

<b>Student name:</b>	<b>Date of birth:</b>
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Diabetes medical management plan (DMMP) In accordance with UCA 53G-9-504 and 53G-9-506 Utah Department of Health and Human Services Utah State Board of Education	Student photo
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<b>1. Demographic information (parent to complete)</b>	School year:	Grade:
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Student name:	Date of birth:	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	Age at diagnosis:
Parent #1 name:	Phone:	Email:	
Parent #2 name:	Phone:	Email:	
Other contact name:	Phone:	Email:	
School:	School phone:	School fax:	
Student arrival time:	Student dismissal time:		

Target range for blood glucose (glucose): between \_\_\_\_ and \_\_\_\_

Notify parent/guardian when glucose is below \_\_\_\_ mg/dL or above \_\_\_\_ mg/dL.

Travels to school by (check all that apply): <input type="checkbox"/> Foot/bicycle <input type="checkbox"/> Car <input type="checkbox"/> Bus (bus # ____, time on bus ____) <input type="checkbox"/> Other (specify): <input type="checkbox"/> Attends before school program	After school travels to: <input type="checkbox"/> Home <input type="checkbox"/> Attends after school program Travels via (check all that apply): <input type="checkbox"/> Foot/bicycle <input type="checkbox"/> Car <input type="checkbox"/> Bus (bus # ____, time on bus ____) <input type="checkbox"/> Other (specify):
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Breakfast (where will student typically eat breakfast):

school breakfast (staff can help with carb counts)  student will eat breakfast at home

Lunch (where will student will typically eat lunch):

school lunch (staff can help with carb counts)  home lunch (parent must provide carb count)

<b>2. Self-management skills</b>	Needs full support	Needs supervision	Independent
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	Needs full support	Needs supervision	Independent
Glucose monitoring:			
<input type="checkbox"/> Meter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CGM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbohydrate counting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin administration:			
<input type="checkbox"/> Syringe and vial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can identify sign and symptoms of hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can draw up insulin (syringe and vial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can calculate dose (based on carbs and glucose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can enter information into pump/smart pen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can administer insulin injection (or dose with pump/smart pen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## 3. Past history of extreme glucose

Has the student lost consciousness, experienced a seizure, or required glucagon?  Yes  No

If yes, date of last event:

Describe what happened:

Has the student been admitted for DKA after diagnosis?  Yes  No

If yes, date of last event:

Describe what happened:

## 4. Glucose monitoring at school

When to monitor glucose:

Before meals  Before exams  Before physical activity  After physical activity

Before leaving school  With physical complaints/illness  High or low symptoms

Other (specify):

Additional information:

1. Student is allowed to test their glucose whenever and wherever needed.

2. Student must always be allowed access to fast-acting glucose sources.

Student uses a CGM:  Yes  No If yes, please complete the CGM addendum (#8) below.

## 5. Special considerations (PE, class parties or snacks, field trips)

Exercise (including recess and PE): when to monitor glucose

Prior to exercise  Every 30 minutes during extended exercise  Following exercise  With symptoms

Delay exercise if glucose is below \_\_\_\_\_ mg/dL (80 mg/dL *default*).

School parties or snacks (staff will not bolus by insulin injection for snacks but will correct hyperglycemia prior to lunch):

Student can to eat snacks with the rest of the class. If on a pump or smart pen, you may dose for carbs. If using injections, the student will be given a correction dose before eating lunch.

Student should save snack for lunchtime  No coverage for snacks/parties  Student should take snack home

Parent will provide an alternate snack

Other (specify):

Field trips: the parent and school nurse must be notified of field trips in advance so proper planning and training can be done.

Please specify instructions:

Other considerations:

Substitute teachers must be aware of the student's health situation. but in a way that maintains student privacy.

