

DIABETES MEDICAL MANAGEMENT PLAN SUPPLEMENT FOR STUDENT WEARING INSULIN PUMP

School Year _____ - _____

Student Name: _____ Date of Birth: _____ Pump Brand/Model: _____

Pump Resource Person: _____ Phone/Beeper: _____ (See basic diabetes plan for parent phone#)

Child-Lock On? ☐ Yes ☐ No How long has student worn an insulin pump? _____Blood Glucose Target: _____ Pump Insulin: ☐ Humalog ☐ Novolog ☐ RegularInsulin: Carbohydrate Ratios: 1 unit for every _____ grams of carbohydrates consumed Pre-programmed in pump: ☐ Yes ☐ No

(Student to receive carbohydrate bolus after lunch)

Insulin Correction Formula for Blood Glucose Over Target: 1 unit of insulin for every _____ points that blood glucose is above target of _____

Pre-programmed in pump: ☐ Yes ☐ No**STUDENT PUMP SKILLS****ADDITIONAL COMMENTS:**1. Independently count carbohydrates. ☐ Yes ☐ No2. Calculate and administer carbohydrate bolus. ☐ Yes ☐ No3. Calculate and administer correction bolus. ☐ Yes ☐ No**If pump alarms or insertion site becomes disconnected from the skin:****Notify parent.****Student can:**1. Disconnect pump if needed. ☐ Yes ☐ No2. Change site. ☐ Yes ☐ No3. Give injection with pen, if needed and if pen available. ☐ Yes ☐ No**MANAGEMENT OF CONTINUED HIGH BLOOD GLUCOSE FOLLOWING A BOLUS: Follow instructions in basic diabetes medical management plan, but in addition:**

If blood glucose is tested _____ hour(s) after last bolus and it is above 300, follow these instructions:

- Check ketones.
- Call parent and inform them of blood sugar and ketone status. (Call even if ketones are negative.)
- Administer correction bolus, following Insulin Correction formula stated below:
Blood glucose - _____ ÷ _____ = _____ units insulin
- Check blood sugar in 2 hours, if student is still in school at that time.
- If blood sugar is still above 300 after 2 hours, check ketones and call parent.

MANAGEMENT OF LOW BLOOD GLUCOSE Follow instructions in Basic Diabetes Care Plan, but in addition:**If low blood glucose recurs without explanation,** notify parent/diabetes provider for potential instructions to suspend or disconnect pump.**If seizure or unresponsiveness occurs:**

- Call 911 (or designate another individual to do so).
- Treat with Glucagon (See basic Diabetes Medical Management Plan)
- Stop insulin pump by:
 - ☐ Placing in "suspend" or stop mode (See attached copy of manufacturer's instructions)
 - ☐ Disconnecting at pigtail or clip
 - ☐ Detach set from skin
- Notify parent
- If pump was removed, send with EMS to hospital, or give to parent.

ADDITIONAL TIMES TO CONTACT PARENT:☐ Soreness or redness at infusion site☐ Leakage of insulin☐ Other: _____

Parent's Signature (Required): _____ Date: _____

Diabetes Care Provider Signature (Required): _____ Date: _____

School Nurse's Signature: _____ Date: _____