



**PILLAR SCHOOLS**  
**2024-2025 SCHOOL YEAR**  
**Diabetes Medical Management Plan**

**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 ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Unit(s) if lunch blood sugar is between ___ and ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Unit(s) if lunch blood sugar is between ___ and ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Unit(s) if lunch blood sugar is between ___ and ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Unit(s) if lunch blood sugar is between ___ and ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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:**

<b><i>Meal/Snack</i></b>	<b><i>Time</i></b>	<b><i>Carbohydrate Content (grams)</i></b>
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: \_\_\_\_\_