

# 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:  90–130 mg/dL  Other: \_\_\_\_\_

Check blood glucose level:

- Before breakfast     After breakfast     \_\_\_\_ Hours after breakfast     2 hours after a correction dose  
 Before lunch     After lunch     \_\_\_\_ Hours after lunch     Before dismissal  
 Mid-morning     Before PE     After PE     Other: \_\_\_\_\_  
 As needed for signs/symptoms of low or high blood glucose     As needed for signs/symptoms of illness

Preferred site of testing:  Side of fingertip  Other: \_\_\_\_\_

Note: The side of the fingertip should always be used to check blood glucose level if hypoglycemia is suspected.

Student's self-care blood glucose checking skills:

- Independently checks own blood glucose  
 May check blood glucose with supervision  
 Requires a school nurse or trained diabetes personnel to check blood glucose  
 Uses a smartphone or other monitoring technology to track blood glucose values

Continuous glucose monitor (CGM):  Yes  No Brand/model: \_\_\_\_\_

Alarms set for: Severe Low: \_\_\_\_\_ Low: \_\_\_\_\_ High: \_\_\_\_\_

Predictive alarm: Low: \_\_\_\_\_ High: \_\_\_\_\_ Rate of change: Low: \_\_\_\_\_ High: \_\_\_\_\_

Threshold suspend setting: \_\_\_\_\_

## Additional information for student with CGM

- Confirm CGM results with a blood glucose meter check before taking action on the sensor blood glucose level. If the student has signs or symptoms of hypoglycemia, check fingertip blood glucose level regardless of the CGM.
- Insulin injections should be given at least three inches away from the CGM insertion site.
- Do not disconnect from the CGM for sports activities.
- If the adhesive is peeling, reinforce it with approved medical tape.
- If the CGM becomes dislodged, return everything to the parents/guardians. Do not throw any part away.
- Refer to the manufacturer's instructions on how to use the student's device.

Student's Self-care CGM Skills	Independent?	
The student troubleshoots alarms and malfunctions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do and is able to deal with a HIGH alarm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do and is able to deal with a LOW alarm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student can calibrate the CGM.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do when the CGM indicates a rapid trending rise or fall in the blood glucose level.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The student should be escorted to the nurse if the CGM alarm goes off:  Yes  No

Other instructions for the school health team: \_\_\_\_\_

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## Hypoglycemia treatment

Student's usual symptoms of hypoglycemia (list below): \_\_\_\_\_

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If exhibiting symptoms of hypoglycemia, OR if blood glucose level is less than \_\_\_\_\_ mg/dL, give a quick-acting glucose product equal to \_\_\_\_\_ grams of carbohydrate.

Recheck blood glucose in 15 minutes and repeat treatment if blood glucose level is less than \_\_\_\_\_ mg/dL.

Additional treatment: \_\_\_\_\_

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**If the student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions (jerking movement):**

- Position the student on his or her side to prevent choking.
- Give glucagon:  1 mg       ½ mg       Other (dose) \_\_\_\_\_
  - Route:  Subcutaneous (SC)       Intramuscular (IM)
  - Site for glucagon injection:  Buttocks       Arm       Thigh       Other: \_\_\_\_\_
- Call 911 (Emergency Medical Services) and the student's parents/guardians.
- Contact the student's health care provider.

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## Hyperglycemia treatment

Student's usual symptoms of hyperglycemia (list below): \_\_\_\_\_

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- Check  Urine     Blood for ketones every \_\_\_\_ hours when blood glucose levels are above \_\_\_\_\_ mg/dL.
- For blood glucose greater than \_\_\_\_\_ mg/dL AND at least \_\_\_\_ hours since last insulin dose, give correction dose of insulin (see correction dose orders).
- Notify parents/guardians if blood glucose is over \_\_\_\_\_ mg/dL.
- For insulin pump users: see **Additional Information for Student with Insulin Pump**.
- Allow unrestricted access to the bathroom.
- Give extra water and/or non-sugar-containing drinks (not fruit juices): \_\_\_\_\_ ounces per hour.

Additional treatment for ketones: \_\_\_\_\_

- Follow physical activity and sports orders. (See **Physical Activity and Sports**)

If the student has symptoms of a hyperglycemia emergency, call 911 (Emergency Medical Services) and contact the student's parents/guardians and health care provider. Symptoms of a hyperglycemia emergency include: dry mouth, extreme thirst, nausea and vomiting, severe abdominal pain, heavy breathing or shortness of breath, chest pain, increasing sleepiness or lethargy, or depressed level of consciousness.

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## Insulin therapy

Insulin delivery device:  Syringe       Insulin pen       Insulin pump

Type of insulin therapy at school:  Adjustable (basal-bolus) insulin     Fixed insulin therapy     No insulin





## 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

$$\frac{\text{Total Grams of Carbohydrate to Be Eaten}}{\text{Insulin-to-Carbohydrate Ratio}} = \text{Units of Insulin}$$

**Correction dose:** Blood glucose correction factor (insulin sensitivity factor) = \_\_\_\_\_ Target blood glucose = \_\_\_\_\_ mg/dL

#### Correction Dose Calculation Example

$$\frac{\text{Current Blood Glucose} - \text{Target Blood Glucose}}{\text{Correction Factor}} = \text{Units of Insulin}$$

**Correction dose scale** (use instead of calculation above to determine insulin correction dose):

Blood glucose \_\_\_\_\_ to \_\_\_\_\_ mg/dL, give \_\_\_\_\_ units      Blood glucose \_\_\_\_\_ to \_\_\_\_\_ mg/dL, give \_\_\_\_\_ units

Blood glucose \_\_\_\_\_ to \_\_\_\_\_ mg/dL, give \_\_\_\_\_ units      Blood glucose \_\_\_\_\_ to \_\_\_\_\_ mg/dL, give \_\_\_\_\_ units

See the worksheet examples in **Advanced Insulin Management: Using Insulin-to-Carb Ratios and Correction Factors** for instructions on how to compute the insulin dose using a student's insulin-to-carb ratio and insulin correction factor.

#### When to give insulin:

##### Breakfast

- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than \_\_\_\_\_ mg/dL and \_\_\_\_\_ hours since last insulin dose.
- Other: \_\_\_\_\_

##### Lunch

- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than \_\_\_\_\_ mg/dL and \_\_\_\_\_ hours since last insulin dose.
- Other: \_\_\_\_\_

##### Snack

- No coverage for snack
- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than \_\_\_\_\_ mg/dL and \_\_\_\_\_ hours since last insulin dose.
- Correction dose only: For blood glucose greater than \_\_\_\_\_ mg/dL AND at least \_\_\_\_\_ hours since last insulin dose.
- Other: \_\_\_\_\_

## 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.

## Additional information for student with insulin pump

**Brand/model of pump:** \_\_\_\_\_ **Type of insulin in pump:** \_\_\_\_\_

**Basal rates during school:** Time: \_\_\_\_\_ Basal rate: \_\_\_\_\_ Time: \_\_\_\_\_ Basal rate: \_\_\_\_\_  
Time: \_\_\_\_\_ Basal rate: \_\_\_\_\_ Time: \_\_\_\_\_ Basal rate: \_\_\_\_\_  
Time: \_\_\_\_\_ Basal rate: \_\_\_\_\_

**Other pump instructions:** \_\_\_\_\_  
\_\_\_\_\_

**Type of infusion set:** \_\_\_\_\_

**Appropriate infusion site(s):** \_\_\_\_\_

- For blood glucose greater than \_\_\_\_\_ mg/dL that has not decreased within \_\_\_\_\_ hours after correction, consider pump failure or infusion site failure. Notify parents/guardians.  
 For infusion site failure: Insert new infusion set and/or replace reservoir, or give insulin by syringe or pen.  
 For suspected pump failure: Suspend or remove pump and give insulin by syringe or pen.

### Physical Activity

- May disconnect from pump for sports activities:  Yes, for \_\_\_\_\_ hours  No  
Set a temporary basal rate:  Yes, \_\_\_\_\_ % temporary basal for \_\_\_\_\_ hours  No  
Suspend pump use:  Yes, for \_\_\_\_\_ hours  No





## Additional information for student with insulin pump (continued)

Student's Self-care Pump Skills	Independent?	
Counts carbohydrates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates correct amount of insulin for carbohydrates consumed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administers correction bolus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates and sets basal profiles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates and sets temporary basal rate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changes batteries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disconnects pump	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reconnects pump to infusion set	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares reservoir, pod, and/or tubing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inserts infusion set	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Troubleshoots alarms and malfunctions	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Other diabetes medications

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Times given: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Times given: \_\_\_\_\_

## Meal plan

Meal/Snack	Time	Carbohydrate Content (grams)
Breakfast		_____ to _____
Mid-morning snack		_____ to _____
Lunch		_____ to _____
Mid-afternoon snack		_____ to _____

Other times to give snacks and content/amount: \_\_\_\_\_

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event): \_\_\_\_\_

Special event/party food permitted:  Parents'/Guardians' discretion  Student discretion

### Student's self-care nutrition skills:

- Independently counts carbohydrates
- May count carbohydrates with supervision
- Requires school nurse/trained diabetes personnel to count carbohydrates

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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.

