Riley Hospital for Children
Indiana University Health

Updated 2025-2026 Personal Diabetes Medical Management Plan for iLET pump
Please complete **ALL BLANK AREAS**.
YOU WILL BE RESPONSIBLE FOR GETTING THIS PLAN TO YOUR CHILD'S SCHOOL
For provider signature, please fax form to **# 317-948-2760** or email to
diabhelp@iuhealth.org or **mail** to ATTN: Riley Hospital Diabetes Team
705 Riley Hospital Drive, Room #5960, Indianapolis IN 46202.
****ALLOW 1-2 WEEKS TO PROCESS ****

Date Form Completed: _____ Diabetes Physician's Name: _____

Student Name: _____ DOB: _____

Type of Diabetes: ☐Type 1 ☐Type 2 ☐Other: ☐_____

Parent Name & Contact Number: _____ _____

Parent Email:_____ _____

Name of School and City: _____ School Fax:_____

School Phone Number: _____ School's Nurse E-mail: _____

1. BLOOD SUGAR CHECKS:

Please check student's blood sugar daily either by continuous glucose monitor or finger prick:

- before all meals (breakfast/lunch)
- if student feels/acts hypoglycemic
- if student is ill
- as described in the IHP determined by school nurse and parent

If blood sugar is below 70 or below 80 with arrow trending down, see "Hypoglycemia" section.
If *BS >250*, see "Hyperglycemia" section.

Type of continuous glucose sensor student is using: _____

(Note: The iLet pump cannot function without the use of a continuous glucose monitor).

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2. STUDENT'S LEVEL OF SELF-CARE:

"No supervision" -student can do the task anywhere & does not need to see the nurse.

"Needs supervision" -student can do the task but should be supervised by the nurse.

Test blood sugar ☐No supervision ☐Needs supervision ☐Adult to do

Treat mild low blood sugars ☐No supervision ☐Needs supervision ☐Adult to do

Announce meals/ snacks ☐No supervision ☐Needs supervision ☐Adult to do

Check ketones ☐No supervision ☐Needs supervision ☐Adult to do

Prepare reservoir and tubing or pod ☐No supervision ☐Needs supervision ☐Adult to do

Give injections with syringe or pen, if needed ☐No supervision ☐Needs supervision ☐ Adult to do

Change infusion set ☐No supervision ☐Needs supervision ☐ Adult to do

Troubleshoot pump alarms and malfunctions ☐No supervision ☐Needs supervision ☐ Adult to do

4. MEAL PLAN: No carb counting is done for students using this pump. Student to "announce meal" anytime carbs are eaten and should do so 15 minutes prior to eating. Student may dose up to 30 minutes after eating but beyond that no dose should be given.

5. INSULIN DOSE: This pump calculates and delivers the insulin dose based on sensor readings and the size of the meal/snack that a student enters when eating. All entries are made through the iLet phone app. **Note: If sensor fails or falls off while at school and no replacement sensor available, manually enter a glucose value in the app for meals. Student's parent should be notified and a new sensor placed as soon as possible for pump to continue working.

6. HYPOGLYCEMIA:

**** NEVER send a student with actual or suspected low blood sugar anywhere alone ****

a. If glucose is 80 or below with an arrow down, treat with 7-8 grams fast-acting carb.
b. Wait 15-20 minutes.
c. If needed, recheck glucose with glucose meter to verify it is above 70 mg/dl.
d. Repeat steps until glucose above 70 mg/dl, no follow up starchy carb needed.

- Student should not go to meal until sugar is at or above **70** or participate in exercise-related activity until BS is at or above **100**.
- If student remains low after three treatments, please call the Riley Diabetes ER line for further instructions.

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- If ***UNCONSCIOUS*** or ***SEIZING***, *or if directly instructed to by diabetes provider* ADMINISTER **GLUCAGON (comes in various forms listed below):**
- ☐**Glucagon red or Glucagen orange kit** (IM injection) **1 Vial** (**1/2 Vial** if less than 20kg or if weight unknown, if less than 6 years of age)
- ☐**BAQSIMI** (intranasal powder) 3**mg** in 1 nostril if 4years and older
- ☐**GVOKE** (subcutaneous hypo pen) **1mg** if 12 years or older or ≥ 99lbs or **0.5mg** if under 12 years of age and < 99lbs.
- ☐**ZEGALOGUE** (subcutaneous autoinjector) **0.6mg/0.6mL** if 6 years and older

7. HYPERGLYCEMIA MANAGEMENT: if blood sugar is greater than 250 and it has been two hours since last food eaten, check urine (or blood) for ketones. Follow instructions on page 5 regarding information for the iLet insulin pump.

8. ILLNESS: If student is vomiting, complaining of nausea, or otherwise ill, please check ketones and call Riley Diabetes Team for questions.

