Utah Diabetes Medical Management Plan (DMMP)

Utah Department of Health and Human Services
Utah State Board of Education
In accordance with UCA 53G-9-504 and 53G-9-506

School Year:

Student photo

Student name:		Date of birth:	Grade:
School:	Homeroom:	School Phone:	School Fax:

Demographic information (Parent/Guardian)

Student's cell phone #	Diabetes type:	Age at diagnosis
Parent #1 name:	Phone:	Email:
Parent #2 name:	Phone:	Email:

1. Student schedule: **Arrival time:** _____ **Dismissal time:** _____

Before School:
Travels to school by (check all that apply)

- ☐ Foot/bicycle
- ☐ Car
- ☐ Bus number_____
- ☐ Time on bus _____
- ☐ Attends before school program
- ☐ Other (specify): _____

Meal times:

Breakfast _____
Lunch_____
Other:_____

Physical Activity
Days/Times:

- ☐ Gym _____
- ☐ Recess _____
- ☐ Sports _____
- ☐ Additional information:

After school
Travels to:

- ☐ Home
- ☐ Attends after school program

Travels via (check all that apply):

- ☐ Foot/bicycle
- ☐ Car
- ☐ Bus number _____
- ☐ Time on bus _____
- ☐ Other (specify):

2. Meal considerations:

Breakfast

- ☐ School breakfast (staff can help with carb counts)
- ☐ Student will eat breakfast at home

Lunch

- ☐ School lunch (staff can help with carb counts)
- ☐ Home lunch (parent must provide carb count)

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

- ☐ Student will 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:

Student Name:

3. Past history of extreme glucose and symptoms

- Has the student lost consciousness, experienced a seizure, or required glucagon?
  - ☐ Yes, if yes list date of last event _____
  - ☐ No
- Has the student experienced DKA or hospitalization after diagnosis?
  - ☐ Yes, if yes list date of last event _____
  - ☐ No

4. Past symptoms- Please check previous symptoms

HYPOglycemia- (Low glucose)

Mild or moderate			**Severe**
☐ Anxiety	☐ Hunger	☐ Shakiness	☐ Combative
☐ Behavior change	☐ Headache	☐ Slurred speech	☐ Inability to eat or drink
☐ Blurry Vision	☐ Irritability	☐ Sweating	☐ Unconscious
☐ Confusion	☐ Paleness	☐ Weakness	☐ Unresponsive
☐ Crying	☐ Personality change	☐ Other (specify):	☐ Seizures
☐ Dizziness	☐ Poor concentration		☐ Other (specify):
☐ Drowsiness	☐ Poor coordination		

HYPERglycemia- (High glucose)

Mild or moderate		**Severe**	
☐ Behavior change	☐ Fatigue/sleeping	☐ Breathing changes (Kussmaul breathing)	☐ Severe abdominal pain
☐ Blurry vision	☐ Thirst/dry mouth	☐ Chest pain	☐ Sweet, fruity breath
☐ Headache	☐ Frequent urination	☐ Decreased consciousness	☐ Other (specify):
☐ Stomach pain	☐ Other (specify):	☐ Increased hunger	
		☐ Nausea/vomiting	

5. Self-management skills- This section is superseded by health provider orders if a conflict (section 8)

	Needs full support	Supervision	Independent
Glucose monitoring: ☐ Meter ☐ CGM	☐ ☐	☐ ☐	☐ ☐
Carbohydrate counting:	☐	☐	☐
Insulin administration: ☐ Syringe and vial ☐ Pen ☐ Smart pen ☐ Pump	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
Can identify sign and symptoms of hypoglycemia	☐	☐	☐
Can draw up insulin (syringe and vial)	☐	☐	☐
Can calculate dose (based on carbs and glucose)	☐	☐	☐

Student Name:

6. Glucose monitoring at school: Must be determined jointly by the parent/guardian and school nurse

Notify parent/guardian:
When glucose is below____ mg/dL (default 80) for more than____ minutes (default 30 min) or
When glucose is above ____ mg/dL (default 300) for more than____ minutes (default 60 min)

When staff will monitor glucose:

- ☐ Before meals
- ☐ Before exams
- ☐ Before physical activity
- ☐ After physical activity
- ☐ Before leaving school
- ☐ With physical complaints/illness
- ☐ High or low symptoms
- ☐ Other: _____

Exercise (including recess and PE):

- ☐ 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*). Treat low glucose before resuming activity.

