HILLSBOROUGH COUNTY PUBLIC SCHOOLS
School Health Services
Diabetes Medical Management Plan Supplement For Student Wearing Insulin Pump

Reviewed 5-2014

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 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).
   - _____ Disconnection 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: _____
Diabetes Care Provider Signature: _____ Date: _____