose below 70 mg/dL checked by blood glucose meter.

**Possible symptoms of hypoglycemia**

<table>
<thead>
<tr>
<th>Hunger</th>
<th>Sweating</th>
<th>Shakiness</th>
<th>Paleness</th>
<th>Dizziness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confusion</td>
<td>Loss of coordination</td>
<td>Fatigue</td>
<td>Irritable</td>
<td>Crying</td>
</tr>
<tr>
<td>Headache</td>
<td>Inability to concentrate</td>
<td>Anger</td>
<td>Passing-out</td>
<td>Seizure</td>
</tr>
</tbody>
</table>

**Mild to Moderate Hypoglycemia:**
Student is exhibiting symptoms of hypoglycemia AND blood glucose level is less than 70 mg/dL

1. Give a quick acting glucose product equal to 15 grams fast-acting carbohydrate such as: glucose tablets, juice, glucose gel, gummies, skittles, starbursts
2. Recheck blood glucose in 15 minutes
3. If blood glucose level is still < 70 repeat treatment with 15 grams of fast-acting carbohydrates and rechecking blood glucose in 15 minutes. Repeat until blood glucose is over 70.
4. Once blood glucose is over 70, assess when next meal will be eaten. If in less than 1 hour, no further treatment needed.
5. If next meal is greater than 1 hour away, then give a 15 gram snack with protein.

**Severe Hypoglycemia:**
Student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions (jerking movement)

1. Position the student on his or her side to prevent choking
2. Administer glucagon
   - Dose: □ 1 mg
   - □ 0.5 mg
   - □ Other _______________
   - Route: Intramuscular (IM)
   - Site: Mid/Upper Thigh
3. **Call 911** (Emergency Medical Services)
   - AND the student’s parents / guardians.
   - AND the health care provider.
4. **If on INSULIN PUMP**, stop insulin pump by any of the following methods:
   - Place pump in “suspend” or “stop mode” (See manufacturer’s instructions)
   - Disconnect at site

**ALWAYS send pump with EMS to hospital**
Hyperglycemia (High Blood Glucose)

Hyperglycemia: Any blood glucose above 300 mg/dL

Possible symptoms of hyperglycemia

<table>
<thead>
<tr>
<th>Extreme thirst</th>
<th>Frequent urination</th>
<th>Blurry Vision</th>
<th>Hunger</th>
<th>Headache</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>Hyperactivity</td>
<td>Irritable</td>
<td>Dizziness</td>
<td>Stomach ache</td>
</tr>
</tbody>
</table>

Ketones
If blood glucose is above 300 mg/dL, AND when student complains of nausea, vomiting or abdominal pain, check for ketones.

If urine ketones are negative to small or blood ketones < 0.6 mmol/L - 1.0 mmol/L:

1. Allow student to sip on water up to 8-16 ounces per hour
2. Return student to classroom
3. Recheck blood glucose (and blood ketones if applicable) in 2 hours
4. Recheck urine for ketones with every void until they have cleared

If urine ketones are moderate or blood ketones 1.0-1.5 mmol/L:

1. Do NOT allow student to participate in exercise
2. Call parent / guardian
3. If insulin has not been administered within the past 3 hours and OK’d by parent/guardian or checked in the Parents/Guardians authorization to adjust insulin dose section, give the correction dose based on correction factor PLUS extra ketone dose of _____ ONLY if BG >200. If BG <200, then call Pediatric Endocrinology before administering additional insulin.
4. Allow student to return to classroom if not having symptoms of illness.
5. Recheck blood glucose and blood ketones within 2 hours.
6. Check urine for ketones with each void.

If urine ketones are large or blood ketones are 1.6 mmol/L or greater:

1. DO NOT allow student to participate in PE or exercise.
2. Call parent or guardian. If unable to reach parent/guardian call healthcare provider.
3. Parent/guardian to come pick student up for home management.
4. If insulin has not been administered within the past 3 hours and OK’d by parent/guardian or checked in the Parents/Guardians authorization to adjust insulin dose section, give the correction dose based on correction factor and target blood glucose PLUS extra ketone dose of _________________ ONLY if BG >200. If BG <200, then call Pediatric Endocrinology before administering additional insulin.
IF ON INSULIN PUMP: See Additional Information for Student with Insulin Pump

**HYPERGLYCEMIA EMERGENCY** When large ketones are associated with the following symptoms Call 911

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy breathing or shortness of breath</td>
<td>Nausea and vomiting</td>
</tr>
<tr>
<td>Chest pain</td>
<td>Severe abdominal pain</td>
</tr>
<tr>
<td>Increasing sleepiness or lethargy</td>
<td>Depressed level of consciousness</td>
</tr>
</tbody>
</table>

**Additional Information for Students with Insulin Pumps**

Brand / model of pump: ___________________________ **Insulin Type:** Apidra; Novolog; or Humalog  
Other pump instructions: ______________________________________________________________

**HYPERGLYCEMIA MANAGEMENT**

If Blood glucose greater than 300 mg/dL that has not decreased within 2 hours after correction or
If student has moderate to large ketones. Notify parents/ guardians.  
For suspected pump failure: Suspend or remove pump and give insulin by syringe or pen.  
**Do not discard any pump supplies. Send everything home with parents.**

**Adjustments for Physical Activity Using Insulin Pump**

May disconnect from pump for sports activities:  □ Yes, for _____ hours  □ No  
Set temporary basal rate:  □ Yes, ____% temporary basal for ___ hours  □ No  
Suspend pump use:  □ Yes, for ____ hours  □ No

<table>
<thead>
<tr>
<th>Student’s Self-care Pump Skills</th>
<th>Independent?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counts carbohydrates</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Calculates correct amount of insulin for carbohydrates consumed</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Administers correction bolus</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Calculates and sets basal profiles</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Calculates and sets temporary basal rate</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Changes batteries</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Disconnects pump</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Reconnects pump to infusion set</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Prepares reservoir, pod, and/or tubing</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Inserts infusion set</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Troubleshoots alarms and malfunctions</td>
<td>□ Yes  □ No</td>
</tr>
</tbody>
</table>
### Other diabetes medications

Name: ___________________ Dose: ___________ Route:_______ Times given: _____________

Name: ___________________ Dose: ___________ Route:_______ Times given: _____________

### Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event):

<table>
<thead>
<tr>
<th>Special event/party food permitted:</th>
<th>□ Parents’/Guardians’ discretion</th>
<th>□ Student discretion</th>
</tr>
</thead>
</table>

**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** - A quick-acting source of glucose must be available at the site of physical education activities. Examples include glucose tabs, sugar-containing juice.

Student may participate in PE unless blood glucose is less than 70 mg/dL or greater than 300 mg/dL with ketones.

If blood glucose before PE is < 70 mg/dL treat using hypoglycemia guidelines. Student may participate once blood glucose is over 100 mg/dL.

If blood glucose is between 70-100 mg/dL give a 15 gram snack with protein (example is peanut butter crackers). Student may then participate in PE.

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**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.
- [ ] Other:  ________________________________________________________________________

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**Signature** This Diabetes Medical Management Plan has been approved by:

<table>
<thead>
<tr>
<th>Parent / Guardian Name / Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School representative Name / Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>Student’s Physician / Health Care Provider</td>
<td>Date:</td>
</tr>
</tbody>
</table>
Authorization to treat and administer medication for the
Virginia School Diabetes Medical Management Plan

Authorization to Treat and Administer Medication as Required by Virginia Law

My signature below provides authorization for the Virginia Diabetes Medical Management Plan contained herein. I understand that all treatments and procedures may be performed by the student, the school nurse, unlicensed trained designated school personnel, as allowed by school policy, state law or emergency services as outlined in this plan. I give permission to the school nurse and designated school personnel who have been trained to perform and carry out the diabetes care tasks for the student as outlined in the student’s Diabetes Medical Management Plan as ordered by the prescribing health care provider (Code of Virginia § 22.1-274).

I give permission to the student to carry with him/her and use supplies, including a reasonable and appropriate short-term supply of carbohydrates, an insulin pump, and equipment for immediate treatment of high and low blood glucose levels, and to self-check his/her own blood glucose levels on a school bus, on school property, and at a school-sponsored activity (Code of Virginia §22.1-274.01:1).

Parent authorization for student to self-administer insulin □ YES □ NO

Parent authorization for student to self-monitor blood glucose □ YES □ NO

My signature below provides authorization for a local school board employee who is a registered nurse or licensed practical nurse and who has been trained in the administration of insulin, including the use and insertion of insulin pumps, that they may assist the student with the insertion or reinsertion of the insulin pump or any of its parts (Code of Virginia §22.1-274.01:1).

I also consent to the release of information contained in this Diabetes Medical Management Plan to all school staff members and other adults who have responsibility for my 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 or another qualified health care professional to contact my student’s diabetes health care providers.

Parent / Guardian Name / Signature:       Date:

School representative Name / Signature:     Date:

Student’s Physician / Health Care Provider    Date:

Suggested Supplies to Bring to School

- Glucose meter, testing strips, lancets
- Insulin(s), syringes, and/or insulin pen(s) and supplies
- Insulin pump and supplies in case of failure: Reservoirs, sets, prep wipes, pump batteries / charging
- Treatment for low blood sugar (see page 3)
- Protein containing snacks: such as granola bars
- Water
- Glucagon emergency kit
- Antiseptic wipes or wet wipes
- Urine and/or blood ketone test strips and meter
- Other medication needed during school hours