



Updated 2025-2026 Personal Diabetes Medical Management Plan on 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 **70mg/dL or lower (meter or cgm) / 80mg/dL or lower with arrow down (cgm)** see "Hypoglycemia" section, pg 2.

If **BS >250**, see "Hyperglycemia" section, pg 4.

► ***Does child wear a continuous glucose monitor (CGM)?*** ☐ YES ☐ NO

► ***If yes, which brand?*** _____

► ***Does child dose/treat lows based on the CGM reading?*** ☐ YES ☐ NO

Refer to p. 5 for guidelines on cgm use.

2. INSULIN PUMP:

Type of insulin pump child is using: _____

Hybrid closed loop system where pump and sensor communicate? ☐ YES ☐ NO

(If yes go to pages 6 and 7 for info pertaining to hybrid closed loop systems).



Riley Hospital for Children

Indiana University Health

***Hybrid closed loop insulin pump-** pump communicates with a specific continuous glucose monitor and titrates insulin doses in the background. All pump/CGM systems require food and correction doses to be given at mealtimes.

3. 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

Calculate/count carbs eaten at meal/snack ☐No supervision ☐Needs supervision ☐Adult to do

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

Administer bolus doses on pump ☐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 or pod ☐No supervision ☐Needs supervision ☐Adult to do

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

4. **MEAL PLAN:** Carb amounts can vary, food doses can be entered into a pump whenever student eats, but correction doses for blood sugar should be at least two hours apart from food eaten/previous bolus doses. *Some students may be on a CARBOHYDRATE LIMIT. If so, please indicate the maximum grams carb allowed per meal:*

Breakfast: _____ AM Snack: _____ Lunch: _____ PM Snack: _____

5. **INSULIN DOSE:** Please allow the pump to calculate the insulin dose and do not alter the dose reported on the pump without first consulting the health care provider. In general, our office will not provide dose sheets for those on pumps as the most accurate doses are programmed into the pump, in case of pump failure call 317-944-5000 and ask for the pediatric diabetes NP on call for dosing instructions.

6. HYPOGLYCEMIA:

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

A. If using a glucose sensor or meter separately from the pump (no communication):

- If blood sugar 70 mg/dl or lower on meter or 80 or lower with arrow pointing down on sensor, treat with 15 grams fast-acting carb.
- Wait 15-20 minutes.
- If needed, recheck glucose with meter to verify it is above 70 mg/dl.
- Repeat steps until glucose above 70 mg/dl, no follow up starchy carb needed.



B. If using a glucose sensor that is communicating with the pump (refer to pp. 6-7)

- 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.
 - 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) **3mg** in 1 nostril if 4years and older
 - ☐ **GVOKE** (subcutaneous hypo pen) **1mg** if 12 years or older or ≥ 99 lbs or **0.5mg** if under 12 years of age and < 99 lbs.
 - ☐ **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 and follow “Hyperglycemia Decision Flowsheet” on page 4 (or pp 6-7 if using hybrid 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:

