

**DIABETES MEDICAL MANAGEMENT PLAN SUPPLEMENT FOR STUDENTS WEARING AN INSULIN PUMP**  
SCHOOL YEAR \_\_\_\_\_

Student Name:	DOB:	Pump Brand/Model:
Pump Recourse Person:	Phone:	*See basic DM plan for parent
Child-lock on? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long has the student worn a pump? _____	
Blood Glucose Target Range: _____	Pump Insulin: _____	Humalog <input type="checkbox"/> Novolog <input type="checkbox"/> Regular <input type="checkbox"/>
Insulin : Carb Ratio _____	Student is to receive carb bolus immediately before/ _____ min before eating	
Lunch/Snack boluses Pre-Programed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Times: _____	
Insulin Correction Formula: _____		

**Extra Pump supplies furnished by parent/guardian:** infusion sets/reservoirs/dressing & tape/insulin/syringes or insulin pen

STUDENT PUMP SKILLS	NEEDS HELP?		IF YES, ASSESSMENT AND COMMENTS
1. Independently count carbs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Give correct bolus for carbs consumed	<input type="checkbox"/> YES	<input type="checkbox"/> No	
3. Calculate and administer correct 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 site	<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. Trouble shout alarms and malfunctions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12. Re-program basal profiles if needed	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	

**MANAGEMENT OF HIGH BLOOD GLUCOSE:** *Follow instructions in basic DMMP, but in addition:*

If BG is over target range \_\_\_ hours after last bolus or carb intake, student should receive a correction bolus of insulin using formula:  
BG- \_\_\_\_\_ / \_\_\_\_\_ = Correction

<p><b>If BG over 250 check urine ketones</b></p> <ol style="list-style-type: none"> <li>If no ketones, give bolus by pump and recheck in 2 hr.</li> <li>If ketones present or _____, give correction bolus as an injection immediately and contact parent.</li> </ol>	<p><b>If two consecutive BG readings over 250 (2 hrs or more after first bolus given)</b></p> <ol style="list-style-type: none"> <li>Check urine ketones</li> <li>Give correction bolus as an injection</li> <li>Change infusion set, call parent</li> </ol>
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**MANAGEMENT OF LOW BLOOD GLUCOSE:** *Follow instructions in basic DMMP, but in addition:*

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

<p><b>If seizure or unresponsiveness occurs:</b></p> <ol style="list-style-type: none"> <li>Call 911 (or designate another to do so)</li> <li>Treat with Glucagon ( see basic DMMP)</li> <li>Stop insulin pump by: place in suspend or stop mode (see manufacturer’s instructions) Disconnect at pigtail or clip (Send pump with EMS) Cut tubing.</li> <li>Notify parent</li> </ol>	<p><b>Additional times to contact parent:</b></p> <ol style="list-style-type: none"> <li>Soreness or redness at infusion site</li> <li>Detachment of dressing/infusion set out of place</li> <li>Leakage of insulin</li> <li>Insulin injection given</li> <li>Other: _____</li> </ol>
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**Effective Date(s) of pump plan:** \_\_\_\_\_

**Parent’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Nurses Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Diabetes Care Provider**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_