Student name:	**Date of birth:**

Diabetes medical management plan (DMMP)
In accordance with UCA 53G-9-504 and 53G-9-506
Utah Department of Health and Human Services
Utah State Board of Education

1. Demographic information (parent to complete)

School year:

Student name:	Date of birth:	□ Type 1 □ Type 2	Age at diagnosis:
Parent #1 name:	Phone:		Email:
Parent #2 name:	Phone:		Email:
Other contact name:	Phone:		Email:
School:	School phone:		School fax:
Student arrival time:	Student dismissal time:		

Notify parent/guardian when glucose is below _____ mg/dL or above _____ mg/dL.

Travels to school by (check all that apply): □ Foot/bicycle □ Car □ Bus (bus # _____, time on bus _____) □ Other (specify): □ Attends before school program	After school travels to: □ Home □ Attends after school program Travels via (check all that apply): □ Foot/bicycle □ Car □ Bus (bus # _____, time on bus_____) □ Other (specify):

Breakfast (where will student typically eat breakfast):
□ school breakfast (staff can help with carb counts) □ student will eat breakfast at home
Lunch (where will student will typically eat lunch):
□ school lunch (staff can help with carb counts) □ home lunch (parent must provide carb count)

2. Self-management skills

	Needs full support	Needs supervision	Independent
Glucose monitoring: □ Meter □ CGM	 □ □	 □ □	 □ □
Carbohydrate counting:	□	□	□
Insulin administration: □ Syringe and vial □ Pen □ Pump	 □ □ □	 □ □ □	 □ □ □
Can identify sign and symptoms of hypoglycemia	□	□	□
Can draw up insulin (syringe and vial)	□	□	□
Can calculate dose (based on carbs and glucose)	□	□	□
Can enter information into pump/smart pen	□	□	□
Can administer insulin injection (or dose with pump/smart pen)	□	□	□

Student name:	**Date of birth:**

3. Past history of extreme glucose

Has the student lost consciousness, experienced a seizure, or required glucagon? □ Yes □ No
If yes, date of last event:
Describe what happened:

Has the student been admitted for DKA after diagnosis? □ Yes □ No
If yes, date of last event:
Describe what happened:

4. Glucose monitoring at school

When to monitor glucose:
□ Before meals □ Before exams □ Before physical activity □ After physical activity
□ Before leaving school □ With physical complaints/illness □ High or low symptoms
□ Other (specify):
Additional information:
1. Student is allowed to test their glucose whenever and wherever needed.
2. Student must always be allowed access to fast-acting glucose sources.

Student uses a CGM: □ Yes □ No If yes, please complete the CGM addendum (#8) below.

5. Special considerations (PE, class parties or snacks, field trips)

Exercise (including recess and PE): when to monitor glucose
□ 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*).

Student can eat snacks with the rest of the class.
□ If on a pump or smart pen, you may dose for carbs.
□ If using injections, for safety, alternative options include the following:
- □ Snack will be provided to the entire class at lunchtime or after school
- □ Parent will provide an alternate low/no carbohydrate snack
- □ Student should save snack for lunchtime
- □ Student should take snack home
- □ Student may eat snack without insulin dose
- □ 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:

Other considerations:
- Substitute teachers must be aware of the student's health situation. but in a way that maintains student privacy.
- Allow students to leave class 10-15 minutes early to manage their diabetes prior to lunch.

Student name:	**Date of birth:**

6. Low glucose management (hypoglycemia)

HYPOglycemia – When glucose is below 80 (or below ____)

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

Mild or moderate HYPOglycemia
Please check previous symptoms

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

Severe HYPOglycemia
Please check previous symptoms

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

Actions for mild or moderate HYPOglycemia

1. Give student 12-18* grams fast-acting glucose source**.
2. Wait 15 minutes.
3. Recheck glucose.
4. Repeat fast-acting glucose source if symptoms persist or glucose is less than 80 or ____.

