



2026-2027 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 **diabh@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) or 80mg/dL or lower with arrow down (cgm only)** 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

Note: If low is treated and cgm continues to read below 70 after 15mins, prick finger!

2. INSULIN PUMP:

Type of insulin pump child is using: _____

Does your child use a system where pump and sensor communicate? YES NO

***If yes, see pages 6-9 for information pertaining to each hybrid closed loop system.**



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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 cgm or glucose meter separately from the pump (no communication):

- If blood sugar 70 mg/dl or lower on meter/cgm OR 80 or lower with arrow pointing down on cgm, treat with 15 grams fast-acting carb.
- Wait 15-20 minutes.
- Recheck glucose with meter or cgm to verify it is in range. If cgm reading is <70 check by meter.
- Repeat steps until glucose above 70 mg/dl, no follow up starchy carb needed.

B. If using a cgm that is communicating with the pump (refer to pp. 6-9 for specific pump)

- If glucose is 80 or below with an arrow down, treat with 7-8 grams fast-acting carb.
- Wait 15-20 minutes.



- c. Recheck glucose with cgm/meter to verify it is in range. If cgm reading is <70 check by meter.
 - d. Repeat steps until glucose above 70 mg/dl, no follow up slow carb needed.
- Student should not go to meal until glucose is at or above **70**.
 - 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 hypo pen) **1mg** if 12 years or older or ≥ 99 lbs or **0.5mg** if under 12 years of age and < 99lbs.

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” for pump not communicating with sensor on page 4 (or pp 6-9 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 directions.

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:

Parent and nurse should discuss a plan for minimum glucose before activity participation.

Parent and nurse should decide if child needs a snack pre-PE or recess. Untreated snacks can cause high glucose on hybrid closed loop pumps.

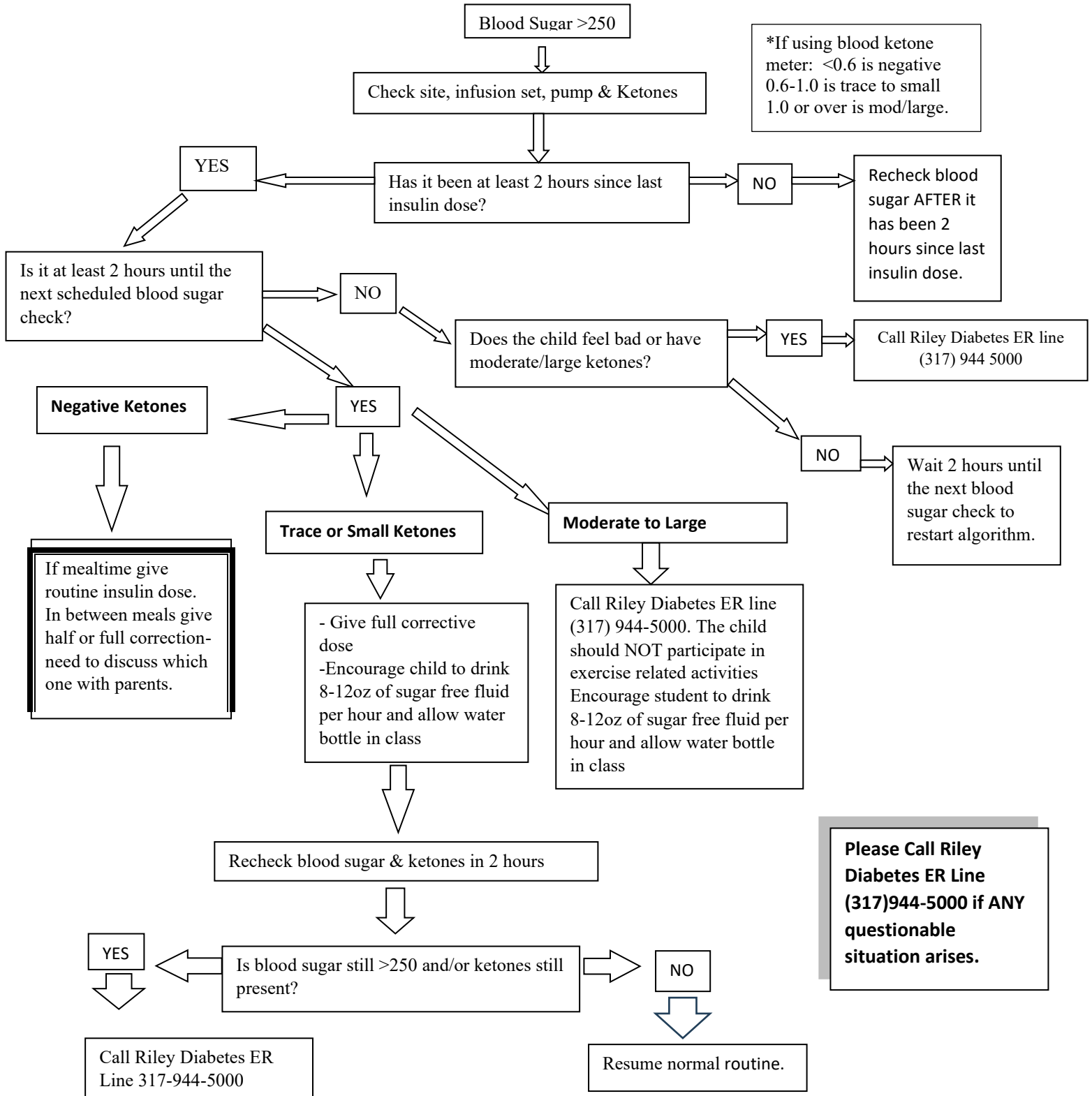
Child may disconnect or suspend pump for PE if parent wishes.