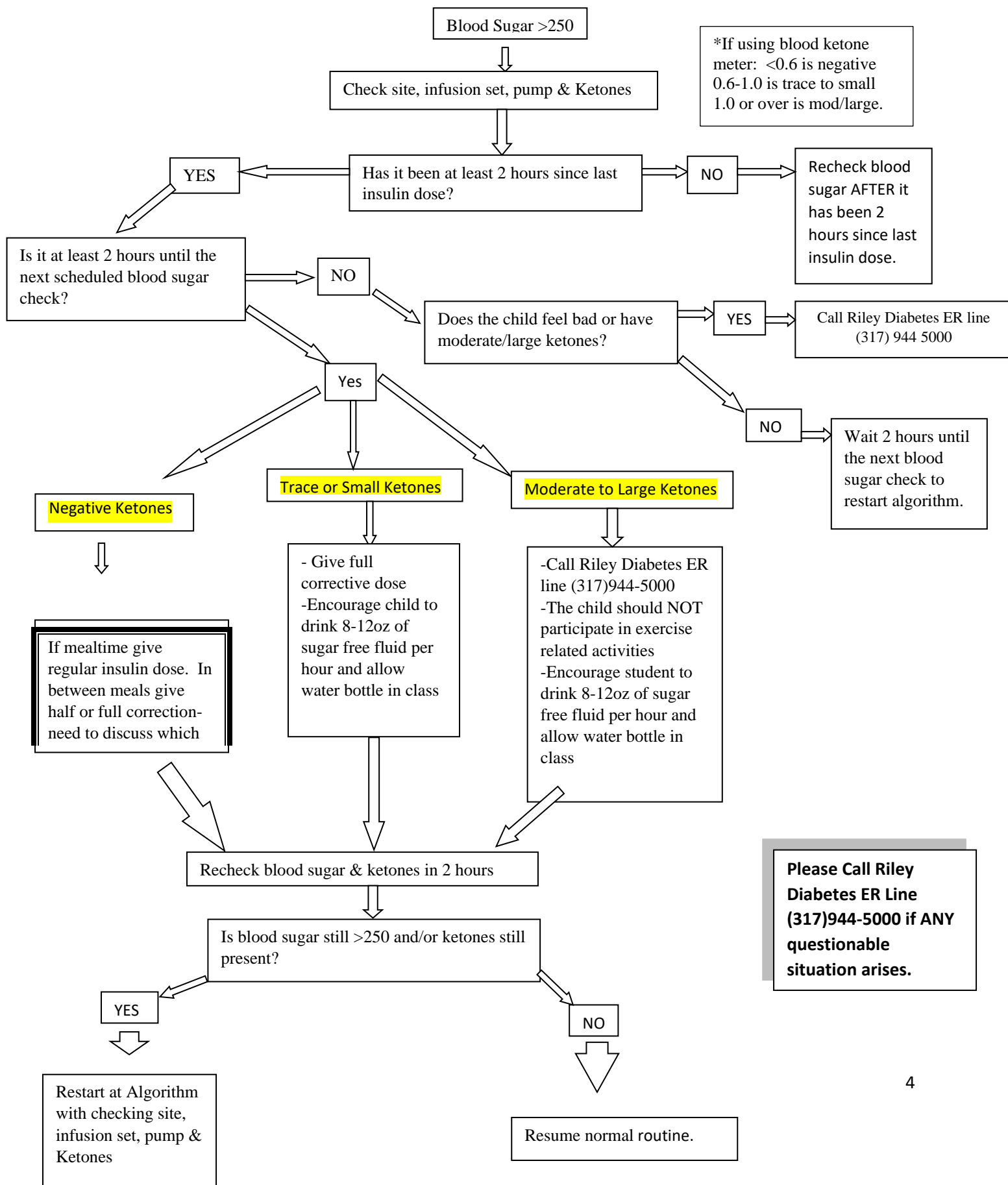
- If you need to speak to the Riley Diabetes Team right away (student vomiting, unsure of insulin dose, low blood sugar not responding to treatment, moderate/large ketones) please call the emergency line.
- **Emergency Line: Call 317-944-5000 and ask for the Pediatric Diabetes Nurse Practitioner on-call**

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. If using a hybrid closed loop pump, talk to parent about using “**Activity mode**” 60minutes prior to and during the exercise.

11. ADDITIONAL INSTRUCTIONS:



****Hyperglycemia -when ketones known, skip to pp. 6-7 if on hybrid pump**





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 Libre2Plus or 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

- To minimize alarms during school day, we recommend leaving high alerts at 250.
- A corrective dose can only be given in-between meals if it has been at least 2 hours since the last insulin dose and there is at least 2 hours until the next meal.
- 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 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) **ALWAYS** check a fingerstick and use that reading to dose from. 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 or Libre, they must be allowed to always carry it with them.



Information on hybrid closed loop insulin pump systems:

