

Name: _____

DOB: _____ Doctor: _____

Type 1 _____ Type 2 _____ Steroid Induced _____

2014-2015 Individualized Diabetes Healthcare Management Pump Plan



Monitor Blood Sugar Blood sugar should be checked:

1. Before meals (breakfast/lunch/supper) and as needed for signs/symptoms of low and/or high blood sugar
2. If the child utilizes a Continuous Glucose Sensor – *treatment must be based on glucometer results **not** continuous glucose sensor.*

Hypoglycemia Student should be accompanied to office/clinic if symptomatic or BS less than 70mg/dl.

Symptoms include: shaky, weak, severe hunger, sweaty, pale, poor concentration and/or dizziness.

1. Check blood sugar – if blood sugar meter not available, treat symptoms.
2. Blood sugar below 80mg/dl (4 year old and younger) or 70mg/dl (5 years old and older) treat with 15 gram carbohydrate (CHO) which is usually provided by parents/guardian. Examples of 15 grams of CHO include 4 ounces of juice or 6 ounces of regular soda or 3-4 sugar tablets. Recheck blood sugar in 15 minutes and repeat as needed until blood sugar is above 70/80mg/dl.
3. If low blood sugar occurs at lunch time, give 15 grams of fast acting carbohydrates (see description above) without insulin and then allow student to go to lunch. **Do not count** in the 15 grams of carbohydrates in the total carbs when calculating food insulin.
4. If unable to drink juice: Administer 15 grams of glucose gel, cake icing or syrup. Recheck blood sugar and repeat as necessary until blood sugar is above 70/80mg/dl. A snack of 15 grams may be provided if next meal is more than one hour away following a low blood sugar. A snack of 15 grams may be provided if next meal is more than one hour away following a low blood sugar.
5. If unconscious or following a seizure, suspend pump and administer Glucagon 1 mg (subcutaneously or intramuscularly) if trained staff available, call 911, diabetes staff and parent/guardian.

Hyperglycemia

Symptoms include: frequent thirst, frequent urination and/or nausea.

1. Check urine ketones if blood sugar is over 250mg/dl or with symptoms of illness/vomiting.
2. If trace or small *urinary* ketones or 0.6-1.4mmol/L *blood* ketones, students should follow their usual meal plan and drink water 1 ounce for each year of age per hour (Example: 6 year old = 6 ounces of water *hourly* until ketones are negative). Blood sugar and ketones do not need to be rechecked for at least 2 hours unless the student's condition changes. If after two hours and considerable improvement is not seen in blood sugars, a site change should be considered. If the student has ketones in their urine, they should not participate in activities such as PE, but they may attend class if they are feeling ok. **Student may remain at school unless vomiting or having difficulty breathing.**
3. If moderate to large *urinary* ketones or greater than 1.5 *blood* ketones, are present, the student will need a "ketone dose" of insulin. The ketone dose of Humalog/Novolog/Apidra is _____ units. This dose should be administered **via syringe. The ketone dose should be given instead of the child's usual correction dose.** Pump site should be changed. The student will also need one ounce of water for each year of age (15 year old = 15 ounces of water hourly until ketones are negative). **Refer to the Ketone/Sick Day Guidelines for further instruction.** Please contact the diabetes team at Cook Children's Medical Center following the administration of the second ketone dose. **Student may remain at school with urine ketones unless vomiting or difficulty breathing.**

Medication – Scheduled Insulin Needed At School (continued on back)

Animas; Medtronic; T-Slim Pump; Omnipod UST 400 (Black PDM): These insulin pumps have the ability to calculate the insulin dose depending on the blood glucose, the number of carbohydrates eaten, and the insulin on board (IOB). If the child has insulin on board from a previous meal or correction, the calculator subtracts the IOB from the recommended dose. **Please follow the recommendations of the calculator to deliver the insulin dose via the pump.**

Pumps have a few advanced features that families may utilize, such as, temporary basal rates and extended bolus. These advanced features should only be used if training on how to use properly has occurred.

School Hotline 1-866-266-7936

1500 Cooper Street * 2nd floor * Fort Worth, TX 76104
Phone: 682-885-7960 * Fax 682-885-3943
April 2014

Medication – Scheduled Insulin Needed At School

FOOD
INSULIN

- Carbohydrate ratio:** _____ unit(s) of Humalog/Novolog/Apidra insulin per _____ grams of carbohydrate with **ALL FOOD**. Insulin is to be administered before (preferred) or immediately after eating.

Parents are permitted to change the insulin to carbohydrate ratio **YES** **NO**

CORRECTION
INSULIN

- Correction factor:** _____ unit of Humalog/Novolog/Apidra for every _____ mg/dl of blood sugar above _____.

Level of Care

According to the American Diabetes Association Position Statement, *Diabetes Care in the School and Daycare Setting*, children and youth should be allowed to provide their own diabetes care at school to the extent that is appropriate based on the student's development, experience and ability. The extent of the student's ability to participate in diabetes care should be agreed upon by the school personnel, the parent/guardian, and the health care team. The Cook Children's diabetes team feels that the student would benefit from:

- Independent management (requires annual meeting with school nurse/personnel)
- Assistance from staff
- Complete care from staff

We recommend a meeting with school nurse/personnel annually to discuss and review this diabetes management plan.

Nutrition

Parents are responsible for knowing their child's meal plan and for communicating information to the school staff as needed. Children may need supervision to make certain they eat the correct amount of carbohydrates at meals.

Signatures

My signature below provides authorization for the above written order and the release of the information contained in this Diabetes Medical Management Plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety. I understand that care may be performed by unlicensed designated school personnel. This order is for a maximum of one school year.

Physician _____

Date _____

Parent _____

Date _____

School Nurse _____

Date _____

Cook Children's Diabetes Team

A member of the diabetes team is always available to assist the student and school staff with any questions or concerns. **Please call the dedicated school hotline at 1-866-266-7936.** *This line is for school personnel only.* You may also call the clinic at 682-885-7960 or the after hour's emergency line at 682-885-4000.

Paul Thornton, MD
 Michael Willcutts, MD-PhD
 John Dallas, MD
 Joel Steelman, MD
 Jill Radack, MD
 Susan Hsieh, MD
 Don Wilson, MD
 Teena Thomas, MD
 Alex delaTorre, MD

Cindy K. Bair, RN, MSN, CPNP
 Teresa Newman, RN, MSN, CPNP
 Phyllis Wakeland, RN, MSN, CPNP
 Lisa Truong, RN, MSN, CPNP

Michelle McMillan, RN, CDE
 Paula Thieme, RN, CDE
 Khadija Cheeks, RN
 Kelli Goree, RN, CDE
 Angie Barton, RN, CDE
 Courtney Wolff, RN
 Kim McClellan, RN
 LeeAnn Cornelison, RN, CDE

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