North East Independent School District

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)
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 □syringe/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 carbohydrate 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. Pre-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 hours 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)
    □ Leakage of insulin
4.   Notify parent
5.   If pump was removed, send with EMS to hospital

ADDITIONAL TIMES TO CONTACT PARENT
□   Soreness or redness at infusion site   □   Insulin injection given
□   Detachment of dressing/infusion set out of place   □   Other _____
□   Leakage of insulin

Effective Date (s) of Pump plan: _____

Parents Signature: _____   Date: _____

School Nurse Signature: _____   Date: _____

Diabetes Care Provider
Signature: _____   Date: _____