

Utah Diabetes Medical Management Plan (DMMP) Utah Department of Health and Human Services Utah State Board of Education In accordance with UCA 53G-9-504 and 53G-9-506			School year:	Student photo		
Student name:		Date of birth:	Grade:			
School:	Homeroom:	School phone:	School fax:			
Demographic information (parent/guardian)						
Student's cell phone #	Diabetes type:	Age at diagnosis				
Parent #1 name:	Phone:	Email:				
Parent #2 name:	Phone:	Email:				
1. Student schedule: Arrival time: _____ Dismissal time: _____						
Before school: Travels to school by (check all that apply) ☐ Foot/bicycle ☐ Car ☐ Bus number _____ ☐ Time on bus _____ ☐ Attends before school program ☐ Other (specify): _____	Meal times: Breakfast _____ Lunch _____ Other: _____	Physical activity Days/times: ☐ Gym _____ ☐ Recess _____ ☐ Sports _____ ☐ Additional information:	After school Travels to: ☐ Home ☐ Attends after school program Travels via (check all that apply): Foot/bicycle ☐ Car ☐ Bus number _____ ☐ Time on bus _____ ☐ Other (specify): _____			
2. Meal considerations						
<table border="0"> <tr> <td> Breakfast School breakfast (staff can help with carb counts) ☐ ☐ Student will eat breakfast at home ☐ ☐ </td> <td> Lunch School lunch (staff can help with carb counts) Home lunch (parent must provide carb count) </td> </tr> </table>					Breakfast School breakfast (staff can help with carb counts) ☐ ☐ Student will eat breakfast at home ☐ ☐	Lunch School lunch (staff can help with carb counts) Home lunch (parent must provide carb count)
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Snacks and parties

School parties or snacks (staff will not bolus by insulin injection for snacks but will correct hyperglycemia prior to lunch):

Student will eat snacks with the rest of the class.

Student should take snack home.

☐ ☐

If on a pump or smart pen, you may dose for carbs.

Parent will provide an alternate snack.

☐ ☐

If using injections, the student will be given a correction dose before eating lunch.

Other (specify): _____
☐

Student should save snack for lunchtime.

☐

No coverage for snacks/parties.

☐

Field trips

The parent and school nurse must be notified of field trips in advance so proper planning and training can be done.

Please specify instructions:

☐

August 2025

Student Name:

3. Past history of extreme glucose and symptoms

- Has the student lost consciousness,

Yes, if yes list date of last event _____

☐

experienced a seizure, or required glucagon?

No

☐

- Has the student experienced DKA or

Yes, if yes list date of last event _____

☐

hospitalization after diagnosis?

No

☐

4. Past symptoms: Please check previous symptoms

HYPOglycemia (low glucose)

Mild or moderate

Severe

Anxiety ☐ ☐ ☐ Behavior ☐ ☐ ☐ change Blurry vision ☐ ☐ ☐ Confusion ☐ ☐ ☐ Crying ☐ ☐ (specify): Dizziness ☐ ☐ Drowsiness ☐	Hunger Headache Irritability Paleness Personality change Poor concentration Poor coordination	Shakiness Slurred speech Sweating Weakness Other	Combative ☐ Inability to eat or drink ☐ Unconscious ☐ Unresponsive ☐ Seizures ☐ Other (specify): ☐
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HYPERglycemia (high glucose)

Mild or moderate	Severe
Behavior ☐ ☐ change Blurry vision ☐ ☐ Headache ☐ ☐ Stomach pain ☐ Fatigue/sleeping Thirst/dry mouth Frequent urination Other (specify):	Breathing changes ☐ ☐ (Kussmaul breathing) Chest pain ☐ ☐ Decreased consciousness ☐ ☐ Increased hunger ☐ Nausea/vomiting ☐ Severe abdominal pain Sweet, fruity breath Other (specify):

5. Self-management skills: This section is superseded by healthcare provider orders if a conflict (section 8)

	Needs full support	Supervision	Independent
Glucose monitoring: Meter ☐ CGM ☐	☐ ☐	☐ ☐	☐ ☐

