



Student
Health
Services



Diabetes Management Plan

Student's Name: _____ Date: _____

Contacts and Phone #'s: Mom: _____ Dad: _____ Doctor: _____ # _____

Time/Blood Glucose	Units for BG/Units for food	Medication/Site	Ketones/Notes	Comments
<p>Machine Type: _____</p> <p>BG Post Prandial Time: _____</p> <p>BG Before Lunch Time: _____</p> <p>BG Before Snack Time: _____</p> <p>Half Day: Lunch@ _____</p> <p>End of day BG @ _____</p>	<p>Target for BG: _____ - _____</p> <p>Correction - Can be used every _____ hours</p> <p>Insulin to Carb Ratio: _____</p> <div style="border: 1px solid black; padding: 5px;"> <p># of Carbs: _____ divided by: _____ =Total: _____ units</p> <p>BG: _____ (-) Target #: _____ Equals: _____ Divide by: _____ =Total: _____ units</p> <p>TOTAL FOR BOTH: _____</p> </div> <p>Breakfast: _____ grams allowed</p> <p>Lunch: _____ grams allowed</p> <p>Snack: _____ grams allowed</p>	<p>Insulin Type: _____</p> <p>HALF UNIT DEVICE:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>.1 to .3 Round to 0</p> <p>.4 to .6 Round to .5</p> <p>.7 to .9 Round Up to 1</p>	<p>*Hypoglycemia (BG < _____)</p> <p>-if conscious, give _____ glucose tablets</p> <p>-wait 15 min. and recheck</p> <p>-retreat if BG remains < _____</p> <p>*Give glucagon 1 mg to arm, thigh or buttock if student is unconscious and or seizing due to low blood glucose</p> <p>*Hyperglycemia (BG > _____)</p> <p>-increase water intake</p> <p>-check ketones if BG is > _____</p> <p>-if mod/large ketones please call MD</p>	<p>PE Class Time: _____</p> <p>Student Supplies: (Parents are responsible for all supplies)</p> <p>_____ meter</p> <p>_____ blood glucose strips</p> <p>_____ lancet/lancing device</p> <p>_____ needles/pen needles</p> <p>_____ ketone strips</p> <p>_____ juice</p> <p>_____ snack</p> <p>_____ water</p> <p>_____ backup insulin</p> <p>_____ battery (for meter)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>