Continuous glucose monitoring (CGM):

- ☐ N/A

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 symptom

Brand and model:
_____

Specific viewing equipment:

- ☐ device reader
- ☐ smart phone
- ☐ Insulin pump
- ☐ smart watch
- ☐ tablet

To limit classroom disruptions, alarm settings should be configured to alert only for actionable interventions.
CGM alarms: low alarm____ mg/dL (repeat____) and high alarm ____ mg/dL (repeat____) if applicable
Perform finger stick if:

- Symptoms do not match the sensor reading
- Sensor reading is unavailable or tracing is inconsistent
- No number and arrow available/present (means CGM data isn't accurate ie. LOW, HIGH).

Permit student access to medical devices including phones, smart watch, pumps, or readers at all times.

7. Supplies

Provide necessary supplies
Parent to provide a three day minimum of the following diabetes management supplies for the care of your child at school

- Insulin
- Syringe/pen needles
- Treatment for lows and additional snacks
- Glucagon
- Antiseptic wipes
- Blood glucose (BG) meter with test strips, lancets, extra battery
  - Also required for all CGM users.
- Pump supplies- infusion set, cartridge, extra battery/charging cord if applicable.

Student Name:

8. Provider orders: Diabetes Medical Management Orders (DMMO)

Medication Authorization

Orders must be updated and signed at least once every year, or whenever dose changes.
No care can be delegated by the school nurse unless current, signed orders are on file.

Target range for glucose: between _____mg/dL and _____mg/dL

Emergency glucagon administration

Instructions: Administer Immediately for severe hypoglycemia: Unconscious, semiconscious (unable to control airway, or seizing)	**Glucagon dose:** ☐ IM Glucagon (GlucaGen®) 1.0 mg/1.0 ml ☐ Nasal (Baqsimi®) 3 mg ☐ SQ (Gvoke®) 0.5 mg ☐ SQ (Gvoke®) 1.0 mg ☐ SQ Zegalogue® 0.6 mg/0.6 mL	**Possible side effects:** nausea and vomiting

Insulin administration

Medication: ☐ Rapid-acting (insulin lispro, insulin aspart, insulin glulisine) ☐ Short-acting (regular human) ☐ Technosphere insulin ☐ Other (specify):_____	**Delivery:** ☐ Insulin vial/ syringe ☐ Insulin smart pen ☐ Insulin pen ☐ Insulin pump	Insulin pump- specify: ☐ Tslim X2 (AID) ☐ Mobi (AID) ☐ OmniPod5 (AID) ☐ Medtronic (AID) ☐ iLet (AID) ☐ Other_____	**Route:** subcutaneous **Possible side effects:** hypoglycemia

Current insulin doses or pump settings:

Insulin to carbohydrate (I:C) ratio: _____ unit for every _____ grams of carbohydrates before meals. May be used for snack dosing per DMMO if on a pump or smart pen.

Correction dose: If on injections, only give correction with meals.
Give _____ unit(s) for every _____ mg/dL for glucose above _____ mg/dL.

For iLet pump users: Please use “breakfast, usual” or “Lunch, usual” for meal announcements.
Above doses are in the event of iLet failure.