☐ For mild hypoglycemia: at mealtimes dose for all but 15 grams of carbohydrates if glucose is below target range. Allow the student to eat. Retest 15 minutes after eating.
☐ Other (specify):

*Students on automated insulin delivery devices will only need 5-10 grams.

**Fast acting glucose sources (12-18 grams carbohydrates): 3-4 glucose tablets or 4 ounces juice or 0.9 ounce packet of fruit snacks

Actions for severe HYPOglycemia

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.
8. Other (specify):

Never send a student with suspected low glucose anywhere alone!

Low glucose prevention:
1. Allow the student to have immediate access to low glucose treatment sources.
2. Encourage and provide access to water for hydration, carbohydrates to treat/prevent hypoglycemia, and bathroom privileges.

Student name:	**Date of birth:**

7. High glucose management (hyperglycemia)

HYPERglycemia - When glucose is over 250 (or above _____).

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

Mild or moderate HYPERglycemia Please check previous symptoms	Severe HYPERglycemia Please check previous symptoms
☐ Behavior change ☐ Blurry vision ☐ Fatigue/sleepiness ☐ Frequent urination ☐ Other (specify): ☐ Headache ☐ Stomach pains ☐ Thirst/dry mouth	☐ Blurred vision ☐ Chest pain ☐ Increased hunger ☐ Decreased consciousness ☐ Breathing changes (Kussmaul breathing) ☐ Other (specify): ☐ Severe abdominal pain ☐ Nausea/vomiting ☐ Sweet, fruity breath
Actions for mild or moderate HYPERglycemia	**Actions for severe HYPERglycemia**
☐ Allow liberal bathroom privileges ☐ Allow free and liberal access to water and the restroom ☐ Administer correction dose if on a pump/smart pen ☐ Contact parent if glucose is over _____ mg/dL ☐ Allow student to remain in class ☐ Other (specify):	☐ Administer correction dose if on a pump or smart pen ☐ Call parent/guardian ☐ Stay with student ☐ Call 911 if patient has breathing changes or decreased consciousness. Stay with student until 911 arrives. ☐ Other (specify):

When hyperglycemia occurs other than at mealtime for students on multiple daily injections (MDI):
1. Correction doses for those students using MDI should be given only at mealtimes.
2. Notify parent/guardian.
3. Allow unrestricted access to the bathroom.
4. Give extra water or non-sugar-containing drinks (not fruit juices).

When hyperglycemia occurs other than at mealtime for students on an insulin pump or smart pen:
1. Correction doses or carb doses can be given at times other than meals (including snacks and parties) per pump/smart pen calculation ONLY.
2. Other (specify):

Student name:	**Date of birth:**

8. Continuous glucose monitor (CGM) addendum □ Does not apply

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 symptoms.
Continuous glucose monitoring (CGM): Specify brand and model:
Specify viewing equipment: □Device reader □ Smart phone □ Insulin pump □Smart watch □ Tablet
□ CGM is remotely monitored by parent/guardian

CGM alarms: low alarm _____ mg/dL (repeat _____) and high alarm _____ mg/dL (repeat _____) if applicable
Always:
Permit student access to viewing their device at all times (including cell phone when used as a medical device).
Permit access to school wi-fi for sensor data collection and data sharing.
Do not discard any CGM supplies if the CGM fails. Send components home with the student.
Perform finger stick if:
Glucose reading is below _____ mg/dL or above _____ mg/dL.
The CGM is still reading below _____ mg/dL (*default* 70 mg/dL) 15 minutes following low treatment.
The CGM sensor is dislodged, or the sensor reading is unavailable.
Sensor readings are inconsistent or in the presence of alerts/alarms or symptoms. No number and arrow available/present (means CGM data isn't accurate).

☐ My student is currently using one of the following continuous glucose monitoring systems which are FDA--approved for making treatment decisions (specify below). I verify that I approve school personnel or the school nurse to treat hypoglycemia or give insulin doses based on the readings from this CGM.

