Insulin Pump Supplement to Diabetes Medical Management Plan

STUDENT'S NAME: ***SCHOOL YEAR 2020-2021***

Pump Brand/Model: Pump Start Date:

Blood sugar target range:_____ - _____mg/dl Insulin Type: ☐ Humalog ☐ Novolog ☐ Apidra

☐ **Use pump bolus calculator to determine all meal, snack, and correction doses unless a set or pump malfunction occurs.**

BLOOD SUGAR CORRECTION formula for blood sugar if over target:

Blood Sugar – _____ ÷ _____ = units of insulin needed.
Corrections will be given at meal times unless otherwise specified:

INSULIN TO CARBOHYDRATE RATIO:

Breakfast - 1:_____, AM Snack - 1:_____, Lunch - 1:_____, PM Snack - 1:_____,
Student is to receive carbohydrate bolus immediately before or after eating.

GYM / ACTIVITY instructions:

PUMP SUPPLIES including infusion sets, reservoirs, batteries, insulin, syringes/insulin pen, dressings/tape, and pump instructions must be provided by parents and may be kept in clinic.

STUDENT PUMP SKILLS

☐ **STUDENT NOT INDEPENDENT IN PUMP MANAGEMENT**

Student cannot independently administer boluses, evaluate pump function, or change infusion sets. Insulin boluses will be given / verified / observed as follows:

☐ **STUDENT INDEPENDENT IN PUMP MANAGEMENT**

Student has been trained to independently perform routine pump management, calculate dosages, and troubleshoot problems. Assistance is not needed. Includes, but is not limited to:

- Giving boluses of insulin for both correction of blood sugar above target range and for food eaten.
- Changing of insulin infusion sets using universal precautions
- Switching to insulin injections if the pump malfunctions

School Nurses/Personnel are not routinely trained on use of specific insulin pumps, and are not expected to perform complex pump operation tasks.

If student is not independent in set changes the parent/guardian will be contacted if set changes are needed.

Insulin may be given by injection until set is changed, per student's Diabetes Medical Management Plan.

If administering insulin by injection, pump must be suspended or disconnected.

PARENT/GUARDIAN NOTIFICATION: Refer to basic Diabetes Medical Management Plan and √ all that apply.

☐ Pump alarms/malfunctions
☐ Soreness or redness at infusion site
☐ Detachment of dressing/infusion set
☐ Leakage of insulin
☐ If student must give insulin injection
☐ If student has to change site
☐ If corrective measures do not return blood sugar to target within_____ hrs
☐ Other_____
_____
_____

Insulin Pump Supplement to Diabetes Medical Management Plan

HIGH BLOOD SUGAR (Hyperglycemia): *Follow instead of the basic Diabetes Medical Management Plan:*

☐ **STUDENT NOT INDEPENDENT PUMP MANAGEMENT:**

- Check ketones if blood sugar is ↑ 300 mg/dl. **If ketones are negative**:
  1. Check site, infusion set, and pump
  2. If no problems are discovered, give bolus based on usual correction dose **(do not give correction doses closer than every 2 hours apart)**
  3. Encourage carbohydrate-free fluids, at least 6 oz. per hour, and return to class
  4. Recheck blood sugar in 1 hour
  5. If blood sugar is not at least 100 mg lower, call health care provider and parent/guardian to manage
  6. If student is vomiting or unable to return to class within a reasonable amount of time, send home with adult supervision
- **If ketones are positive (moderate to large) call health care provider and parent/guardian for management.**

☐ **STUDENT INDEPENDENT IN PUMP MANAGEMENT**:

- Check for ketones if blood sugar is ↑ 300mg/dl. **If ketones are negative:**
  1. Follow steps 1 through 4 above
  2. If blood sugar is not at least 100 mg/dl lower in one hour:
     - Take an injection with a syringe based on correction formula
     - Follow health care provider's guidelines for ketone management
- **If ketones are positive (moderate to large)**
  1. **Notify health care provider and parent/guardian for management**
  2. Give carbohydrate-free fluids – at least 8 oz per hour
  3. Follow health care provider's guidelines for ketone management
  4. If student is vomiting or unable to return to class within a reasonable amount of time, send home with adult supervision

LOW BLOOD SUGAR (Hypoglycemia)

Follow basic Diabetes Medical Management Plan, **except**:

- A follow-up longer acting snack is not necessary after a hypoglycemia episode
- Notify parent/diabetes provider for additional instructions if hypoglycemia occurs again without explanation

If seizure or unresponsiveness occurs:

1. Treat with glucose gel or glucagon emergency injection
2. Call 911 and notify parents
3. Stop insulin pump by:
   - ☐ Placing pump in "suspend" or stop mode (see copy of manufacturer's instructions)
   - ☐ Disconnect tubing at connection site (not at pump)
4. Send pump with EMS to hospital if it has been disconnected.

SIGNATURES: ***The following have read and agree to adhere to the above plan***

Health Care Provider	Date
Parent/Guardian	Date
Student	Date
School Nurse	Date