Student should eat  15 grams  30 grams of carbohydrate  other: \_\_\_\_\_

before  every 30 minutes during  every 60 minutes during  after vigorous physical activity  other: \_\_\_\_\_

If most recent blood glucose is less than \_\_\_\_\_ mg/dL, student can participate in physical activity when blood glucose is corrected and above \_\_\_\_\_ mg/dL.

Avoid physical activity when blood glucose is greater than \_\_\_\_\_ mg/dL or if urine/blood ketones are moderate to large.

(See **Administer Insulin** for additional information for students on insulin pumps.)

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## Disaster plan

To prepare for an unplanned disaster or emergency (72 hours), obtain emergency supply kit from parents/guardians.

Continue to follow orders contained in this DMMP.

Additional insulin orders as follows (e.g., dinner and nighttime): \_\_\_\_\_

Other: \_\_\_\_\_

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## Signatures

This Diabetes Medical Management Plan has been approved by:

\_\_\_\_\_  
Student's Physician/Health Care Provider

\_\_\_\_\_  
Date

I, (parent/guardian) \_\_\_\_\_, give permission to the school nurse or another qualified health care professional or trained diabetes personnel of (school) \_\_\_\_\_ to perform and carry out the diabetes care tasks as outlined in (student) \_\_\_\_\_ Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I also give permission to the school nurse or another qualified health care professional to contact my child's physician/health care provider.

Acknowledged and received by:

\_\_\_\_\_  
Student's Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse/Other Qualified Health Care Personnel

\_\_\_\_\_  
Date

# Hypoglycemia Emergency Care Plan (For Low Blood Glucose)

Student's Name: \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_

Date of Plan: \_\_\_\_\_

## Emergency contact information

**Parent 1/Guardian:** \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Parent 2/Guardian:** \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Health Care Provider:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

**School Nurse:** \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

**Trained Diabetes Personnel:** \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

**The student should never be left alone, or sent anywhere alone or with another student, when experiencing hypoglycemia.**

Causes of Hypoglycemia	Onset of Hypoglycemia
<ul style="list-style-type: none"> <li>• Too much insulin</li> <li>• Missing or delaying meals or snacks</li> <li>• Not eating enough food (carbohydrates)</li> <li>• Getting extra, intense, or unplanned physical activity</li> <li>• Being ill, particularly with gastrointestinal illness</li> </ul>	<ul style="list-style-type: none"> <li>• Sudden—symptoms may progress rapidly</li> </ul>



### Hypoglycemia Symptoms

Circle student's usual symptoms.

Mild to Moderate	Severe
<ul style="list-style-type: none"> <li>• Shaky or jittery</li> <li>• Sweaty</li> <li>• Hungry</li> <li>• Pale</li> <li>• Headache</li> <li>• Blurry vision</li> <li>• Sleepy</li> <li>• Dizzy</li> <li>• Lightheaded</li> <li>• Confused</li> <li>• Disoriented</li> </ul>	<ul style="list-style-type: none"> <li>• Uncoordinated</li> <li>• Irritable or nervous</li> <li>• Argumentative</li> <li>• Combative</li> <li>• Changed personality</li> <li>• Changed behavior</li> <li>• Inability to concentrate</li> <li>• Weak</li> <li>• Lethargic</li> <li>• Other: _____</li> </ul>
	<ul style="list-style-type: none"> <li>• Inability to eat or drink</li> <li>• Unconscious</li> <li>• Unresponsive</li> <li>• Seizure activity or convulsions (jerking movements)</li> </ul>

### Actions for Treating Hypoglycemia

Notify school nurse or trained diabetes personnel as soon as you observe symptoms. If possible, check blood glucose (sugar) at side of finger. Treat for hypoglycemia if blood glucose level is less than \_\_\_\_\_ mg/dL.

**WHEN IN DOUBT, ALWAYS TREAT FOR HYPOGLYCEMIA AS SPECIFIED BELOW.**

Treatment for Mild to Moderate Hypoglycemia	Treatment for Severe Hypoglycemia
<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide quick-acting glucose (sugar) product equal to _____ grams of carbohydrates. Examples of 15 grams of carbohydrates are listed below:               <ul style="list-style-type: none"> <li>• 4 glucose tablets</li> <li>• 1 tube of glucose gel</li> <li>• 4 ounces of fruit juice (not low-calorie or reduced-sugar)</li> <li>• 4–6 ounces (1/2 can) of soda (not low-calorie or reduced-sugar)</li> </ul> </li> <li><input type="checkbox"/> Wait 15 minutes.</li> <li><input type="checkbox"/> Recheck blood glucose level.</li> <li><input type="checkbox"/> Repeat quick-acting glucose product if blood glucose level is less than _____ mg/dL.</li> <li><input type="checkbox"/> Contact the student's parents/guardians.</li> <li><input type="checkbox"/> Once the student's blood glucose returns to normal, check the blood glucose level 1 hour later. Provide an additional source of carbohydrate (e.g., whole grain crackers, graham crackers, granola bar, yogurt, or fruit) if a meal or snack is not planned.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Position the student on his or her side.</li> <li><input type="checkbox"/> Do not attempt to give anything by mouth.</li> <li><input type="checkbox"/> Administer glucagon: _____ mg at _____ site.</li> <li><input type="checkbox"/> While treating, have another person call 911 (Emergency Medical Services).</li> <li><input type="checkbox"/> Contact student's parents/guardians.</li> <li><input type="checkbox"/> Stay with student until Emergency Medical Services arrive.</li> <li><input type="checkbox"/> Notify student's health care provider.</li> </ul>

# Hyperglycemia Emergency Care Plan (For High Blood Glucose)

Student's Name: \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_

Date of Plan: \_\_\_\_\_

## Emergency contact information

**Parent 1/Guardian:** \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Parent 2/Guardian:** \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Health Care Provider:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

**School Nurse:** \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

**Trained Diabetes Personnel:** \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Causes of Hyperglycemia	Onset of Hyperglycemia
<ul style="list-style-type: none"> <li>• Too little insulin or other blood glucose-lowering medications</li> <li>• Insulin pump or infusion set malfunction</li> <li>• Food intake that has not been covered adequately by insulin</li> <li>• Decreased physical activity</li> <li>• Illness</li> <li>• Infection</li> <li>• Injury</li> <li>• Severe physical or emotional stress</li> </ul>	<ul style="list-style-type: none"> <li>• Over several hours or days</li> </ul>



Hyperglycemia Symptoms	Hyperglycemia Emergency Symptoms Diabetic ketoacidosis (DKA), which is associated with hyperglycemia, ketosis, and dehydration
Circle student's usual signs and symptoms.	
<ul style="list-style-type: none"> <li>• Increased thirst and/or dry mouth</li> <li>• Frequent or increased urination</li> <li>• Change in appetite and nausea</li> <li>• Blurry vision</li> <li>• Fatigue</li> <li>• Other: _____</li> </ul>	<ul style="list-style-type: none"> <li>• Dry mouth, extreme thirst, and dehydration</li> <li>• Nausea and vomiting</li> <li>• Severe abdominal pain</li> <li>• Fruity breath</li> <li>• Heavy breathing or shortness of breath</li> <li>• Chest pain</li> <li>• Increasing sleepiness or lethargy</li> <li>• Depressed level of consciousness</li> </ul>

Actions for Treating Hyperglycemia	
Notify school nurse or trained diabetes personnel as soon as you observe symptoms.	
Treatment for Hyperglycemia	Treatment for Hyperglycemia Emergency
<ul style="list-style-type: none"> <li><input type="checkbox"/> Check the blood glucose level.</li> <li><input type="checkbox"/> Check urine or blood for ketones if blood glucose levels are greater than _____ mg/dL.</li> <li><input type="checkbox"/> Calculate the Insulin Correction Dose needed as specified in the DMMP.</li> <li><input type="checkbox"/> Administer supplemental insulin dose: _____. (If student uses a pump, see instructions below.)</li> <li><input type="checkbox"/> Give extra water or non-sugar-containing drinks (not fruit juices): _____ ounces per hour.</li> <li><input type="checkbox"/> Allow free and unrestricted access to the restroom.</li> <li><input type="checkbox"/> Recheck blood glucose every 2 hours to determine if decreasing to target range of _____ mg/dL.</li> <li><input type="checkbox"/> Restrict participation in physical activity if blood glucose is greater than _____ mg/dL and if ketones are moderate to large.</li> <li><input type="checkbox"/> Notify parents/guardians if blood glucose is greater than _____ mg/dL or if ketones are present.</li> </ul> <p><b>For Students Using an Insulin Pump</b></p> <ul style="list-style-type: none"> <li>• If student uses a pump, check to see if the pump is connected properly and functioning by giving a correction bolus through the pump and checking the blood glucose 1 hour later.</li> <li>• If moderate or large ketones are present, treat ketones with a subcutaneous injection of insulin, then change pump site or initiate pump back-up plan.</li> <li>• For infusion site failure: insert new infusion set and/or replace reservoir or pod, or give insulin by syringe or pen.</li> <li>• For suspected pump failure: suspend or remove pump and give insulin by syringe or pen.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Call parents/guardians, student's health care provider, and 911 (Emergency Medical Services) right away.</li> <li><input type="checkbox"/> Stay with student until Emergency Medical Services arrive.</li> </ul>