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| DIABETES MEDICAL MANAGEMENT PLAN SUPPLEMENT FOR STUDENTS WEARING AN INSULIN PUMPSCHOOL YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 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

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| **STUDENT PUMP SKILLS** | **NEEDS HELP?** | **IF YES, ASSESSMENT AND COMMESNTS** |
| 1. Independently count carbs
 |  | Yes |  | No |  |
| 1. Give correct bolus for carbs consumed
 |  | YES |  | No |  |
| 1. Calculate and administer correct bolus
 |  | Yes |  | No |  |
| 1. Recognize signs/symptoms of site infection
 |  | Yes |  | No |  |
| 1. Calculate and set a temporary basal rate
 |  | Yes |  | No |  |
| 1. Disconnect pump if needed
 |  | Yes |  | No |  |
| 1. Reconnect pump at infusion site
 |  | Yes |  | No |  |
| 1. Prepare reservoir and tubing
 |  | Yes |  | No |  |
| 1. Insert new infusion set
 |  | Yes |  | No |  |
| 1. Give injection with syringe or pen, if needed
 |  | Yes |  | No |  |
| 1. Trouble shout alarms and malfunctions
 |  | Yes |  | No |  |
| 1. 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

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| **If BG over 250 check urine ketones**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.
 | **If two consecutive BG readings over 250** (2 hrs or more after first bolus given)1. Check urine ketones
2. Give correction bolus as an injection
3. Change infusion set, call parent
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**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.

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| **If seizure or unresponsiveness occurs:**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
 | **Additional times to contact 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **Effective Date(s) of pump plan:** |  |

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| **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)