

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: _____
Telephone: Home: _____ Work: _____ Cell: _____
Email address: _____

Parent/guardian 2: _____
Address: _____
Telephone: Home: _____ Work: _____ Cell: _____
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: _____
Telephone: Home: _____ Work: _____ Cell: _____

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

Parents/guardians are authorized to increase or decrease correction dose formula	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parents/guardians are authorized to increase or decrease insulin-to carbohydrate ratio from: 1 unit for every _____ grams of carbohydrate to 1 unit for every _____ grams of carbohydrate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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

Carbohydrate Dose Calculation Example

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

Correction Dose for pre meal insulin dose calculation

Blood glucose correction factor (insulin sensitivity factor) = _____

Target blood glucose = _____ mg/dL

Correction Dose Calculation Example

$$\frac{\text{Current Blood Glucose} - \text{Target Blood Glucose}}{\text{Correction Factor}} = \text{_____ Units of Insulin}$$

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
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Continuous Glucose Monitoring (CGM) Yes No Brand/model: _____

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.**

Student's Self-care CGM Skills	Independent?	
The student is able to troubleshoot alarms and malfunctions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student is able to respond to HIGH alarm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student is able to respond to LOW alarm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student is able to respond 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 alarms	<input type="checkbox"/> High	<input type="checkbox"/> Low

Hypoglycemia (Low Blood Glucose)

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

Possible symptoms of hypoglycemia

Hunger	Sweating	Shakiness	Paleness	Dizziness
Confusion	Loss of coordination	Fatigue	Irritable	Crying
Headache	Inability to concentrate	Anger	Passing-out	Seizure

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

Extreme thirst	Frequent urination	Blurry Vision	Hunger	Headache
Nausea	Hyperactivity	Irritable	Dizziness	Stomach ache

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

Heavy breathing or shortness of breath	Chest pain	Nausea and vomiting Increasing sleepiness or lethargy	Severe abdominal pain Depressed level of consciousness
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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

Student's Self-care Pump Skills	Independent?	
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

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):	
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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

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.

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: _____

Signature This Diabetes Medical Management Plan has been approved by:

Parent / Guardian Name / Signature :	Date:
School representative Name / Signature:	Date:
Student's Physician / Health Care Provider	Date:

**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

<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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
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