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: Insert photo here

Student name:		Date of birth:	Grade:
School:	Homeroom:	School phone:	School fax:

1.Demographic information (Parent to complete sections 1-7)

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

Student schedule:

Arrival time: _____ Dismissal time: _____

Before school:	**Mealtimes:**	**Physical activity**	**After school**
Travels to school by (check all that apply) ☐ Foot/bicycle ☐ Car ☐ Bus number: _____ ☐ Time on bus: _____ ☐ Attends before school program ☐ Other (specify): _____	Breakfast: _____ Lunch: _____ Other: _____	Days/times: ☐ Gym ☐ Recess ☐ Sports ☐ Additional information:_____	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	**Lunch**
☐ School breakfast (staff can help with carb counts) ☐ Student will eat breakfast at home	☐ 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. 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

- ☐ Anxiety
- ☐ Behavior change
- ☐ Blurry vision
- ☐ Confusion
- ☐ Crying
- ☐ Dizziness
- ☐ Drowsiness
- ☐ Hunger
- ☐ Headache
- ☐ Irritability
- ☐ Paleness
- ☐ Personality change
- ☐ Poor concentration
- ☐ Poor coordination
- ☐ Shakiness
- ☐ Slurred speech
- ☐ Sweating
- ☐ Weakness
- ☐ Other (specify):_____

Severe

- ☐ Combative
- ☐ Inability to eat or drink
- ☐ Unconscious
- ☐ Unresponsive
- ☐ Seizures
- ☐ Other (specify):_____

HYPERglycemia (high glucose)

Mild or moderate

- ☐ Behavior change
- ☐ Blurry vision
- ☐ Headache
- ☐ Stomach pain
- ☐ Fatigue/sleeping
- ☐ Thirst/dry mouth
- ☐ Frequent urination
- ☐ Other (specify):_____

Severe

- ☐ Breathing changes (Kussmaul breathing)
- ☐ Chest pain
- ☐ Decreased consciousness
- ☐ Increased hunger
- ☐ Nausea/vomiting
- ☐ Severe abdominal pain
- ☐ Sweet, fruity breath
- ☐ Other (specify):_____

5. Self-management skills: This section is superseded by healthcare 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
- ☐ Smart watch
- ☐ Insulin pump
- ☐ 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 i.e. LOW, HIGH).

Permit student access to medical devices including phones, smart watch, pumps, or readers always.

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

Insulin medication authorization

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:
- ☐ iLet
- ☐ Medtronic
- ☐ OmniPod5
- ☐ Tandem Mobi
- ☐ t:slim X2
- ☐ twiist
- ☐ Other:_____

Route:
subcutaneous

Possible side effects:
hypoglycemia

Current insulin doses / 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.
For twiist pump users: Please enter carbohydrates and select the "taco" icon for all meals and snacks.
Above doses are in the event of pump 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

Required supervision at school:

- ☐ It is medically appropriate for the student to possess and self-administer diabetes medications. The student should always be in possession of diabetes medications.
- ☐ It is medically appropriate for the student to possess but not self-administer diabetes medications. The student should always be in possession of diabetes medications.
- ☐ It is not medically appropriate for the student to possess or self-administer diabetes medications. The student should always have supervised access to their diabetes medications.

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 {5-10 grams of carbohydrates for students with AID system} {12-18 grams of carbohydrates for students using MDI or smart pen}
2. Recheck or reassess glucose after _____ minutes. {Wait 15 minutes for meter glucose} {Wait 20 minutes for CGM glucose}.
3. Repeat treatment if symptoms continue or glucose remains below target.

*A student with symptomatic hypoglycemia or glucose below 70 mg/dL must stay with a responsible adult until BOTH of the following are true: Glucose is no longer below target range AND symptoms of hypoglycemia have fully resolved.

At mealtimes for students using MDI (injections)

- If glucose is below target but above 70mg/dL and the student has no symptoms, give insulin for the entire meal except for 15 grams of carbohydrates, then allow the student to eat.
- If glucose is below 70mg/dL or the student has symptoms of hypoglycemia, treat immediately with 12–18 grams of fast-acting carbohydrates. Wait 15 minutes, then check glucose again. Repeat treatment if symptoms continue or glucose remains below target.
- Once glucose is above target and symptoms have resolved, give insulin for the full carbohydrate content of the meal and 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 2–4 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.

Emergency glucagon authorization

Instructions: Administer Immediately for severe hypoglycemia; If student is 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

Other orders

☐ Allow student to always have free access to water and the restroom.
☐ Allow student to always have access to their mobile device if it's being used as a medical device to receive and transmit CGM and pump data.
☐ Allow student to leave class 5-10 minutes before lunch to manage diabetes.
Other:_____

Student Name:

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:

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), and 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 specific supplies are kept:
School nurse signature:	Date:

Student Name:

Utah Diabetes Emergency Action Plan

Utah Department of Health and Human Services and Utah State Board of Education

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. Recheck glucose after _____ minutes. 3. Repeat fast-acting glucose source if symptoms persist **or** glucose is less than _____ mg/dL (default 80mg/dL). • Other (specify): A student with symptomatic hypoglycemia or glucose below 70mg/dL must stay with a responsible adult until glucose is no longer below target range AND symptoms of hypoglycemia have fully resolved. ****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 (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:

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 2-4 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 always carry and use a smart device (phone/watch) for medical purposes.
- 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 always unless otherwise specified.
- Student may have unrestricted access to water (carry a water bottle or use a drinking fountain).
- Student may have unrestricted access to the bathroom as needed.
- Student may leave class 5–10 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 (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: