

Diabetes Medical Management Plan (DMMP)

This plan should be completed by the student's personal diabetes health care team, including the parents/guardians. It should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the school nurse, trained diabetes personnel, and other authorized personnel.

Date of plan: _____ This plan is valid for the current school year: _____ – _____

Student information

Student's name: _____ Date of birth: _____
Date of diabetes diagnosis: _____ Type 1 Type 2 Other: _____
School: _____ School phone number: _____
Grade: _____ Homeroom teacher: _____
School nurse: _____ Phone: _____

Contact information

Parent/guardian 1: _____
Address: _____
Telephone: Home: _____ Work: _____ Cell: _____
Email address: _____

Parent/guardian 2: _____
Address: _____
Telephone: Home: _____ Work: _____ Cell: _____
Email address: _____

Student's physician/health care provider: _____
Address: _____
Telephone: _____ Emergency number: _____
Email address: _____

Other emergency contacts:
Name: _____ Relationship: _____
Telephone: Home: _____ Work: _____ Cell: _____

Checking blood glucose

Brand/model of blood glucose meter: _____

Target range of blood glucose:

Before meals:

Insulin therapy (continued)

Adjustable (Basal-bolus) Insulin Therapy

- **Carbohydrate Coverage/Correction Dose:** Name of insulin: _____
- **Carbohydrate Coverage:**
Insulin-to-carbohydrate ratio: Lunch: 1 unit of insulin per _____ grams of carbohydrate
Breakfast: 1 unit of insulin per _____ grams of carbohydrate Snack: 1 unit of insulin per _____ grams of carbohydrate

| Carbohydrate Dose Calculation Example |
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| _____ |
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Insulin therapy (continued)

Fixed Insulin Therapy Name of insulin: _____

- _____ Units of insulin given pre-breakfast daily
- _____ Units of insulin given pre-lunch daily
- _____ Units of insulin given pre-snack daily
- Other: _____

Parents/Guardians Authorization to Adjust Insulin Dose

- Yes No Parents/guardians authorization should be obtained before administering a correction dose.
- Yes No Parents/guardians are authorized to increase or decrease correction dose scale within the following range:
+/- _____ units of insulin.
- Yes No Parents/guardians are authorized to increase or decrease insulin-to-carbohydrate ratio within the following range: _____ units per prescribed grams of carbohydrate, +/- _____ grams of carbohydrate.
- Yes No Parents/guardians are authorized to increase or decrease fixed insulin dose within the following range:
+/- _____ units of insulin.

Student's self-care insulin administration skills:

- Independently calculates and gives own injections.
 - May calculate/give own injections with supervision.
 - Requires school nurse or trained diabetes personnel to calculate dose and student can give own injection with supervision.
 - Requires school nurse or trained diabetes personnel to calculate dose and give the injection.
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Physical activity and sports

A quick-acting source of glucose such as glucose tabs and/or sugar-containing juice must be available at the site of physical education activities and sports.
