Diabetes Medical Management Plan (DMMP)

This plan should be completed by the student's personal diabetes health care team, including the parents/guardians. It should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the school nurse, trained diabetes personnel, and other authorized personnel.

Date of plan: _______ This plan is valid for the current school year: ___________

Student information

Student's name:		Date of birth:
Date of diabetes diagnosis:		Type 2 Other:
School:		School phone number:
Grade:	Homeroom teacher:	
School nurse:		Phone:

Contact information

Parent/guardian 1:		
Address:		
Telephone: Home:		Cell:
Email address:		
Parent/guardian 2:		
Address:		
Telephone: Home:		
Email address:		
Student's physician/health care provider	•	
Address:		
Telephone:		
Email address:		
Other emergency contacts:		
Name:	Relationship:	
Telephone: Home:	Work:	Cell:



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Checking blood glucose

Brand/model of blood glucose meter:	
Target range of blood glucose:	
Before meals: 90–130 mg/dL Other:	
Check blood glucose level:	
Before breakfast After breakfast Hou	rs after breakfast 🛛 2 hours after a correction dose
Before lunch After lunch Hou	rs after lunch 🛛 Before dismissal
Mid-morning Before PE After PE	Other:
As needed for signs/symptoms of low or high blood	glucose As needed for signs/symptoms of illness
Preferred site of testing: Side of fingertip Or Note: The side of the fingertip should always be used to che	
Student's self-care blood glucose checking skills:	
Independently checks own blood glucose	
May check blood glucose with supervision	
Requires a school nurse or trained diabetes personn	el to check blood glucose
Uses a smartphone or other monitoring technology	to track blood glucose values
Continuous glucose monitor (CGM): Yes N	o Brand/model:
Alarms set for: Severe Low: Low:	High:
Predictive alarm: Low: High:	Rate of change: Low: High:
Threshold suspend setting:	

Additional information for student with CGM

- Confirm CGM results with a blood glucose meter check before taking action on the sensor blood glucose level. If the student has signs or symptoms of hypoglycemia, check fingertip blood glucose level regardless of the CGM.
- Insulin injections should be given at least three inches away from the CGM insertion site.
- Do not disconnect from the CGM for sports activities.
- If the adhesive is peeling, reinforce it with approved medical tape.
- If the CGM becomes dislodged, return everything to the parents/guardians. Do not throw any part away.
- Refer to the manufacturer's instructions on how to use the student's device.

Student's Self-care CGM Skills	Independent?			
The student troubleshoots alarms and malfunctions.	🗌 Yes	🗌 No		
The student knows what to do and is able to deal with a HIGH alarm.	🗌 Yes	🗌 No		
The student knows what to do and is able to deal with a LOW alarm.	🗌 Yes	🗌 No		
The student can calibrate the CGM.	🗌 Yes	🗌 No		
The student knows what to do when the CGM indicates a rapid trending rise or fall in the blood glucose level.	🗌 Yes	🗌 No		
The student should be escorted to the nurse if the CGM alarm goes off: Yes No				

Other instructions for the school health team: _____



Hypoglycemia treatment

	hypoglycemia (list below):		
If exhibiting symptoms of hypog product equal to grams		vel is less than mg/dL, giv	/e a quick-acting glucose
		ood glucose level is less than	ma/dl
-	·		-
If the student is unable to eat (jerking movement):	or drink, is unconscious or un	responsive, or is having seizur	e activity or convulsions
• Position the student on his	or her side to prevent choking.		
• Give glucagon:	1 mg 1½ r	mg 🛛 Other (dose)	
• Route:	Subcutaneous (SC)	Intramuscular (IM)	
 Site for glucagon inje 	ection: 🗌 Buttocks 🗌 Arr	m 🗌 Thigh 🗌 Ot	ther:
• Call 911 (Emergency Medic	al Services) and the student's par	rents/guardians.	
 Contact the student's healt 	h care provider.		
	han mg/dL AND at least	s when blood glucose levels are t hours since last insulin do	
 insulin (see correction dose Notify parents/guardians if For insulin pump users: see Allow unrestricted access to 	blood glucose is over m • Additional Information for Stude o the bathroom.	ent with Insulin Pump.	ır.
 insulin (see correction dose Notify parents/guardians if For insulin pump users: see Allow unrestricted access to Give extra water and/or nor 	blood glucose is over m • Additional Information for Stude o the bathroom. n-sugar-containing drinks (not fro	-	ır.
 insulin (see correction dose Notify parents/guardians if For insulin pump users: see Allow unrestricted access to Give extra water and/or nor Additional treatment for keto	blood glucose is over m • Additional Information for Stude o the bathroom. n-sugar-containing drinks (not fro	ent with Insulin Pump. uit juices): ounces per hou	ır.
insulin (see correction dose Notify parents/guardians if For insulin pump users: see Allow unrestricted access to Give extra water and/or nor Additional treatment for keto Follow physical activity and If the student has symptoms of a parents/guardians and health ca nausea and vomiting, severe abo	blood glucose is over m Additional Information for Stude o the bathroom. n-sugar-containing drinks (not fru- nes: I sports orders. (See Physical Act a hyperglycemia emergency, call are provider. Symptoms of a hyper dominal pain, heavy breathing o	ent with Insulin Pump. uit juices): ounces per hou	es) and contact the student dry mouth, extreme thirst,
 insulin (see correction dose Notify parents/guardians if For insulin pump users: see Allow unrestricted access to Give extra water and/or nor Additional treatment for keto Follow physical activity and If the student has symptoms of a parents/guardians and health cativity 	blood glucose is over m Additional Information for Stude o the bathroom. n-sugar-containing drinks (not fru- nes: I sports orders. (See Physical Act a hyperglycemia emergency, call are provider. Symptoms of a hyper dominal pain, heavy breathing o	ent with Insulin Pump. uit juices): ounces per hou tivity and Sports) I 911 (Emergency Medical Service erglycemia emergency include: c	es) and contact the student dry mouth, extreme thirst,

Type of insulin therapy at school: 🗌 Adjustable (basal-bolus) insulin 📄 Fixed insulin therapy 🗌 No insulin

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Insulin therapy (continued)

Adjustable (Basal-	bolus) Ins	ulin Therapy					
 Carbohydrate 	Coverage	/Correction Dose:	Name of	insulin:			
 Carbohydrate 	-						
Insulin-to-c	arbohydra	te ratio:		<i>Lunch:</i> 1 un	it of insulin pe	r grams of	carbohydrate
Breakfast: 1	unit of insul	lin per gram	s of carbohy	rdrate Snack: 1 un	it of insulin pe	r grams of	carbohydrate
		Carboh	ydrate Dos	e Calculation Exam	ple		
	7	Total Grams of Carl	bohydrate t	o Be Eaten_=U	Units of Insuli	n	
	-	Insulin-to-Car					
Correction dose:	Blood gluc	cose correction facto	or (insulin ser	nsitivity factor) =	Target b	lood glucose =	mg/dL
		Correc	ction Dose	Calculation Examp	le		
	Cu	rrent Blood Glucos	e – Target B	Blood Glucose	_ Units of Ins	ulin	
		Correct	tion Factor				
Correction dose so	rale (use in	stead of calculation	above to de	etermine insulin corr	rection dose):		
				Blood glucose		ma/dL aive	units
-				-			
-				Blood glucose			
			-	ent: Using Insulin-1 tudent's insulin-to-ca			
When to give insu	lin:						
Breakfast							
Carbohydrate co	overage on	ly					
	-		vhen blood	glucose is greater th	an mợ	g/dL and ho	urs since last
Other:							
Lunch							
Carbohydrate co	overage on	ly					
,	•		vhen blood	glucose is greater th	an mg	g/dL and ho	urs since last
insulin dose.						-	
Other:							
Snack							
No coverage for	snack						
Carbohydrate co	overage onl	ly					
Carbohydrate co insulin dose.	overage plu	is correction dose w	vhen blood	glucose is greater th	an mg	g/dL and ho	urs since last
Correction dose	•	lood glucose greate	er than	mg/dL AND at le	east hour	rs since last insulir	n dose.

Insulin therapy (continued)

Fixed Insulin Th	erapy Name of insulin:
Units	of insulin given pre-breakfast daily
Units	of insulin given pre-lunch daily
Units	of insulin given pre-snack daily
Other:	
Parents/Guardia	ans Authorization to Adjust Insulin Dose
Yes No	Parents/guardians authorization should be obtained before administering a correction dose.
Yes No	Parents/guardians are authorized to increase or decrease correction dose scale within the following range: +/ units of insulin.
Yes No	Parents/guardians are authorized to increase or decrease insulin-to-carbohydrate ratio within the following
	range: units per prescribed grams of carbohydrate, +/ grams of carbohydrate.
Yes No	Parents/guardians are authorized to increase or decrease fixed insulin dose within the following range: +/ units of insulin.
Student's self-ca	are insulin administration skills:
Independent	y calculates and gives own injections.
May calculate	/give own injections with supervision.
Requires scho	ol nurse or trained diabetes personnel to calculate dose and student can give own injection with supervision.
Requires scho	ol nurse or trained diabetes personnel to calculate dose and give the injection.