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## 6. Low glucose management (hypoglycemia)

**HYPOglycemia** – When glucose is below 80 (or below \_\_\_\_)

Causes: too much insulin, missing or delaying meals or snacks, not eating enough food, intense or unplanned physical activity, being ill

Onset: sudden, symptoms may progress rapidly

**Mild or moderate HYPOglycemia**

Please check previous symptoms

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Anxiety            | <input type="checkbox"/> Behavior change    | <input type="checkbox"/> Crying    |
| <input type="checkbox"/> Confusion          | <input type="checkbox"/> Blurry Vision      | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Drowsiness         | <input type="checkbox"/> Hunger             | <input type="checkbox"/> Headache  |
| <input type="checkbox"/> Irritability       | <input type="checkbox"/> Paleness           | <input type="checkbox"/> Shakiness |
| <input type="checkbox"/> Slurred speech     | <input type="checkbox"/> Sweating           | <input type="checkbox"/> Weakness  |
| <input type="checkbox"/> Personality change | <input type="checkbox"/> Poor concentration |                                    |
| <input type="checkbox"/> Poor coordination  |   |                                    |
| <input type="checkbox"/> Other (specify):   |   |                                    |

**Severe HYPOglycemia**

Please check previous symptoms

- |  |
|--|
| <input type="checkbox"/> Combative                 |
| <input type="checkbox"/> Inability to eat or drink |
| <input type="checkbox"/> Unconscious               |
| <input type="checkbox"/> Unresponsive              |
| <input type="checkbox"/> Seizures                  |
| <input type="checkbox"/> Other (specify):          |

**Actions for mild or moderate HYPOglycemia**

1. Give student 12-18\* grams fast-acting glucose source\*\*.
2. Wait 15 minutes.
3. Recheck glucose.
4. Repeat fast-acting glucose source if symptoms persist or glucose is less than 80 or \_\_\_\_.

- For mild hypoglycemia: at mealtimes dose for all but 15 grams of carbohydrates if glucose is below target range. Allow the student to eat. Retest 15 minutes after eating.
- Other (specify):

\*Students on automated insulin delivery devices will only need 5-10 grams.

\*\*Fast acting glucose sources (12-18 grams carbohydrates): 3-4 glucose tablets or 4 ounces juice or 0.9 ounce packet of fruit snacks

**Actions for severe HYPOglycemia**

1. Don't attempt to give anything by mouth.
2. Position on side, if possible.
3. Contact trained diabetes personnel.
4. Administer glucagon, if prescribed.
5. Call 911. Stay with the student until 911 arrives.
6. Contact parent/guardian.
7. Stay with the student.
8. If the student has a pump, disconnect or suspend insulin on the device.
8. Other (specify):

**Never send a student with suspected low glucose anywhere alone!**

Low glucose prevention:

1. Allow the student to have immediate access to low glucose treatment sources.
2. Encourage and provide access to water for hydration, carbohydrates to treat/prevent hypoglycemia, and bathroom privileges.

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## 7. High glucose management (hyperglycemia)

HYPERglycemia - When glucose is over 250 (or above \_\_\_\_).

Causes: too little insulin, too much food, insulin pump or infusion set malfunction, decreased physical activity, illness, infection, injury, severe physical or emotional stress

Onset: over several hours

## Mild or moderate HYPERglycemia

Please check previous symptoms

- Behavior change     Headache  
 Blurry vision       Stomach pains  
 Fatigue/sleepiness    Thirst/dry mouth  
 Frequent urination  
 Other (specify):

## Severe HYPERglycemia

Please check previous symptoms

- Blurred vision       Severe abdominal pain  
 Chest pain           Nausea/vomiting  
 Increased hunger     Sweet, fruity breath  
 Decreased consciousness  
 Breathing changes (Kussmaul breathing)  
 Other (specify):

## Actions for mild or moderate HYPERglycemia

- Allow liberal bathroom privileges  
 Allow free and liberal access to water and the restroom  
 Administer correction dose if on a pump/smart pen  
 Contact parent if glucose is over \_\_\_\_ mg/dL  
 Allow student to remain in class  
 Other (specify):

## Actions for severe HYPERglycemia

- Administer correction dose if on a pump or smart pen  
 Call parent/guardian  
 Stay with student  
 Call 911 if patient has breathing changes or decreased consciousness. Stay with student until 911 arrives.  
 Other (specify):

When hyperglycemia occurs other than at mealtime for students on multiple daily injections (MDI):

1. Correction doses for those students using MDI should be given only at mealtimes.
2. Notify parent/guardian.
3. Allow unrestricted access to the bathroom.
4. Give extra water or non-sugar-containing drinks (not fruit juices).