If using a hybrid closed loop pump, talk to parents about **ACTIVITY MODE** (for OP5), **EXERCISE MODE** (for Tandem), or **WORKOUT PRESET** (for twiist) 60 minutes prior to and throughout exercise.



HYPERGLYCEMIA FLOW CHART-USING PUMP SEPARATELY FROM SENSOR

(If using a hybrid closed loop system, refer to pages 6-9 for hyperglycemia management)





Information regarding continuous glucose monitors (CGM):

If students use 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 cgm glucose is displayed on the screen of the insulin pump or separate device every 5 minutes.
- The sensor will display arrows up or down if cgm glucose is rising or falling.
- There can be a 15-20 percent difference between cgm 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 in order 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 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, two hours from treating a low glucose 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 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.



Information on hybrid closed loop insulin pump systems: System where the pump communicates with a specific continuous glucose monitor and titrates insulin doses in the background).

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

- T-slim x 2 and MOBI with Control IQ are both advanced hybrid closed loop system using a unique algorithm designed to help keep student's time in glucose range, as measured by cgm glucose.
- T-slim x 2 with Control IQ works in conjunction with **Dexcom G6, G7, or Libre3Plus.**
- MOBI with Control IQ works in conjunction with **Dexcom G6 and G7 and must be managed with a phone app ONLY.**
- If cgm predicts glucose to drop below 70mg/dl within 30 minutes, the pump will STOP insulin delivery and will restart when cgm 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 cgm/glucose meter to verify it is in range. If cgm reading is <70 check by meter.
- Repeat steps above until glucose above 70 mg/dl
- If the pump has stopped insulin to prevent cgm 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 bolus doses must be delivered before eating.
- If two hours post meal/snack and cgm glucose over 250 with negative, trace or small ketones, give normal correction dose and push 6-8oz water every hour to flush out ketones. Recheck after two hours.
- For cgm glucose over 250 with moderate/large ketones, call Riley ER line (317-944-5000) for further instructions. If ketones are large student will need to change pump site and give an injection of fast-acting insulin.
- For glucose over 250 for 4 hours 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 not using the Control IQ mode, follow guidelines for pump and sensor not communicating (pages 2 & 4).



