

**SUPPLEMENTAL INFORMATION FOR STUDENT WEARING AN INSULIN PUMP AT SCHOOL**

School Year \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Pump Brand/Model: \_\_\_\_\_  
Pump Resource Person: \_\_\_\_\_ Phone/ Beeper \_\_\_\_\_ (See diabetes care plan for parent phone #)  
Blood Glucose Target Range: \_\_\_\_\_ Pump Insulin: Humalog  Regular   
Insulin Correction Factor for Blood Glucose Over Target: \_\_\_\_\_  
Insulin Carbohydrate Ratios: \_\_\_\_\_  
(Student to receive insulin bolus for carbohydrate intake immediately before / \_\_\_\_\_ minutes before eating. Circle appropriate interval)  
Location of Extra Pump Supplies \_\_\_\_\_

**INDEPENDENT MANAGEMENT**

This student has been trained to independently perform routine pump management and to troubleshoot problems including but not limited to:

- Giving boluses of insulin for both correction of blood glucose above target range and for food consumption.
- Changing of insulin infusion sets using universal precautions.
- Switching to injections should there be a pump malfunction.

Parents will provide extra supplies to include infusion sets, reservoirs, batteries, pump insulin and syringes.

**NON-INDEPENDENT MANAGEMENT (Child Lock On? Yes  No )**

Because of young age or other factors, this student cannot independently evaluate pump function nor independently change infusion sets.

- Insulin for meals and snacks will be given and verified as follows: \_\_\_\_\_
- Insulin for correction of blood glucose over \_\_\_\_\_ will be give and verified as follows: \_\_\_\_\_

**PARENT NOTIFICATION:** (Refer to basic diabetes care plan and check  all others that apply. Contact the Parent in event of:

- Pump alarms / malfunctions  Corrective measures do not return blood glucose to target range within \_\_\_ hrs.
- Soreness or redness at site  Student has to change site
- Detachment of dressing / infusion set out of place
- Leakage of insulin
- Student must give insulin injection
- Other: \_\_\_\_\_

**MANAGEMENT OF HIGH / VERY HIGH BLOOD GLUCOSE: Refer to previous sections and to basic Diabetes Care Plan**

**MANAGEMENT OF LOW BLOOD GLUCOSE** Follow instructions in basic Diabetes Care Plan, but in addition:

If low blood glucose recurs without explanation, notify parent / diabetes provider for potential instructions to suspend pump.

If seizure or unresponsiveness occurs:

1. Give Glucagon and / or glucose gel (See basic Diabetes Health Plan)
2. CALL 911
3. Notify Parent
4. Stop insulin pump by:
  - Placing in "Suspend" or stop mode
  - Disconnecting at pigtail or clip
  - Cutting tubing
5. If pump was removed, send with EMS to hospital.

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective Dates: From: \_\_\_\_\_  
Parent's Signature: \_\_\_\_\_  
School Nurse's Signature: \_\_\_\_\_  
Diabetes Care Provider Signature: \_\_\_\_\_

To: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_