Diabetes Health Care Plan for Insulin Administration via Insulin Pump

School: 

Start Date: 

End Date: 

Name ____________________ Grade/ Homeroom ____________________ Teacher ____________________

Parent/ Guardian Contact: Call in order of preference

Name ____________________ Telephone Number ____________________ Relationship ____________________

1. ____________________ 2. ____________________ 3. ____________________

Prescriber Name ____________________ Phone ____________________ Fax ____________________

Blood Glucose Monitoring: Meter Location ____________________ Student permitted to carry meter: Yes ☐ No ☐

Testing Time: 
- Before Breakfast/Lunch
- 1-2 hours after lunch
- Before/after snack
- Before/after exercise
- Before recess
- Before riding bus/walking home
- Always check when student is feeling high, low and during illness

Other: ____________________

Snacks:

☐ Please allow a ______ gram snack at ______ before/after exercise

Snacks are provided by parent/guardian and located in ____________________

---

Treatment for Hypoglycemia/Low Blood Sugar

If student is showing signs of low blood sugar or if blood sugar is below ______ mg/dl

☐ Treat with 10-15 grams of quick-acting glucose:

☐ 4oz juice or ☐ glucose tablets or ☐ Glucose Gel or ☐ Other ____________________

☐ Retest blood sugar every 15 minutes, repeat treatment until blood sugar level is above target ______ mg/dl

☐ If no meal or snack within the hour give a 15 gram snack

☐ If student unconscious or having a seizure: Give Glucagon ☐ Yes ☐ No

☐ Amount of Glucagon to be administered: ______ mg(s) IM, SC, and call 911 and parents

☐ Notify parent/guardian for blood sugar below ______ mg/dl

---

Treatment for Hyperglycemia/High Blood Sugar

If student showing signs of high blood sugar or if blood sugar is above ______ mg/dl

☐ Allow free access to water and bathroom

☑ Check ketones for blood sugar over ______ mg/dl ☐ Notify parent/guardian if ketones are moderate to large

☑ Notify parent/guardian for blood sugar over ______ mg/dl

☐ See insulin correction scale (next page)

- Call 911 and parent/guardian for hyperglycemia emergency. Symptoms may include nausea & vomiting, heavy breathing, severe abdominal pain, chest pain, increased sleepiness or lethargy, or loss of consciousness.

Document all blood sugars and treatment

---

Rev. 2/2019

Diabetes Page 25
Orders for Insulin Administered via Pump

Name: ____________________________

Model of pump: ____________________________ Type of insulin in pump: ____________________________

Can student manage Insulin Pump independently: Yes □ No □ Needs supervision (describe): ____________________________

Insulin to Carb Ratio: ___ units per ___ grams Correction Scale: ___ units per ___ over ___ mg/dl

Give lunch dose: immediately after meals if blood sugar is less than 100 mg/dl give after meals

Parents are authorized to adjust insulin dosage ± by ___ units for the following reasons:

Increase/Decrease Carbohydrate □ Increase/Decrease Activity □ Parties □ Other ________________

Student may: __ Use temporary rate □ Use extended bolus □ Suspend pump for activity/lows

If student is not able to perform above features on own, staff will only be able to suspend pump for severe lows.

For blood sugar greater than ___ mg/dl that has not decreased in ___ hours after correction, consider pump failure or infusion site failure and contact parents.

For infusion set failure, contact parent/guardian: Yes □ No

Student/parent insert new infusion set

Administer insulin by pen or syringe using pump recommendation

For suspected pump failure suspend pump and contact parent/guardian

Administer insulin by syringe or pen using pump recommendation

Continuous Glucose Monitor (CGM)

Name of CGM: ____________________________

Alert for Low blood glucose ___ mg/dl Alert for High blood glucose ___ mg/dl

□ Verify all alarms with blood glucose finger stick before treatments

Do not disconnect CGM for sports of activities

If adhesive is peeling off reinforce with medical tape

If CGM falls off do not throw pieces away, place in a bag, contact and return to parents

Insulin injections should be at least 3 inches away from CGM device

Do not give TYLENOL while using the CGM

Other instructions from MD regarding using CGM for insulin dosing: Yes □ No

<table>
<thead>
<tr>
<th>Activities/Skills</th>
<th>Independent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Glucose Monitoring</td>
<td>Yes</td>
</tr>
<tr>
<td>Carbohydrate Counting</td>
<td>Yes</td>
</tr>
<tr>
<td>Selection of snacks and meals</td>
<td>Yes</td>
</tr>
<tr>
<td>Treatment for mild hypoglycemia</td>
<td>Yes</td>
</tr>
<tr>
<td>Test urine/blood for ketones</td>
<td>Yes</td>
</tr>
<tr>
<td>Management of Insulin Pump</td>
<td>Yes</td>
</tr>
<tr>
<td>Management of CGM</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Authorization for the Release of Information:

I hereby give permission for ____________________________ (school) to exchange specific, confidential medical information with ____________________________ (Diabetes healthcare provider) on my child ____________________________, to develop more effective ways of providing for the healthcare needs of my child at school.

Prescriber Signature ____________________________ Date ____________________________

Parent Signature ____________________________ Date ____________________________

Reviewed by Dr. Carly Wilbur April 2019

University Hospitals

Rev. 2/2019

Diabetes Page 26