Additional information for student with insulin pump

Brand/model of pump:	Type of insulin in pump:			
Basal rates during school: Time: Basal	rate:	Time:	_Basal rate:	
Time: Basal	rate:	Time:	_Basal rate:	
Time: Basal	rate:			
Other pump instructions:				
Type of infusion set:				
Appropriate infusion site(s):				
For blood glucose greater than mg/dL the failure or infusion site failure. Notify parents/gua		ed within ho	urs after correctior	n, consider pump
For infusion site failure: Insert new infusion set an	nd/or replace reserv	voir, or give insulin	by syringe or pen.	
For suspected pump failure: Suspend or remove	pump and give ins	ulin by syringe or p	ben.	
Physical Activity				
May disconnect from pump for sports activities:	Yes, for	hours		No
Set a temporary basal rate:	☐ Yes,% t	emporary basal foi	r hours	🗌 No
Suspend pump use:	Yes, for	hours		🗌 No



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Additional information for student with insulin pump (continued)

Student's Self-care Pump Skills	Independent?		
Counts carbohydrates	🗌 Yes	🗌 No	
Calculates correct amount of insulin for carbohydrates consumed	🗌 Yes	🗌 No	
Administers correction bolus	🗌 Yes	🗌 No	
Calculates and sets basal profiles	🗌 Yes	🗌 No	
Calculates and sets temporary basal rate	🗌 Yes	🗌 No	
Changes batteries	🗌 Yes	🗌 No	
Disconnects pump	🗌 Yes	🗌 No	
Reconnects pump to infusion set	🗌 Yes	🗌 No	
Prepares reservoir, pod, and/or tubing	🗌 Yes	🗌 No	
Inserts infusion set	🗌 Yes	🗌 No	
Troubleshoots alarms and malfunctions	Yes	🗌 No	

Other diabetes medications

Name:	Dose:	Route:	Times given:
Name:	Dose:	Route:	Times given:

Meal plan

Meal/Snack	Time	Carbohydrate Content (grams)
Breakfast		to
Mid-morning snack		to
Lunch		to
Mid-afternoon snack		to

Other times to give snacks and content/amount: ______

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event): _____

Special event/party food permitted:	Parents'/Guardians' discretion	Student discretion
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Student's self-care nutrition skills:

Independently counts carbohydrates

May count carbohydrates with supervision

Requires school nurse/trained diabetes personnel to count carbohydrates



Physical activity and sports

A quick-acting source of glucose such as glucose tabs and/or sugar-containing juice must be available at the site of physical education activities and sports.						
Student should eat 🗌 15 grams 🔄 30 grams of carbohydrate 📄 other:						
before every 30 minutes during every 60 minutes during after vigorous physical activity other:						
If most recent blood glucose is less than mg/dL, student can participate in physical activity when blood glucose is corrected and above mg/dL.						
Avoid physical activity when blood glucose is greater than mg/dL or if urine/blood ketones are moderate to large.						
(See Administer Insulin for additional information for students on insulin pumps.)						

Disaster plan

To prepare for an unplanned disaster or emergency (72 hours), obtain emergency supply kit from parents/guardians.

Continue to follow orders contained in this DMMP.

Additional	insulin	orders a	as follows	(e.g., di	inner ar	id nigh	ittime):

Other:_____

Signatures

This Diabetes Medical Management Plan has been approved by:

Student's Physician/Health Care Provider	Date
I, (parent/guardian), give permission to the health care professional or trained diabetes personnel of (school) and carry out the diabetes care tasks as outlined in (student) Management Plan. I also consent to the release of the information contained in this Diabet to all school staff members and other adults who have responsibility for my child and who to maintain my child's health and safety. I also give permission to the school nurse or anot to contact my child's physician/health care provider. Acknowledged and received by:	to perform Diabetes Medical etes Medical Management Plan o may need to know this information
Student's Parent/Guardian	Date
Student's Parent/Guardian	Date
School Nurse/Other Qualified Health Care Personnel	Date

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