

**Please complete the appropriate side of this form and fax to your diabetes Nurse Practitioner at 317-948-2760. It is required by law that your child has a diabetes management plan for school. We MUST receive this form in order to complete the diabetes management plan for the 2009-2010 school year.**

## DIABETES SCHOOL INFORMATION FOR STUDENT ON INSULIN PUMP

Date form completed \_\_\_\_\_ (required)

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Diabetes Physician \_\_\_\_\_

Name of Student's School \_\_\_\_\_ Date school starts \_\_\_\_\_

Phone Number of School (**Required**) \_\_\_\_\_ \*Fax Number (**Required**) \_\_\_\_\_

Type of pump \_\_\_\_\_ Pump Insulin:  Novolog  Humalog  Apidra

### Student's Level of Self-care:

- |   |                                       |  |                                      |
|---|---------------------------------------|--|--------------------------------------|
| Child can carry their diabetic supplies with them | <input type="checkbox"/> yes          | <input type="checkbox"/> no                |                                      |
| Testing blood sugar                               | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |
| Treating mild low blood sugars                    | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |
| Monitoring snacks and meals                       | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |
| Checking ketones                                  | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |
| Give correct bolus for carbohydrates consumed     | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |
| Calculate and administer correction bolus         | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |
| Recognize signs/symptoms of site infection        | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |
| Disconnect & reconnect pump if needed             | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |
| Prepare reservoir and tubing                      | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |
| Insert new infusion set                           | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |
| Give injection with syringe or pen, if needed     | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |
| Troubleshoot alarms and malfunctions              | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |

Snack(s) and Meal(s) your child will eat **at school**:

	Time	Carbohydrate (food) dose is:	Corrective dose is:
Breakfast	_____	1 unit per _____ grams of carb	(Blood Sugar - _____) ÷ _____
A.M. Snack	_____	1 unit per _____ grams of carb	(Blood Sugar - _____) ÷ _____
Lunch	_____	1 unit per _____ grams of carb	(Blood Sugar - _____) ÷ _____
P.M. Snack	_____	1 unit per _____ grams of carb	(Blood Sugar - _____) ÷ _____

Does your child require 7-8 grams of carbohydrates for every half hour of physical activity (i.e. P.E. or recess) regardless of blood sugar?  Yes  No

### Basal Rates

8a	_____	12p	_____
9a	_____	1p	_____
10a	_____	2p	_____
11a	_____	3p	_____