

**DIABETES MEDICAL MANAGEMENT PLAN SUPPLEMENT FOR STUDENTS WEARING INSULIN PUMP**

School Year \_\_\_\_\_ - \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ 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)  
 Insulin Correction Formula for Blood  
 Glucose Over Target: \_\_\_\_\_  
 Extra Pump supplies furnished  infusion sets  reservoirs  batteries  
 by parent/guardian:  dressings/tape  insulin  syringe/pen

STUDENT PUMP SKILLS	NEEDS HELP?	IF YES, TO BE ASSISTED BY AND COMMENTS
1. Independently count carbohydrates	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Give correct bolus for carbohydrate consumed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Calculate and administer correction bolus	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Recognize signs/symptoms of site infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Calculate and set a temporary basal rate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Disconnect pump if needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Reconnect pump at infusion set	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Prepare reservoir and tubing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Insert new infusion set	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Give injection with syringe or pen, if needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Troubleshoot alarms and malfunctions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Pre-program basal profiles if needed	<input type="checkbox"/> Yes <input type="checkbox"/> 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

- If no ketones**, give bolus by pump and recheck in 2 hours
- 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 hours or more after first bolus given)

- Check urine ketones
- If moderate or large ketones  
Give correction bolus as an injection
- Change infusion set
- 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:**

- Call 911 (or designate another individual to do so).
- Treat with Glucagon (See basic Diabetes Medical Management Plan)
- 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)
- Notify parent
- If pump was removed, send with EMS to hospital

**ADDITIONAL TIMES TO CONTACT PARENT**

<input type="checkbox"/> Soreness or redness at infusion site	<input type="checkbox"/> Insulin injection given
<input type="checkbox"/> Detachment of dressing/infusion set out of place	<input type="checkbox"/> Other _____
<input type="checkbox"/> Leakage of insulin	_____

Effective Date (s) of Pump plan: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Diabetes Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_