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

**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)