MAYFIELD CITY SCHOOLS HEALTH SERVICES DIABETES MANAGEMENT PLAN

STUDENT NAME		DATE OF BIRTH	
SCHOOL	Student can perform own blood glucose checks (with supervision/without supervision). with symptoms of hypoglycemia (shaky, sweaty, confused) with symptoms of hyperglycemia (thirsty, frequent urination) before lunch before/after exercise other student may carry own meter and supplies with them		
Contact parent if blood glu		(treat first-see below) or greater than	(see below).
Symptoms of low blood sug	gar for this child are:		
Hypoglycemia Treatment:	If blood glucose is between If blood glucose is between If blood glucose is between		·
Severe hypoglycemia Treat		ake decorating gel – ½ tube between cheek and mg SQ in the arm or thigh	gum
Hyperglycemia Treatment: Insulin:Student not ta	test urine ketone see below for in	nd access to bathroom es if blood glucose is greater than, call particularly assulin instructions if applicable	urent if mod/large
Student takin SC in insulir insulir insulin Student may go Student using a Giveu Give insulin ac Student may do School to admi Student may ca	g insulin at school sulinHumalog n via pumpNovolog n with lunchHumulin l n with snacks ive own SC injections (with s an insulin pump may give ow units of Humalog/Novolog/He coording to current scale for e etermine correct dose of insul inister insulin arry insulin with them	Rsliding scale (confirm with particular other upervision/without supervision) n boluses umulin R-SC if glucose is> levated blood glucose	ent)
Physician		Phone	Date
Parent/Guardian		Phone	Date