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

- Omnipod 5 is an advanced hybrid closed loop system using a unique algorithm designed to help keep patient in target glucose range, as measured by cgm glucose.
- Omnipod 5 works in conjunction with **Dexcom G6, G7 or Libre2Plus sensor & requires the corresponding cgm mobile app.**
- Omnipod 5 can be controlled from a separate handheld controller or from an OP5 phone app.
- Note that if a student uses a separate controller, they will still need a phone for the cgm app.
- If cgm glucose is predicted to drop 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 and glucose is above 70mg/dl 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 cgm/ meter to verify it is in range. If cgm reading is <70, check by meter.
- 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 bolus doses 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 cgm glucose over 250 with negative, trace or small ketones give normal correction and push 6-8oz water every hour to flush out ketones. Recheck after two hours.
- For cgm glucose over 250 with moderate/large ketones, call Riley ER line (317-944-5000 ask for pediatric diabetes NP on call) for further instructions. If ketones are 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/phone and bolus button is purple).** If in manual, check if cgm is on student and communicating with pump, if yes turn pump back to automode by hitting “switch mode” feature. If student has no sensor or is unable to return to automode, proceed to follow guidelines for pump and sensor not communicating (pages 2 & 4).



For students using the iLet insulin pump:

- iLet insulin pump is an advanced hybrid closed loop system using a unique algorithm designed to help keep student's time in range, as measured by sensor glucose.
- iLet works in conjunction with Dexcom G6/G7 or Libre 3 Plus sensor.
- The iLet pump calculates and delivers the insulin dose based on sensor readings and the size of the meal/snack that a student announces when eating. ****Note:** If sensor fails or falls off while at school and no replacement sensor is 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. **Student must enter a glucose value every 4 hours in pump if not using sensor or the pump will stop delivering insulin.**
- 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.
- **MEAL PLAN: No carb counting is done for students using this pump.** ALL announcements of meals and snacks are 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.
- If glucose is 80 or below with an arrow down on sensor, treat with 7-8 grams fast-acting carb
- Wait 15-20 minutes
- Recheck glucose with cgm/ meter to verify it is in range. If cgm reading is <70, check by meter.
- 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).
- If low persists after two treatments, may suspend insulin until glucose is >100 then restart pump.
- For sensor glucose over 250 with negative, trace or small ketones, encourage 6-8oz water per hour and recheck ketones in two hours. The pump will raise the background insulin and give mini corrections on it's own.
- 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.



For students using the twiist insulin pump:

- twiist insulin pump is an advanced hybrid closed loop system designed to help keep student's time in range, as measured by sensor glucose.
- twiist works in conjunction with the Freestyle libre 3 Plus or Eversense sensor.
- twiist requires student to use app on phone and must always keep their phone with them with the app open in the background.
- twiist has a glucose safety limit (usually 80mg/dl but may vary depending on child).
- If glucose is predicted to fall below this limit in the next 3 hours, twiist suspends all insulin delivery and re-evaluates every 5 minutes to determine if insulin delivery should be restarted.
- (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
- 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 or trace ketones, give normal correction dose through pump 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 ask for pediatric diabetes NP on call) for further instructions.
- For glucose over 250 for 4 hours call Riley ER line.
- **Pre-meal preset**-optional feature that temporarily lowers correction range to 80-100mg/dl prior to meal.
- **Workout Preset**- optional feature that temporarily raises correction range to 150-170mg/d before, during or after physical activity.
- **WHEN STUDENT COMES TO YOUR OFFICE FOR ANY BLOOD SUGAR NEEDS, PLEASE LOOK AT PUMP SCREEN TO ENSURE STUDENT IS "Looping(Automated mode)"**
 - **Green Icon = Closed Loop ON:** The system is functioning normally.
 - **Gray Icon = Closed Loop Unavailable/Paused:** The system is not receiving data (e.g., during a CGM warmup).
 - **No Icon/Broken Loop=Closed Loop OFF:** The system is in manual mode.
- If student is using manual mode, follow guidelines for pump and sensor not communicating (pages 2 & 4).



12. DETAILED MANAGEMENT PLAN INFORMATION: For access to current Riley Diabetes School plans and detailed management guidelines for additional accommodations, please refer to <https://www.rileychildrens.org/departments/diabetes-program>

scroll down to “Program Forms and Resources”
then “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 redisclosure by the recipient.

Your signature indicates that you have read and understood 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