Mealtime insulin administration timing

Insulin administration at meals:

- ☐ Prior to meal (default)
- ☐ After meal as soon as possible, within 30 minutes
- ☐ Other:

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)
- ☐ N/A

Student Name:

Hypoglycemia treatment:

Low Glucose below____ mg/dL (below 80 mg/dL default)
If student is awake and able to swallow:

1. Treat low glucose by giving ____ grams of carbohydrates. (default 5-10 grams of carbohydrates for students using an AID, 12-18 grams of carbohydrates for students using injections and smart pens.)
2. Wait ____ minutes (default 15 minutes for fingerstick, 20 or 30 minutes CGM glucose)
3. Recheck glucose.
4. Repeat fast-acting glucose source if symptoms persist or glucose is less than treatment target.

At mealtimes for students using MDI (injections) if glucose is below target range dose for all but 15 grams of carbohydrates. Allow the student to eat.

Hyperglycemia treatment:

Correction Dose (outside of meals) Pump/ Smart pen users only- does not apply to injections
Correct if above____ mg/dl (default 300 mg/dl) for more than____ hours (default 2 hours) AND pump or smart pen recommends dosing.
Provide and encourage consumption of water or sugar-free fluids. Give 4–8 ounces of water every 30 minutes.
Note: iLet pump corrections are fully automated, no manual corrections are possible via the pump.

For pump failure: Disregard if using injections
Insulin to carbohydrate dose for pump failure:____ unit: ____ grams.
Subcutaneous correction dose for pump failure:____ unit:____ mg/dL over____ mg/dL
If the pump is removed for more than 60 minutes and cannot be reconnected, give a correction dose for glucose over 300 mg/dL via subcutaneous injections.

Independence level: Required supervision at school

- ☐ It is medically appropriate for the student to possess and self-administer diabetes medications. 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 medications. 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 medications. The student should have supervised access to their diabetes medications at all times.

Other orders

- ☐ Allow student to have free access to water and the restroom at all times
- ☐ Allow student to have access to their mobile device at all times if it's being used as a medical device to receive and transmit CGM and pump data.
- ☐ This student may participate in all school activities, including sports and field trips, with the following restrictions:_____
- ☐ Allow student to leave class 10–15 minutes before lunch to manage diabetes.
- ☐ Other:_____

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.

Prescriber name (print):		**School year:**
Prescriber signature:		**Date:**
Clinic name:	**Fax**	**Phone:**

Student Name:

Parent signature

Parent to complete (as required by 53G-9-504 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 give permission for school staff or the school nurse to treat hypoglycemia or give insulin doses using CGM readings.
- ☐ I understand that I must provide all supplies necessary to care for my student during the school day including Insulin, syringe/pen needles, treatment for lows and snacks, glucagon, antiseptic wipes, blood glucose (BG) meter with (test strips, lancets, extra battery), pump supplies- infusion set, cartridge, extra battery/charging cord if applicable.

Additional supplies:

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:**

School nurse (or principal designee if no school nurse)

School nurse should verify the following have been done:

- ☐ DMMP is signed by a licensed healthcare provider and parent
- ☐ Medication is appropriately labeled
- ☐ Medication log generated
- ☐ Diabetes emergency action plan distributed to need-to-know staff:
  - ☐ Teachers, teacher aide, PE teachers, bus drivers, front office, admin, any others

Glucagon is kept:

- ☐ Student carries
- ☐ Backpack
- ☐ In classroom
- ☐ Health office
- ☐ Front office
- ☐ Other (specify):

Student specific supplies are kept:

- ☐ In classroom
- ☐ Health office
- ☐ Front office
- ☐ Other (specify):

School nurse name: Date:

School nurse signature:

Student Name:

Utah Diabetes Emergency Action Plan

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Student Name:	Date of birth:	Grade:
Home room:	Students cell #	School Year:

Target range for glucose: between____ mg/dL and____ mg/dL

Notify parent/guardian:
When glucose is below____ mg/dL (default 80) for more than____ minutes (default 30 min) or
When glucose is above____ mg/dL (default 300) for more than____ minutes (default 60 min)

Low glucose management (HYPOglycemia)

When glucose is below ____ mg/dL (Default 80mg/dL)
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

