DIABETES MEDICAL MANAGEMENT PLAN SUPPLEMENT FOR STUDENT WEARING INSULIN PUMP
School Year _____-_____

Student Name:_____ Date of Birth:_____ Pump Brand/Model:_____

Pump Resource Person:_____ Phone/Beeper _____(See basic diabetes plan for parent phone#)

Child-Lock On? ☐ Yes ☐ No How long has student worn an insulin pump? _____

Blood Glucose Target Range:_____-_____ Pump Insulin: ☐ Humalog ☐ Novolog ☐ Regular

Insulin:Carbohydrate Ratios: _____

(Student to receive carbohydrate bolus *immediately before* / _____*minutes* before eating)

Lunch/Snack Boluses Pre-programmed? ☐Yes ☐ No Times _____

Insulin Correction Formula for Blood Glucose Over Target:_____

Extra pump supplies furnished by parent/guardian: ☐ infusion sets ☐ reservoirs ☐ batteries ☐ dressings/tape ☐ insulin ☐ syringes/insulin pen

STUDENT PUMP SKILLS	**NEEDS HELP?**	**IF YES, TO BE ASSISTED BY AND COMMENTS:**
1. Independently count carbohydrates	☐Yes ☐ No	
2. Give correct bolus for carbohydrates consumed.	☐ Yes ☐ No	
3. Calculate and administer correction 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 set.	☐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. Troubleshoot alarms and malfunctions.	☐ Yes ☐No	
12. Re-program basal profiles if needed.	☐ Yes ☐No	

MANAGEMENT OF HIGH BLOOD GLUCOSE ***Follow instructions in basic diabetes medical management plan, but in addition:***

If blood glucose over target range _____ hours after last bolus or carbohydrate intake, student should receive a correction bolus of insulin using formula; Blood glucose - _____÷ _____=_____ units insulin

If blood glucose over 250, check urine ketones
1. **If no ketones**, give bolus by pump and recheck in 2 hours.
2. **If ketones present or**_____, give correction bolus as an **injection** immediately and contact parent/ health care provider

If two consecutive blood glucose 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.
4. Call parent

MANAGEMENT OF LOW BLOOD GLUCOSE *Follow instructions in Basic Diabetes Care Plan, but in addition:*

If low blood glucose recurs without explanation, notify parent/diabetes provider for potential instructions to suspend pump.

If seizure or unresponsiveness occurs:

1. Call 911 (or designate another individual to do so).
2. Treat with Glucagon (See basic Diabetes Medical Management Plan)
3. Stop insulin pump by:
   - ☐ Placing in "suspend" or stop mode (See attached copy of manufacturer's instructions)
   - ☐ Disconnecting at pigtail or clip (Send pump with EMS to hospital.)
   - ☐ Cutting tubing
4. Notify parent
5. If pump was removed, send with EMS to hospital.

ADDITIONAL TIMES TO CONTACT PARENT

☐ Soreness or redness at infusion site
☐ Detachment of dressing/infusion set out of place
☐ Leakage of insulin
☐ Insulin injection given
☐ Other_____

Effective Date(s) of Pump plan: _____

Parent's Signature:_____ Date:_____

School Nurse's Signature:_____ Date:_____

Physician's Signature: _____ Date:_____