For students using the Tandem insulin pump *with Control IQ*

- T-slim x 2 and MOBI with Control IQ are both advanced hybrid closed loop systems designed to help keep student's time in glucose range, as measured by sensor glucose.
- T-slim x 2 with Control IQ works in conjunction with **Dexcom G6, G7, or Libre2Plus**.
- MOBI with Control IQ works in conjunction with **Dexcom G6 and G7 and must be managed with a phone app ONLY**.
- If sensor glucose will be below 70mg/dl within 30 minutes, the pump will STOP insulin delivery and will restart when sensor glucose is in a safe range. (Note: if this happens just prior to lunchtime, you will need to wait until insulin delivery restarts to deliver food dose for lunch.
 - If glucose is 80 or below with an arrow down, treat with 7-8 grams fast-acting carb
 - Wait 15 minutes
 - Recheck glucose with glucose meter to verify it is above 70 mg/dl
 - Repeat steps above until glucose above 70 mg/dl
- If the pump has stopped insulin to prevent sensor glucose below 70mg/dl but the glucose still falls below 70mg/dl, treat with only 7-8grams of quick carb. In some cases you may need to treat with 10-12grams carb (i.e. young active child or prior to activity).
- ALL food boluses must be delivered before eating.
- If two hours post meal/snack and sensor glucose over 250 with negative, trace or small ketones, give regular correction dose and push 6-8oz water every hour to flush out ketones. Recheck after two hours.
- For sensor glucose over 250 with moderate/large ketones, call Riley ER line (317-944-5000) for further instructions. If ketones large student will need to change pump site and give an injection of fast-acting insulin.
- For glucose over 250 for 4hours call Riley ER line.
- **WHEN STUDENT COMES TO YOUR OFFICE FOR ANY BLOOD SUGAR NEEDS, PLEASE LOOK AT PUMP SCREEN TO ENSURE STUDENT IS USING CONTROL IQ (will see a colored diamond shape in upper left hand corner right below battery symbol)**. If you do not see a diamond, student is using manual mode and you would proceed to follow guidelines if on a non-hybrid pump (p2 & 4).



For students using Omnipod 5 insulin pump (closed loop system)

- Omnipod 5 is an advanced hybrid closed loop system designed to help keep patient's in target glucose range, as measured by sensor glucose.
- Omnipod 5 works in conjunction with **Dexcom G6, G7 or Libre2Plus sensor & requires the corresponding sensor mobile app** on patient's phone.
- Omnipod 5 can be controlled from a separate hand held controller or from an OP5 phone app.
- Note that if a student uses a separate controller they will still need a phone for the sensor app.
- If sensor glucose is below 60mg/dl, the pump will STOP insulin delivery and will restart when glucose is above 60mg/dl (Note: if this happens just prior to lunchtime, you will need to wait until insulin delivery restarts to deliver food dose for lunch.
 - If glucose is 80 or below with an arrow down, treat with 7-8 grams fast-acting carb
 - Wait 15-20 minutes
 - Recheck glucose with glucose meter to verify it is above 70 mg/dl
 - Repeat steps above until glucose above 70 mg/dl
- If the pump has stopped insulin to prevent a low but the glucose still falls below 70mg/dl, treat with only 7-8grams of quick carb. In some cases you may need to treat with 10-12grams carb (i.e. young active child or prior to activity).
- ALL food boluses must be delivered before eating.
- At meals and snacks, patient enters carbs to be eaten and will select **"use sensor"** for glucose value to be used. This will allow the pump to determine the amount of the total bolus based on current glucose and glucose predicted in 60 minutes.
- If two hours post meal/snack and sensor glucose over 250 with negative, trace or small ketones give regular correction and push 6-8oz water every hour to flush out ketones. Recheck after two hours.
- For sensor glucose over 250 with moderate/large ketones, call Riley ER line (317-944-5000) for further instructions. If ketones large student will need to change pump site and give an injection of fast-acting insulin.
- For glucose over 250 for 4hours call Riley ER line
- **WHEN STUDENT COMES TO YOUR OFFICE FOR ANY BLOOD SUGAR NEEDS, PLEASE LOOK AT THE CONTROLLER (OR PHONE if using app) TO ENSURE STUDENT IS USING AUTOMODE (top right hand corner of controller/app).** If in manual, check if sensor is on student and communicating with pump, if yes turn pump back to automode by hitting "switch mode" feature.

NOTE: If student is using a pump not listed on this plan, please contact the Riley Diabetes Team.

12. DETAILED MANAGEMENT PLAN INFORMATION: For detailed management guidelines and additional accommodations, please access:

<https://www.rileychildrens.org/departments/diabetes-endocrinology> (scroll down to "Diabetes & Endocrinology Forms and Resources" and under "Resources" you will find "Information about Injections" and "Information about Pump Therapy."



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 redisclosure 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 redisclosure by the recipient.

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

12. PARENT PLEASE SIGN (once reviewed):

Patient Name

Address

City/State

Zip-code

Parent/Guardian Signature

Date Signed

13. LICENSED HEALTH CARE PRACTITIONER:

Provider's Signature

Date Signed