

Student name:	Date of birth:
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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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1. Demographic information (parent to complete)	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)

2. Self-management skills	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 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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9. Multiple daily injections (MDI) addendum		<input type="checkbox"/> Does not apply
Injections should be given with meals only.		
Insulin device: <input type="checkbox"/> Syringe and vial <input type="checkbox"/> Insulin pen (typical)		
Injection site:		
<input type="checkbox"/> Abdomen <input type="checkbox"/> Arm <input type="checkbox"/> Buttock <input type="checkbox"/> Thigh <input type="checkbox"/> Other (specify):		
10. Insulin pump/smart pen addendum		<input type="checkbox"/> Does not apply
School nurses or staff are not allowed to override pump settings or pump dose recommendations.		
<input type="checkbox"/> Student is using the following insulin pump: _____		
<input type="checkbox"/> Is this an automated insulin delivery (AID) system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Student is using the following insulin smart pen: _____		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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: <input type="checkbox"/> Before meals <input type="checkbox"/> After meals <input type="checkbox"/> Other (specify):		
Insulin pump failure plan (parents are to provide supplies and insulin. Supplies are kept _____):		
<input type="checkbox"/> Administer insulin via syringe/vial or pen <input type="checkbox"/> Student can replace site alone or with minimal assistance by the parent		
<input type="checkbox"/> Parent to come in to replace site <input type="checkbox"/> Other (specify):		
If pump or set malfunctions: notify school nurse and parent immediately! Insulin should be given by injection.		
11. Parent signature		
Parent to complete (as required by 53G-9-504 and 53G-9-506)		
<input type="checkbox"/> I certify that glucagon has been prescribed for my student.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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)	Glucagon dose: <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 ≥ 0.25 or ≥ 0.75)
 whole unit (round down for <0.5 and round up for ≥ 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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13. School nurse (or principal designee if no school nurse)		
<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:	