

**FOR PATIENTS USING INJECTION THERAPY**

We **MUST** receive completed form in order to complete a Personal Diabetes Medical Management Plan for your child for the 2011-2012 school year.  
 Fax **COMPLETED** form to **FAX # 317-948-2760** or mail to **ATTN: Diabetes Nurse Practitioners, c/o Riley Hospital for Children ,**  
 705 Riley Hospital Drive, Room #5960, Indianapolis IN 46202.

Date form Completed: \_\_\_\_\_ Date School Starts: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Parent Name & Phone number \_\_\_\_\_  
 Diabetes Physician \_\_\_\_\_ Nurse Practitioner \_\_\_\_\_  
 Name of School and city located: \_\_\_\_\_  
 School Fax Number: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

**1. BLOOD SUGAR CHECKS AT SCHOOL:** we will ask school personnel to check student's blood sugar *before all meals* (breakfast/lunch), if student *feels/acts hypoglycemic*, or if student is *ill*.

► **ADDITIONAL** BS checks required:  no *additional* checks needed  before gym/recess  after gym/recess  
 before snacks  before getting on bus  other: \_\_\_\_\_

**2. SELF CARE AT SCHOOL:** please answer all of the following: (only check one box per line)

► Child can carry their diabetic supplies with them:  Yes  No

Test blood sugar	<input type="checkbox"/> no supervision	<input type="checkbox"/> needs supervision	<input type="checkbox"/> Adult to do
Treat low blood sugar	<input type="checkbox"/> no supervision	<input type="checkbox"/> needs supervision	<input type="checkbox"/> Adult to do
Calculate correct insulin dose	<input type="checkbox"/> no supervision	<input type="checkbox"/> needs supervision	<input type="checkbox"/> Adult to do
Measure correct insulin dose	<input type="checkbox"/> no supervision	<input type="checkbox"/> needs supervision	<input type="checkbox"/> Adult to do
Administer insulin injection	<input type="checkbox"/> no supervision	<input type="checkbox"/> needs supervision	<input type="checkbox"/> Adult to do
Calculate/count carbs eaten	<input type="checkbox"/> no supervision	<input type="checkbox"/> needs supervision	<input type="checkbox"/> Adult to do
Check ketones	<input type="checkbox"/> no supervision	<input type="checkbox"/> needs supervision	<input type="checkbox"/> Adult to do

► Does your child require 7-8 grams of carbohydrates for every half hour of physical activity (i.e. P.E. or recess) regardless of blood sugar (unless activity immediately follows lunch)?  Yes  No

► Does your child receive his/her insulin injection before or after eating his/her meal or snack?  Before  After

**3. INSULIN DOSES & SCHOOL MEALS/SNACKS:**  Novolog  Humalog  Apidra

Does your child eat the following meals at school? (please fill in ALL current insulin doses below, even if not given at school)

	Time	Grams of carbs	Food Dose	Corrective dose
Breakfast	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	1 unit : _____ grams	(BS-_____) ÷ _____
AM snack	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	1 unit : _____ grams	(BS-_____) ÷ _____
Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	1 unit : _____ grams	(BS-_____) ÷ _____
PM snack	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	1 unit : _____ grams	(BS-_____) ÷ _____
Dinner		_____	1 unit : _____ grams	(BS-_____) ÷ _____
Bedtime		_____	1 unit : _____ grams	(BS-_____) ÷ _____

Breakfast

_____ <100	_____ 251-300
_____ 101-150	_____ 301-350
_____ 151-200	_____ 351-400
_____ 201-250	_____ >400

Lunch

_____ <100	_____ 251-300
_____ 101-150	_____ 301-350
_____ 151-200	_____ 351-400
_____ 201-250	_____ >400

Dinner

_____ <100	_____ 251-300
_____ 101-150	_____ 301-350
_____ 151-200	_____ 351-400
_____ 201-250	_____ >400

► **Long-acting Insulin:**  Lantus  NPH  Levemir Current dose is: \_\_\_\_\_ units in a.m. \_\_\_\_\_ units in p.m.  
 Does your child receive long acting insulin at school?  No  Yes- if yes, when?  breakfast  lunch