☐ Guardian 4 Sensor
☐ Dexcom G6 or G7
☐ Freestyle Libre 14-day (Freestyle Libre 1)
☐ Freestyle Libre 2 or Libre 3
☐ Other (specify):

☐ My student is currently using the following continuous glucose monitoring system which is not FDA approved for making treatment decisions (specify below). I understand that when this system alarms, all treatment should be based on a finger stick glucose.

☐ Guardian 2 and 3 Sensor
☐ Medtronic Guardian Connect
☐ Other (specify):

New CGMS are released periodically. If a new one is released it must first be verified as FDA approved to make treatment decisions before being used in the school setting. Until then, all readings must be verified by a finger-stick glucose before making treatment decisions.

Student name:	**Date of birth:**

9. Multiple daily injections (MDI) addendum □ Does not apply

Injections should be given with meals only.

Insulin device: □ Syringe and vial ☐ Insulin pen (typical)

Injection site:

□ Abdomen □ Arm □ Buttock □ Thigh □ Other (specify):

10. Insulin pump/smart pen addendum □ Does not apply

School nurses or staff are not allowed to override pump settings or pump dose recommendations.

□ Student is using the following insulin pump: _____

□ Is this an automated insulin delivery (AID) system? ☐ Yes ☐ No

□ Student is using the following insulin smart pen: _____

□ Carbohydrate ratio and correction dose are calculated by device. Correction doses and carbohydrate doses can be given at times other than meals (including snacks and parties) per pump/smart pen calculations only. If not using one of these devices, insulin for correction doses can only be given at meals.

□ Student may be disconnected from the pump for a maximum of 60 minutes. Contact the parent/guardian if unable to use the pump after 60 minutes.

Time to bolus: □ Before meals □ After meals □ Other (specify):

Insulin pump failure plan (parents are to provide supplies and insulin. Supplies are kept_____):

☐ Administer insulin via syringe/vial or pen ☐ Student can replace site alone or with minimal assistance by the parent

☐ Parent to come in to replace site ☐ Other (specify):

If pump or set malfunctions: notify school nurse and parent immediately!
Insulin should be given by injection.

11. 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 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:

Student name:	**Date of birth:**

12. Provider orders - Orders must be updated and signed at least once every year, or whenever dose changes. No care can be delegated unless current, signed orders are on file.

Target range for glucose: between _____ and _____

Emergency glucagon administration

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

Insulin administration

□ Rapid-acting (insulin lispro, insulin aspart, insulin glulisine, technosphere insulin) □ Short-acting (regular human) □ Other (specify):	□ Insulin vial/syringe □ Insulin pen □ Smart insulin pen □ Insulin pump	Route: subcutaneous	Possible side effects: hypoglycemia

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

Correction dose (meals only): give _____ unit(s) for every _____ mg/dL for glucose above _____ mg/dL.

Insulin administration:
□ prior to meal (*default*)
□ after meal as soon as possible, within 30 minutes
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)
For hypoglycemia treatment:
Treat low glucose by giving 12-18 grams of carbohydrates for students using MDI and smart pens, and 5-10 grams of carbohydrates for students using AID system. Wait _____ minutes (*default* 15) then retest and repeat section 6 of this document.

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.
☐ It is medically appropriate for the student to possess and self-administer diabetes medication. 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 medication. 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 medication. The student should have supervised access to their diabetes medications at all times.
☐ This student may participate in all school activities, including sports and field trips, with the following restrictions:

Prescriber name (print):	Phone:
Prescriber signature:	Date:

Student name:	**Date of birth:**

13. School nurse (or principal designee if no school nurse)		
☐ Signed by a licensed healthcare provider and parent	☐ Medication is appropriately labeled	☐ Medication log generated
Glucagon is kept: ☐ NA ☐ Student carries ☐ Backpack ☐ In classroom ☐ Health office ☐ Front office ☐ Other (specify):		
Diabetes emergency information distributed to need-to-know staff: ☐ Teacher(s) ☐ PE teacher(s) ☐ Transportation ☐ Front office/admin ☐ Other (specify):		
School nurse signature:	Date:	