CHICO UNIFIED SCHOOL DISTRICT
1163 E. 7th St., Chico, CA 95928

SCHOOL: ______________________________ **PHONE:** ___________________ **FAX:** __________________

SUMMARY OF DIABETES CARE PLAN – Insulin Pump

STUDENT: ____________________________ DOB: _______________ DATE OF DIAGNOSIS: ___________________

PARENT: ________________________ DATE: ________________ PHYSICIANS: _____________________________

Target range for blood sugar:

When to test blood sugar:

1. Before each meal
2. Before snacks
3. As needed.

When to give insulin: ____

____

____

How to determine amount of insulin to be given for students with insulin pumps

Type of pump: ___________________________ Basal rates: ______ 12 am to ______

______ ______ to ______

______ ______ to ______

Type of insulin in pump: ____

Type of infusion set: ____

Insulin/carbohydrate ratio: ____________________________ Correction factor: ___________________

Student Pump Abilities/Skills:	**Needs Assistance**	
Count carbohydrates	☐ Yes	☐ No
Bolus correct amount for carbohydrates consumed	☐ Yes	☐ No
Calculate and administer corrective bolus	☐ Yes	☐ No
Calculate and set basal profiles	☐ Yes	☐ No
Calculate and set temporary basal rate	☐ Yes	☐ No
Disconnect pump	☐ Yes	☐ No
Reconnect pump at infusion set	☐ Yes	☐ No
Prepare reservoir and tubing	☐ Yes	☐ No
Insert infusion set	☐ Yes	☐ No
Troubleshoot alarms and malfunctions	☐ Yes	☐ No

Meals and Snacks Eaten at School:

Is student independent in carbohydrate calculations and care? ☐ Yes ☐ No

When blood sugar is less than 70:

1. Give 15 grams of carbohydrate (ex: 4 oz orange juice or 4 glucose tabs).
2. Retest blood glucose in 10-15 minutes.
3. If blood sugar is over 70, give a carbohydrate & protein snack (ex: glass of milk & crackers with cheese or peanut butter).
4. If blood sugar remains less than 70, re-treat per health care plan. Notify school nurse.

Any questions/concerns: Call ____________________, RN, School Nurse: Cell: _________________

Parent signature: ____ Date: _______________________