If you see this:	**Do this:**
Mild/moderate symptoms:	
☐ Anxiety ☐ Behavior change ☐ Blurry Vision ☐ Crying ☐ Confusion ☐ Dizziness ☐ Drowsiness ☐ Hunger ☐ Headache ☐ Irritability ☐ Paleness ☐ Shakiness ☐ Slurred speech ☐ Sweating ☐ Weakness ☐ Personality change ☐ Poor concentration ☐ Poor coordination ☐ Other (specify):	1. Give student ____ grams fast-acting glucose source**. 2. Wait ____ minutes. 3. Recheck glucose. 4. Repeat fast-acting glucose source if symptoms persist **or** glucose is less than____ mg/dL (default 80mg/dL) • At mealtimes for students using injections if glucose is below target range dose for all but 15 grams of carbohydrates. Allow the student to eat. • Other (specify): ****Fast acting glucose sources** (12-18 grams carbohydrates): 3-4 glucose tablets **or** 4 ounces juice **or** 0.9 ounce packet of fruit snacks
Severe Low blood glucose	
☐ Agitated / combative ☐ Inability to eat or drink ☐ Unconscious ☐ Unresponsive ☐ Seizures ☐ Other (specify):	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. 9. Other (specify):

Snacks, carbs, and low glucose treatment

- Allow the student to have immediate access to low glucose treatment (e.g., juice, glucose tabs).
- Encourage and provide access to carbohydrates for treatment and prevention of hypoglycemia.
- Provide non-sugar-containing drinks (e.g., water) during hyperglycemia.
- Never send a student with suspected low glucose anywhere alone. An adult must stay with the student until symptoms resolve or further help arrives.

Student Name:

Utah Diabetes Emergency Action Plan

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High glucose management (HYPER)glycemia treatment:

When glucose is over____ mg/DL (default 300 mg/dl) for more than____ hours (default 2 hours)
It is normal for the glucose to rise after a meal, but if it consistently stays high for hours you may do this to intervene.
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

1. Provide and encourage consumption of water or sugar-free fluids. Give 4–8 ounces of water every 30 min.
2. Allow liberal bathroom privileges.

Pump/Smart pen users- Correction Dose (outside of meals) - does not apply to injections

3. Correct if above____ mg/dl (default 300 mg/dl) for more than____ hours (default 2 hours) AND pump or smart pen recommends dosing.

Note: iLet pump corrections are fully automated, no manual corrections are possible via the pump.
Injections: Correction doses for those students using injections should be given only at mealtimes. Notify parent/guardian**.**

Location of supplies: ☐ Classroom ☐ Health office ☐ Other (specify):
☐ Student backpack ☐ Front office

Student access and independence

- Student is allowed to test glucose whenever and wherever needed.
- Student may carry and use a smart device (phone/watch) for medical purposes at all times.
- Permit student access to school Wi-Fi for CGM or pump data transmission.
- Permit access to charging outlets for diabetes devices.
- Student will carry diabetes supplies, devices, medications, and snacks at all times unless otherwise specified.
- Student may have unrestricted access to water (e.g., carry a water bottle or use a drinking fountain).
- Student may have unrestricted access to the bathroom as needed.
- Student may leave class 10–15 min. early to check glucose, treat lows, or administer insulin before lunch.
- Provide privacy for diabetes care tasks if student requests.

Academic testing

- Academic testing (like a classroom exam) can be delayed if the student's glucose is outside of target range.

Physical Activity (ie:Recess, PE class)

- Physical activity should be postponed if blood glucose is below _____mg/dL (default is 80 mg/dL).

Field trips

- Parent and nurse must be notified of field trips in advance so proper planning and training can be done.

Substitute teachers

- Substitutes must be aware of the student's condition and know the emergency plan.

Other:

School nurse contact:	Phone:	Email:
Parent name:	Phone:	Email:
Parent name:	Phone:	Email:
Name of Healthcare provider/ clinic:		Phone: