



Riley Hospital for Children
Indiana University Health

2026-2027 Personal Diabetes Medical Management Plan: Type 2 Diabetes / MODY

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 2 Maturity-Onset Diabetes of Youth (MODY)

Parent Name & Phone Number: _____

Parent Email: _____

Name of School and City: _____

School Phone Number: _____ School Fax Number: _____

School's Nurse E-mail: _____

Children with type 2 diabetes or MODY can be on a variety of medication regimens but are also given a healthy meal and exercise plan to help manage their diabetes.

Student takes the following medications to help manage his/her diabetes:

___ **Sulfonylurea** (i.e. Glyburide– *stimulates endogenous insulin production and can contribute to lower blood sugar levels 2 – 4 hours following dosing, duration of action about 24 hrs*)

___ **Metformin** -Please discuss with parent if this should be taken while at school. *Please note, this medication does not cause low blood sugars but can cause GI upset with nausea/diarrhea.*

___ **GLP-1 receptor agonist**-(i.e. Trulicity/ Wegovy/ Victoza) or **SGLT-2 inhibitor**-(i.e. Jardiance/Farxiga/Invokana). *Please note, these medications do not cause low blood sugars by themselves but may increase the risk of low blood sugars if taking with insulin. They may also cause GI issues with nausea/diarrhea.*

___ **Long- acting insulin** once daily. *(May be given at home or at a set time at school-check with parents on timing.)*

___ **Fast acting insulin** at meals. This is usually given only if sugar is above a certain number (see dose sheet), but student may be on food dose in addition to a dose to correct high blood sugar.



____ Student is taking insulin or sulfonylurea. Follow protocol below for sugars below 70.

Hypoglycemia (applies only if taking insulin/sulfonylurea):

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

- If blood sugar 70 mg/dl or lower (meter or CGM) or 80 mg/dl with arrow down (CGM), treat with 15 grams fast-acting carb
 - Wait 15-20 minutes
 - Recheck glucose with meter to verify it is above 70 mg/dl
 - Repeat steps above until glucose above 70 mg/dl
 - If no meal / snack in the next hour, give 15 grams starchy carb snack (i.e. crackers, pretzels)
- Student should **not go to meal until BS is at or above 70 mg/dl or participate in exercise-related activity until 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):**
 - **BAQSIMI** (intranasal powder) - **3mg** in 1 nostril if 1 year and older
 - **GVOKE** (subcutaneous hypopen) **1mg** if 12 years or older or ≥ 99 lbs or **0.5mg** if under 12 years of age and < 99 lbs.

Meal Plan: Carb limit (**if needed**) as outlined below. Avoid highly sweetened foods and drinks. For special parties, sweets may be eaten if included in carb limits. Carbs not eaten at one meal can be included in the next meal/snack.

Breakfast: _____ gram max Lunch: _____ gram max Snacks: _____ gram max

Activity: Children with type 2 diabetes/MODY benefit from following a routine exercise plan including daily exercise. There is no activity restriction because of diabetes.

Blood sugar testing: Students may be using a glucose meter or a continuous glucose monitor.

Testing blood sugar twice daily but routine checks are not required at school.

Testing blood sugar prior to each meal. Please check blood sugar before breakfast (if eats at school) and before lunch.



Note: If student is using a glucose meter or a continuous glucose monitor at school and shows unusual behavior or is feeling ill, please check blood sugar with fingerstick at that time. Please record all blood sugars taken and notify parent/Riley Diabetes Team if more than half of the readings are over 150.

Student's level of self care: (if glucose checks and insulin given at school).

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

Information regarding continuous glucose monitors (CGM)

If student uses a cell phone, tablet or i-device with the Dexcom or Libre, he/she must be allowed to always carry it with them.

- A CGM measures glucose in interstitial fluid in the skin every 5 minutes.
- A sensor glucose is displayed on the screen of the child's phone or CGM receiver every 5 minutes.
- 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.
- CGM screen must have glucose value and an arrow to use for dosing.
- Acetaminophen at standard doses does not cause false high glucose readings.



- 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 needed to verify sensor reading or if student does not have one on that day.
- 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.

Transportation: If student is taking insulin routinely, it is helpful to determine a plan for the student’s bus ride home by discussing with parents 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 carbs.



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 any and 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	Zip-code

Parent/Guardian Signature	Date Signed

13. LICENSED HEALTH CARE PRACTITIONER:

Provider’s Signature	Date Signed