DIABETES MEDICAL MANAGEMENT PLAN SUPPLEMENT FOR STUDENTS WEARING AN INSULIN PUMP
SCHOOL YEAR _____

Student Name:		DOB:	Pump Brand/Model:	
Pump Recourse Person:		Phone:	*See basic DM plan for parent	
Child-lock on?	Yes	No	How long has the student worn a pump?	
Blood Glucose Target Range:		Pump Insulin:	Humalog Novolog Regular	
Insulin : Carb Ratio		Student is to receive carb bolus immediately before/_____ min before eating	
Lunch/Snack boluses Pre-Programed?	Yes	No	Times: _____	
Insulin Correction Formula:				

Extra Pump supplies furnished by parent/guardian: infusion sets/reservoirs/dressing & tape/insulin/syringes or insulin pen

STUDENT PUMP SKILLS	NEEDS HELP?		IF YES, ASSESSMENT AND COMMESNTS
1. Independently count carbs	Yes	No	
2. Give correct bolus for carbs consumed	YES	No	
3. Calculate and administer correct bolus	Yes	No	
4. Recognize signs/symptoms of site infection	Yes	No	
5. Calculate and set a temporary basal rate	Yes	No	
6. Disconnect pump if needed	Yes	No	
7. Reconnect pump at infusion site	Yes	No	
8. Prepare reservoir and tubing	Yes	No	
9. Insert new infusion set	Yes	No	
10. Give injection with syringe or pen, if needed	Yes	No	
11. Trouble shout alarms and malfunctions	Yes	No	
12. Re-program basal profiles if needed	Yes	NO	

MANAGEMENT OF HIGH BLOOD GLUCOSE: *Follow instructions in basic DMMP, but in addition:*
If BG is over target range ___ hours after last bolus or carb intake, student should receive a correction bolus of insulin using formula:
BG- _____ / _____ = Correction

If BG over 250 check urine ketones	If two consecutive BG readings over 250 (2 hrs or more after first bolus given)
1. If no ketones, give bolus by pump and recheck in 2 hr. 2. If ketones present or _____, give correction bolus as an injection immediately and contact parent.	1. Check urine ketones 2. Give correction bolus as an injection 3. Change infusion set, call parent

MANAGEMENT OF LOW BLOOD GLUCOSE: *Follow instructions in basic DMMP, but in addition:*
If low blood glucose reoccurs without explanation, notify parent/diabetes provider for potential instructions to suspend pump.

If seizure or unresponsiveness occurs:	Additional times to contact parent:
1. Call 911 (or designate another to do so) 2. Treat with Glucagon (see basic DMMP) 3. Stop insulin pump by: place in suspend or stop mode (see manufacturer's instructions) Disconnect at pigtail or clip (Send pump with EMS) Cut tubing. 4. Notify parent	1. Soreness or redness at infusion site 2. Detachment of dressing/infusion set out of place 3. Leakage of insulin 4. Insulin injection given 5. Other: _____

Effective Date(s) of pump plan: _____

Parent's Signature: _____ **Date:** _____

School Nurses Signature: _____ **Date:** _____
Diabetes Care Provider
Signature: _____ **Date:** _____

Revised February 3, 2003/Florida Governor's Diabetes Council. (SJCSD effective 5/2017)