

PILLAR SCHOOLS
2023/2024 SCHOOL YEAR
Diabetes Medical Management Plan

Pillar High School

71-77 Okner Parkway
Livingston, NJ 07039
(973) 535-1999
Fax: (973) 535-1262

Student's Name: _____

Date of Birth: _____

Diagnosis: ☐ Type 1 Diabetes ☐ Type 2 Diabetes

Date of Diagnosis: _____

BLOOD GLUCOSE MONITORING:

Target range for blood glucose is: ☐ 70-200 ☐ 70-150 ☐ 70-120 ☐ Other: _____

Blood sugar testing at school:

- ☐ Trained personnel must perform blood sugar test.
- ☐ Trained personnel must supervise blood sugar test.
- ☐ Student can perform testing independently.

Brand/model of blood glucose meter: _____

Times to do blood sugar check:

- ☐ Before lunch ☐ Before exercise ☐ Symptoms of hyperglycemia
- ☐ ___ hours after lunch ☐ After exercise ☐ Symptoms of hypoglycemia
- ☐ Before snack ☐ During exercise (after ___ min) ☐ 10-15 minutes after hypoglycemia
- ☐ Other: _____

Preferred site of testing:

☐ Fingertip ☐ Forearm ☐ Thigh ☐ Other: _____

Note: The fingertip should always be used to check blood glucose level if hypoglycemia is suspected.

MEDICATIONS:

Student's self-care blood glucose checking/ insulin administration skills:

- ☐ Independently checks own blood glucose.
- ☐ Independently calculates and administers correct insulin dose.
- ☐ May check own blood glucose, calculate insulin dose, and administer insulin with supervision.
- ☐ Requires school nurse or trained diabetes personnel to check blood glucose, calculate correct insulin dose, and administer insulin.

Type of insulin to be administered & route to be given: _____

Insulin delivery device: ☐ syringe ☐ insulin pen ☐ insulin pump

Complete appropriate section for type of insulin management for student below:

☐ Insulin Sliding Scale:

	20-30 min	Immediately	
	Before lunch	Before Lunch	After Lunch
___ Unit(s) if lunch blood sugar is between ___ and ___	€	€	€
___ Unit(s) if lunch blood sugar is between ___ and ___	€	€	€
___ Unit(s) if lunch blood sugar is between ___ and ___	€	€	€
___ Unit(s) if lunch blood sugar is between ___ and ___	€	€	€
___ Unit(s) if lunch blood sugar is between ___ and ___	€	€	€

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€Insulin/Carb Ratio

_____ Unit for every _____ grams of carbohydrate

Specify blood glucose parameters for Insulin/Carb ratio use (if applicable) _____

€Insulin Correction Factor

_____ Unit for every _____ mg/dL above _____ mg/dL

Additional diabetes medications:

Name: _____ Dose: _____ Route: _____ Times given: _____

Name: _____ Dose: _____ Route: _____ Times given: _____

MEALS & SNACKS AT SCHOOL:

Diet: _____

Is the student independent in carbohydrate calculations and management? €Yes €No

Complete table below for carbohydrate management if applicable:

<i>Meal/Snack</i>	<i>Time</i>	<i>Carbohydrate Content (grams)</i>
Breakfast	_____	_____
Lunch	_____	_____
Additional	_____	_____

Snack before exercise? €Yes €No Snack after exercise? €Yes €No

Preferred snack foods: _____

Foods to avoid, if any: _____

Instructions for class parties and food-consuming events: _____

EXERCISE AND SPORTS:

A fast-acting carbohydrate such as _____ should be available at the site of exercise or sports.

Restrictions on physical activity: _____

Student should not exercise if blood glucose level is below _____ mg/dL or above _____ mg/dL or if moderate to large urine ketones are present.

HYPOGLYCEMIA (Low Blood Sugar):

Signs of Hypoglycemia: hunger, irritability, shakiness, sweating, pallor, confusion, slurred speech, disorientation, sleepiness, change in personality, other: _____

If signs of hypoglycemia are present, student's blood sugar must be checked by school nurse immediately.

Treatment of hypoglycemia:

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*****Signs of Severe Hypoglycemia:** loss of consciousness, unresponsiveness, seizure (convulsions), unable to eat/drink, other: _____

If these signs of severe hypoglycemia are present immediately give:

€ Glucagon 0.5mg IM/SQ and call 911 € Glucagon 1 mg IM/SQ and call 911

Preferred site for glucagon administration: € arm € thigh € buttock

If glucagon is administered, call 911 immediately and notify the student's parents/guardian.

Additional instructions for glucagon administration: _____

HYPERGLYCEMIA (High Blood Sugar):

Signs of Hyperglycemia: frequent urination, increased thirst, excessive drinking, fatigue, increased hunger, blurred vision, stomach pains (with possible additional signs of ketoacidosis: sweet breath, nausea, vomiting, labored breathing-hyperglycemia emergency see page 4), other: _____

If these signs are present, student's blood sugar must be checked by school nurse immediately.

Treatment of hyperglycemia:

Checking ketones:

€ Check urine ketones when blood glucose levels are above ____ mg/dL.

€ Check blood ketones when blood glucose levels are above ____ mg/dL.

Treatment for ketones: _____

€ If ketones are moderate or large, notify student's healthcare provider immediately.

If the student has symptoms of a **hyperglycemia emergency: including dry mouth, extreme thirst, nausea and vomiting, severe abdominal pain, heavy breathing or shortness of breath, chest pain, increasing sleepiness or lethargy, or depressed level of consciousness: **Call 911 (Emergency Medical Services) and the student's parents/guardian immediately.** Also, contact student's healthcare provider.*

Additional instructions for hyperglycemia: _____

Student's parents/ legal guardians must provide the school with all necessary diabetic supplies, which can include insulin, insulin syringes, insulin pens & needles, blood glucose machine, test strips, lancets, urine ketone strips, snacks, glucose tablets, and a glucagon emergency kit.

Physician Signature _____ Phone#: _____ Date: _____

Parent/Guardian _____ Phone#: _____ Date: _____