When hyperglycemia occurs other than at mealtime for students on an insulin pump or smart pen:

1. Correction doses or carb doses can be given at times other than meals (including snacks and parties) per pump/smart pen calculation ONLY.
2. Other (specify):

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## 8. Continuous glucose monitor (CGM) addendum

 Does not apply

All students using a CGM at school must have the ability to check a finger-stick glucose with a meter in the event of a CGM failure or apparent discrepancy. Test glucose with a meter if there is a disparity between CGM reading and symptoms.

Continuous glucose monitoring (CGM): Specify brand and model:

Specify viewing equipment:  Device reader  Smart phone  Insulin pump  Smart watch  Tablet

CGM is remotely monitored by parent/guardian

CGM alarms: low alarm \_\_\_\_ mg/dL (repeat \_\_\_\_ ) and high alarm \_\_\_\_ mg/dL (repeat \_\_\_\_ ) if applicable

Always:

Permit student access to viewing their device at all times (including cell phone when used as a medical device).

Permit access to school wi-fi for sensor data collection and data sharing.

Do not discard any CGM supplies if the CGM fails. Send components home with the student.

Perform finger stick if:

Glucose reading is below \_\_\_\_ mg/dL or above \_\_\_\_ mg/dL.

The CGM is still reading below \_\_\_\_ mg/dL (*default 70 mg/dL*) 15 minutes following low treatment.

The CGM sensor is dislodged, or the sensor reading is unavailable.

Sensor readings are inconsistent or in the presence of alerts/alarms or symptoms. No number and arrow available/present (means CGM data isn't accurate).

My student is currently using one of the following continuous glucose monitoring systems which are FDA--approved for making treatment decisions (specify below). I verify that I approve school personnel or the school nurse to treat hypoglycemia or give insulin doses based on the readings from this CGM.

Guardian 4 Sensor

Dexcom G6 or G7

Freestyle Libre 14-day (Freestyle Libre 1)

Freestyle Libre 2 or Libre 3

Other (specify):

My student is currently using the following continuous glucose monitoring system which is not FDA approved for making treatment decisions (specify below). I understand that when this system alarms, all treatment should be based on a finger stick glucose.

Guardian 2 and 3 Sensor

Medtronic Guardian Connect

Other (specify):

*New CGMS are released periodically. If a new one is released it must first be verified as FDA approved to make treatment decisions before being used in the school setting. Until then, all readings must be verified by a finger-stick glucose before making treatment decisions.*

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<b>9. Multiple daily injections (MDI) addendum</b>	<input type="checkbox"/> Does not apply
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Injections should be given with meals only.

Insulin device:  Syringe and vial  Insulin pen (typical)

Injection site:

Abdomen  Arm  Buttock  Thigh  Other (specify):

<b>10. Insulin pump/smart pen addendum</b>	<input type="checkbox"/> Does not apply
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School nurses or staff are not allowed to override pump settings or pump dose recommendations.

Student is using the following insulin pump: \_\_\_\_\_

Is this an automated insulin delivery (AID) system?  Yes  No

Student is using the following insulin smart pen: \_\_\_\_\_

Carbohydrate ratio and correction dose are calculated by device. Correction doses and carbohydrate doses can be given at times other than meals (including snacks and parties) per pump/smart pen calculations only. If not using one of these devices, insulin for correction doses can only be given at meals.

Student may be disconnected from the pump for a maximum of 60 minutes. Contact the parent/guardian if unable to use the pump after 60 minutes.

Time to bolus:  Before meals  After meals  Other (specify):

Insulin pump failure plan (parents are to provide supplies and insulin. Supplies are kept \_\_\_\_\_):

Administer insulin via syringe/vial or pen  Student can replace site alone or with minimal assistance by the parent

Parent to come in to replace site  Other (specify):

**If pump or set malfunctions: notify school nurse and parent immediately!  
Insulin should be given by injection.**

<b>11. Parent signature</b>
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Parent to complete (as required by 53G-9-505 and 53G-9-506)

I certify that glucagon has been prescribed for my student.

I request the school to identify and train school personnel who volunteer to be trained in the administration of glucagon. I authorize the administration of glucagon in an emergency to my student.

I authorize my student to possess, or possess and self-administer diabetes medication. I acknowledge that my student is responsible for, and capable of, possessing or possessing and self-administering the diabetes medication.

I consent to the release of the 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 to collaborate with my student's healthcare provider.

Parent name:	Signature:	Date:
Parent name:	Signature:	Date:

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12. Provider orders - Orders must be updated and signed at least once every year, or whenever dose changes. No care can be delegated unless current, signed orders are on file.

**Emergency glucagon administration**

Immediately for severe hypoglycemia: unconscious, semiconscious (unable to control airway, or seizing)	<b>Glucagon dose:</b> <input type="checkbox"/> IM 1.0 mg/1.0 ml <input type="checkbox"/> Nasal (Baqsimi) 3 mg <input type="checkbox"/> SQ (Gvoke) 0.5 mg <input type="checkbox"/> SQ (Gvoke) 1.0 mg <input type="checkbox"/> Zegalogue 0.6 mg/0.6 mL	Possible side effects: nausea and vomiting
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**Insulin administration**

<input type="checkbox"/> Rapid-acting (insulin lispro, insulin aspart, insulin glulisine, technosphere insulin) <input type="checkbox"/> Short-acting (regular human) <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Insulin vial/syringe <input type="checkbox"/> Insulin pen <input type="checkbox"/> Smart insulin pen <input type="checkbox"/> Insulin pump	Route: subcutaneous	Possible side effects: hypoglycemia
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Insulin to carbohydrate (I:C) ratio: \_\_\_\_ unit for every \_\_\_\_ grams of carbohydrates before meals.

Correction dose (meals only): give \_\_\_\_ unit(s) for every \_\_\_\_ mg/dL for glucose above \_\_\_\_ mg/dL.

Insulin administration:

- prior to meal (*default*)
- after meal as soon as possible, within 30 minutes

For injections, calculate insulin dose to the nearest:

- half unit (round down for <0.25 or <0.75, and round up for  $\geq 0.25$  or  $\geq 0.75$ )
- whole unit (round down for <0.5 and round up for  $\geq 0.5$ )

For hypoglycemia treatment:

Treat low glucose by giving 12-18 grams of carbohydrates for students using MDI and smart pens, and 5-10 grams of carbohydrates for students using AID system. Wait \_\_\_\_ minutes (*default* 15) then retest and repeat section 6 of this document.

**Provider signature**

The above-named student is under my care. This document reflects my plan of care for the above-named student. In accordance with these orders, portions of the DMMP will be shared with appropriate school personnel. As the student's licensed healthcare provider:

- I confirm the student has a diagnosis of diabetes mellitus.
- It is medically appropriate for the student to possess and self-administer diabetes medication. The student should be in possession of diabetes medications at all times.
- It is medically appropriate for the student to possess, but not self-administer diabetes medication. The student should be in possession of diabetes medications at all times.
- It is not medically appropriate for the student to possess or self-administer diabetes medication. The student should have supervised access to their diabetes medications at all times.
- This student may participate in all school activities, including sports and field trips, with the following restrictions:

Prescriber name (print):	Phone:
Prescriber signature:	Date:

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<b>13. School nurse (or principal designee if no school nurse)</b>		
<input type="checkbox"/> Signed by a licensed healthcare provider and parent	<input type="checkbox"/> Medication is appropriately labeled	<input type="checkbox"/> Medication log generated
Glucagon is kept: <input type="checkbox"/> NA <input type="checkbox"/> Student carries <input type="checkbox"/> Backpack <input type="checkbox"/> In classroom <input type="checkbox"/> Health office <input type="checkbox"/> Front office <input type="checkbox"/> Other (specify):		
Diabetes emergency information distributed to need-to-know staff: <input type="checkbox"/> Teacher(s) <input type="checkbox"/> PE teacher(s) <input type="checkbox"/> Transportation <input type="checkbox"/> Front office/admin <input type="checkbox"/> Other (specify):		
School nurse signature:	Date:	