RILEY HOSPITAL EMERGENCY CONTACT:

- If you need to speak to the Riley Diabetes Team right away (student vomiting, unsure of insulin dose, low blood sugar not responding to treatment, moderate/large ketones) please call the emergency line.
- **Emergency Line: Call 317-944-5000 and ask for the Pediatric Diabetes Nurse Practitioner on-call**

10. EXERCISE: Child may disconnect or suspend pump for PE if parent wishes. Most children on pumps do not require a snack prior to activity. Nurse and parent need to discuss and decide if child should eat a snack pre-PE or recess.

11. ADDITIONAL INSTRUCTIONS:

_____

_____

_____

_____

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Information regarding continuous glucose monitors:

- A CGM measures glucose in interstitial fluid around the blood vessels every 5 minutes
- A sensor glucose is displayed on the screen of the insulin pump or separate device every 5 minutes
- The purpose is to identify trends in glucose variation as well as alert for impending high or low sensor glucose
- The sensor will display arrows up or down if sensor glucose is rising or falling
- There can be a 15-20 percent difference between sensor glucose and blood glucose

Sensor requirements:	**Dexcom G6 / G7**	**Freestyle Libre3Plus**
Sensor glucose with number and arrow to dose	Yes / Yes	Yes
Standard dose of Acetaminophen may cause false high glucose readings	No / No	No
At least 2 hours since last dose of insulin to treat for a high sugar	Yes / Yes	Yes

- There **ALWAYS** needs to be a blood glucose meter available.
- If symptoms do not match sensor glucose**. ALWAYS** test blood glucose for treatment.
- **ALWAYS** record sensor glucose when being used for treatment of a low sensor glucose or for a correction dose. Note: There is a lag time with continuous glucose monitors. If treating a low from a sensor, wait 15mins and if sensor is still reading low, verify with fingerstick before treating a second time.
- If sensor reading says "HI" (glucose over 400) push water and check ketones. If student has moderate/large ketones, page Riley ER line for instructions.
- **ALWAYS** record glucose values used for meals in the student's CGM phone app or written log to be used for future insulin adjustments.

NOTE: If student uses a cell phone, tablet or i-device with their Dexcom, they must be allowed to carry it with them at all times.

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Information on hybrid closed loop insulin pump systems:

For students using the ilet insulin pump

- ilet insulin pump is an advanced hybrid closed loop system designed to promote student's time in glucose target range, as measured by sensor glucose.
- ilet works in conjunction with **Dexcom G6 or G7 or the Freestyle libre3 Plus Sensors.**
- The ilet has an algorithm that calculates basal rate, correction dose and food coverage based on the student announcing meals. **There is no way to give a student a correction dose through the pump if glucose is high.** The algorithm in time will give corrections to bring glucose down.
- **ALL announcement of meals and snacks is done 15 minutes prior to eating**. If the carbs are not entered 15 minutes prior to eating or within 30 minutes after eating the meal should not be announced.
- **For sensor glucose over 250 with negative, trace or small ketones, do nothing** as the pump will raise the background insulin and give mini corrections.
- **For sensor glucose over 250 with moderate or large ketones, student will need to change pump site and give an injection of fast-acting insulin -call Riley ER line (317-944-5000) for dose to give via injection.**
- For glucose over 250 for 4 hours call Riley ER line.
- If before a meal or snack, patient glucose is less than 70 mg/dl, treat with 7-8 grams of quick carb. In some cases, you may need to treat with 10-12 grams quick carb (young active child or prior to activity).

12. **DETAILED MANAGEMENT PLAN INFORMATION:** For detailed management guidelines and additional accommodations, access: **https://www.rileychildrens.org/departments/diabetes-endocrinology** (scroll down to "Diabetes and Endocrinology Forms & Resources" and click on "Information about Pump Therapy")

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Authorization to Release and Disclose Patient Information

By signing this authorization, I am allowing my student's health care practitioner and/or organization to release my student's medical information to the school. I understand that the health care practitioner will directly release to the school a diabetes management and treatment plan and may answer other questions for the school as necessary for the treatment and care of my student while in the care of the school. This information may be released throughout the year whenever a change to the management and treatment plan is required. I also understand that the health care practitioner will rely on the information I provide regarding the name and contact information for the school. The following conditions apply:

- This authorization will expire at the end of the designated school year unless otherwise specified.
- I understand that I have a right to revoke this authorization at any time.
- To revoke this authorization, I must do so in writing and present my written revocation to health care organization. The revocation will not apply to information that has already been released in response to this authorization.
- I understand that I am not required to sign this Authorization to receive health care treatment.
- The health care practitioner and/or organization cannot prevent disclosure of your information by the person or organization who receives your records under this Authorization and that information may not be covered by state and federal privacy protections after it is released. By signing this Authorization, you release the health care practitioner and/or organization from all liability resulting from a disclosure by the recipient.

Your signature indicates that you have read and understand this form and agree to the school orders attached, and you authorize the release of the information as described above.

12. <u>PARENT PLEASE SIGN (once reviewed):</u>

_____ _____

Patient Name Address

_____ _____

City/State Zip-code

Parent/Guardian Signature _____ Date Signed _____

13. <u>LICENSED HEALTH CARE PRACTITIONER</u>:

Provider's Signature_____ Date Signed _____