



2025-2026 Personal Diabetes Medical Management Plan on INJECTIONS

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 **diabhhelp@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 & Phone Number: _____

Parent Email: _____

Name of School and City: _____

School Phone Number: _____ Fax: _____

School's Nurse E-mail: _____

1. BLOOD SUGAR CHECKS:

****Please send blood sugar records to parents weekly. Do not send glucose levels to Riley, unless requested.**

Please check student's blood sugar daily:

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

If blood sugar **70 mg/dl or lower (meter or CGM) / 80 mg/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 page 5 for guidelines on CGM use.



2. **STUDENT'S LEVEL OF SELF-CARE** *Supervision means nurse will supervise task.*

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 to be eaten ☐ No supervision ☐ Needs supervision ☐ Adult to do

Calculate correct insulin dose ☐ No supervision ☐ Needs supervision ☐ Adult to do

Measure correct insulin dose ☐ No supervision ☐ Needs supervision ☐ Adult to do

Administer insulin injection ☐ No supervision ☐ Needs supervision ☐ Adult to do

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

3. **HYPOGLYCEMIA:** please treat hypoglycemia if blood sugar is less than **70 (by meter) or 80 with arrow down (CGM).**

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

- a. Treat with 15 grams fast-acting carb (juice, skittles, gummies, smarties, etc..)
 - b. Wait 15-20 minutes.
 - c. Recheck glucose with meter to verify it is above 70 mg/dl.
 - d. Repeat above steps until blood sugar is over 70 mg/dl.
 - e. If more than one hour until next planned meal, give 15 grams starchy carb to prevent further lows (i.e. 4 pb crackers, pretzels, goldfish, etc...)
- Student should not go to meal until BS is at or above **70** or participate in exercise-related activity until BS is at or above **100 mg/dl.**
 - 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 6 years of age)
 - ☐ **BAQSIMI** (intranasal powder) **3mg** in 1 nostril if 4 years 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



Riley Hospital for Children

Indiana University Health

4. **HYPERGLYCEMIA MANAGEMENT:** *if blood sugar is greater than 250 at meals, check urine (or blood) for ketones and follow “Hyperglycemia Decision Flowsheet” on page 4.*
5. **ILLNESS:** *If student is vomiting, complaining of nausea, or otherwise ill please check glucose and ketones and call Riley Diabetes Team for questions.*
6. **MEAL PLAN:** **Do not give snacks in the 2 hour period prior to lunch except for hypoglycemia treatment or pretreatment for activity.** For special circumstances such as class parties please call parents or Riley.

Amount of carbohydrates will vary and is generally not restricted. Some children may have a specific carbohydrate amount to follow as below:

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

7. **INSULIN DOSE:**

- See attached insulin dose or see dose card from last clinic visit provided from parent.
- Please give student his/her insulin injection immediately before or immediately after meal as described in the individualized health plan determined by school nurse and parent.
- Correction doses should be calculated at meals if blood sugar is over target number. (Usually 120, i.e. BS-120).
- Correction doses should only be given in between meals if noted on the student’s dose card OR detailed in their DMMP. Corrections for high sugar should only be given if over 2 hours after last insulin dose and if 2 hours or more until next scheduled dose.

8. **RILEY HOSPITAL EMERGENCY CONTACT:**

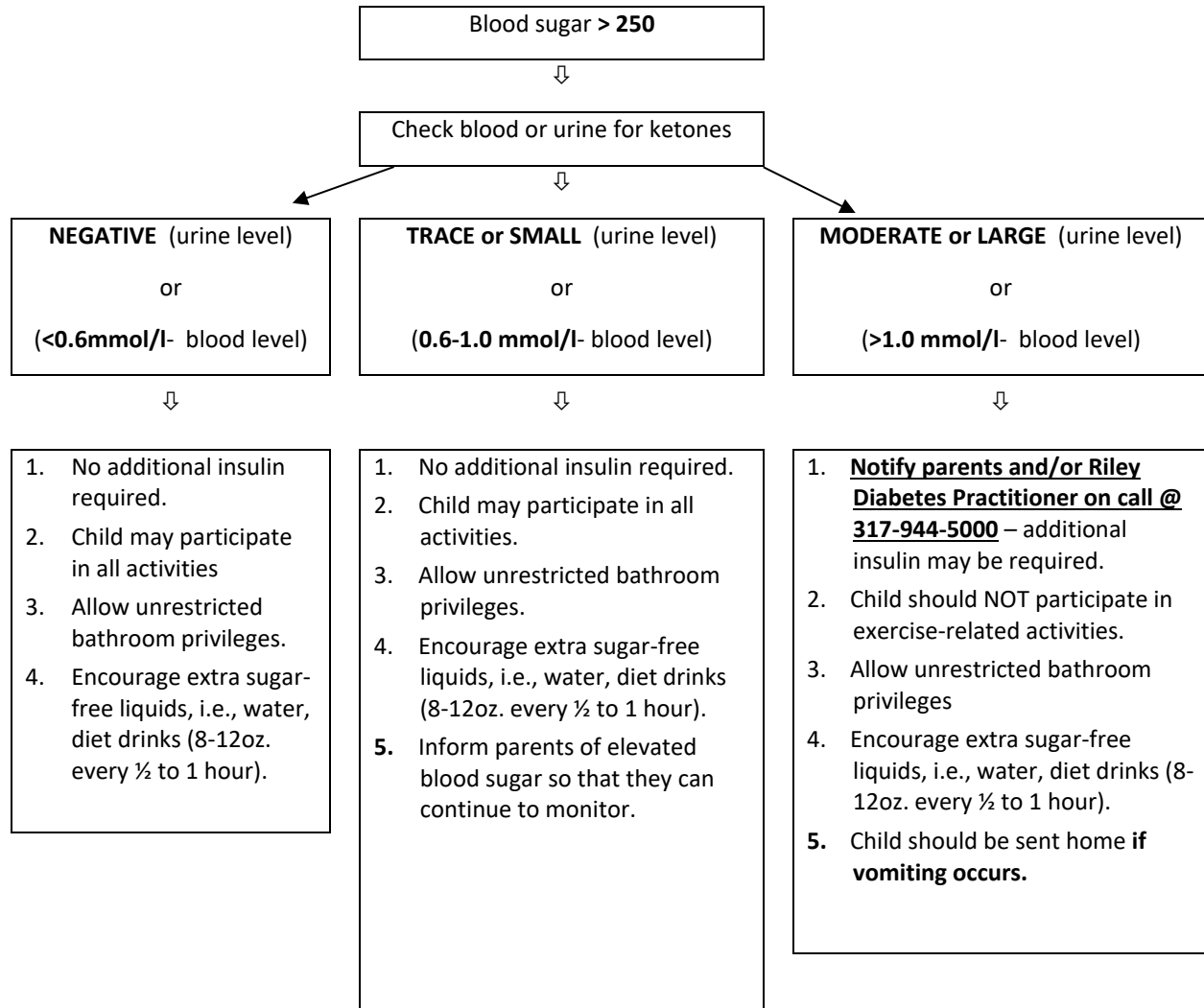
- If you need to speak to the Riley Diabetes Team right away (student vomiting, unsure of insulin dose, low blood sugar not responding to treatment, moderate/large ketones) please call the emergency line.
- **Emergency Line:**
Call 317-944-5000 and ask for the Pediatric Diabetes Practitioner on-call

9. **EXERCISE:** Parent and nurse need to decide if snack needed prior to PE or recess, depending on child’s schedule and blood sugar response to exercise. General guideline is to give 7-8 grams of carb for every 30 mins of physical activity unless right after a meal.



Injection Hyperglycemia Decision Flowsheet

For blood sugars over 250, please use the following hyperglycemia (high blood sugar) flow chart to manage the increased blood sugar level. Some children may take a correction dose at least 2 hours post meal and if sugar is over 250 even without ketones- please refer to insulin dose sheet or DMMP for this.





Information about Continuous Glucose Sensors (CGM):

A CGM measures glucose in interstitial fluid around the blood vessels every 5 minutes.

- A sensor glucose is displayed on the screen of the child's phone or CGM receiver 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

The FDA has approved Dexcom G6 & G7, Freestyle Libre2Plus, & Libre3Plus for insulin dosing. If the sensor reading is questionable, check via fingerstick and use that reading.

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 off at school.

If high alerts are set, 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 also must be an order for a corrective dose to be given in between meals.

There **ALWAYS** needs to be a blood glucose meter available.

If symptoms do not match sensor glucose, **ALWAYS** test blood glucose for verification.

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) **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 CGM, they must be allowed to carry it with them at all times.**



10. TRANSPORTATION: It is helpful to determine a plan for the student's bus ride home by discussing with parent to decide whether a snack is needed if sugar is below a specified number (usually 120 or 130 for younger kids, 90 or 100 for older kids) due to the length of the ride or child's tendency to drop low. In general, a snack given without insulin for bus ride home should not exceed 8-10 grams starchy carb.

11. 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").

12. ADDITIONAL ORDERS:



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. PARENT PLEASE SIGN (once reviewed):

Patient Name

Address

City

Zip-code

Parent/Guardian Signature

Date Signed

13. LICENSED HEALTH CARE PRACTITIONER:

Provider's Signature

Date Signed