 **School Plan Worksheet**

Place Sticker Here MRN:

Name: DOB:

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade:

Phone Number for School: ( ) - - .

**Fax Number for School**: ( ) - - . (**MUST PROVIDE FOR CAREPLAN TO BE SENT)**

1. **Mark the Type of Diabetes:** □Type 1 Diabetes □ Type 2 Diabetes □ Other Type
2. **What blood sugar do you treat a low blood sugar at school?** Under mg/dL
	1. How many grams of carbohydrate do you use to treat a low blood sugar at school? ­\_\_- \_\_ \_ grams
3. **Does your child wear a CGM device at school?** □ Yes □ No
	1. If yes, what type? □ Dexcom □ Libre □ Medtronic
4. **Does your child use insulin at school?** □ No □ Yes
	1. □ Pen □ Syringe

□Medtronic 670/770G □Omnipod □Omnipod DASH □Omnipod 5 □Tandem(Control IQ) □Tandem(Basal IQ)

1. If your child attends high school, will supervision be needed? □ Yes □ No
2. Does your child give their own insulin injection? □ Yes □ No
3. **Mark the meals that your child receives at school:** □ Breakfast □ Lunch
	1. Does your child dose snacks at school? □ Yes □ No
	2. Do they dose insulin before or after eating meal or snack? □ Before □ After

**INSULIN DOSING FOR MDI (INSULIN PEN OR SYRINGE ONLY)**

**Select how you determine a dose at MEAL TIME at school:**

□ Blueloop

□ Calculation at a meal:

* **Mark only the carb ratios that will be used at school:**
* Breakfast: 1.0 unit for grams AM Snack: 1.0 unit for grams Lunch: 1.0 unit for grams

PM Snack: 1.0 unit for grams

* What blood sugar level at a meal do you give the extra insulin? Over mg/dL
* Your calculation is: Blood sugar minus (target #) divide by (ISF/correction factor)\_\_\_\_\_\_

□ Dosing chart

**Above what blood sugar level should a correction dose of insulin be given at NON meal time at school?** \_\_\_\_\_\_\_mg/dl

How do you determine the amount? □ Calculated correction dose □ First column of dose chart □ Blueloop

**Does your child know how to do any of the following skills, mark the skills they can do:**

□No skills □Calculate insulin dose □Set up own pen or syringe □Count Carbohydrates

**INSULIN DOSING ORDERS FOR INSULIN PUMPS**

**Above what blood sugar level should a correction dose of insulin be given at NON meal time at school?** \_\_\_\_\_\_\_mg/dl

**If you child uses a pump, mark the skills they can do:**

□No skills □Bolus correct amount □Change infusion set/prepare reservoir tubing □Count Carbohydrates

□Insert new set □Disconnect pump □Reconnect pump □Perform temp basal □Starts activity/exercise mode □Trouble shoot alarms □For pump failure: Draw up insulin and inject □Disconnect for: \_\_\_\_Vigorous sports \_\_\_Showers