Carbohydrate counting:	☐	☐	☐
Insulin administration:	☐	☐	☐
Syringe and vial	☐	☐	☐
☐ Pen	☐	☐	☐
☐ Smart pen	☐	☐	☐
☐ Pump	☐	☐	☐
Can identify sign and symptoms of hypoglycemia	☐	☐	☐
Can draw up insulin (syringe and vial)	☐	☐	☐
Can calculate dose (based on carbs and glucose)	☐	☐	☐

Page 2

Student Name:

6. Glucose monitoring at school: Must be determined jointly by the parent/guardian and school nurse

Notify parent/guardian:

When glucose is below mg/dL (default 80) for more than minutes (default 30 min)
or When glucose is above mg/dL (default 300) for more than minutes (default 60 min)

When staff will monitor glucose:

Before meals

After physical activity

High or low symptoms

☐ ☐ ☐

Before exams

Before leaving school

Other: _____

☐ ☐ ☐

Before physical activity

With physical

☐ ☐

complaints/illness

Exercise (including recess and PE):

Prior to exercise

Following exercise

Delay exercise if glucose is below

☐ ☐ ☐

Every 30 minutes during

With symptoms

mg/dL (80 mg/dL default).

☐ ☐

extended exercise

Treat low glucose before
resuming activity.

Continuous glucose monitoring (CGM): N/A

□

All students using a CGM at school must have the ability to check a finger-stick glucose with a meter in the event of a CGM failure or apparent discrepancy. Test glucose with a meter if there is a disparity between CGM reading and symptom.

Brand and model: Specific viewing equipment:

_____ Device reader

Insulin pump

□ □

Smart phone

Tablet

□ □

Smart watch

□

To limit classroom disruptions, alarm settings should be configured to alert only for actionable interventions. **CGM alarms:** low alarm _____mg/dL (repeat _____) and high alarm _____mg/dL (repeat _____) if applicable

Perform finger stick if:

- Symptoms do not match the sensor reading.
- Sensor reading is unavailable or tracing is inconsistent.
- No number and arrow available/present (means CGM data isn't accurate ie. LOW, HIGH). Permit student access to medical devices including phones, smart watch, pumps, or readers at all times.

7. Supplies

Provide necessary supplies

Parent to provide a three-day minimum of the following diabetes management supplies for the care of your child at school:

- Insulin
- Syringe/pen needles
- Treatment for lows
- and additional snacks
- Glucagon
- Antiseptic wipes
- Blood glucose (BG) meter with test strips, lancets, extra battery (also required for all CGM users)
- Pump supplies (infusion set, cartridge, extra battery/charging cord if applicable)

8. Provider orders: Diabetes Medical Management Orders (DMMO)

Medication authorization

Orders must be updated and signed at least once every year, or whenever dose changes. No care can be delegated by the school nurse unless current, signed orders are on file.

Target range for glucose: between mg/dL and mg/dL

Emergency glucagon administration

Instructions: Administer

Immediately for severe hypoglycemia:

Unconscious, semiconscious (unable to control airway, or seizing)

Glucagon dose:

IM Glucagon (GlucaGen®) 1.0 mg/1.0 ml

☐

Nasal (Baqsimi®) 3 mg

☐

SQ (Gvoke®) 0.5 mg

☐

SQ (Gvoke®) 1.0 mg

☐

SQ Zegalogue® 0.6 mg/0.6 mL

☐

Possible side

effects: nausea and vomiting

Insulin administration

Medication:

Rapid-acting (insulin lispro, insulin

☐

aspart, insulin glulisine)

Short-acting (regular human)

☐

Technosphere insulin

☐

Other

(specify):

Delivery:

Insulin vial/

☐

syringe

☐

Insulin pen

☐

Insulin pump

☐

Insulin pump- specify:

Tslim X2 (AID)

Mobi (AID)

☐

OmniPod5 (AID)

Medtronic (AID)

iLet (AID)

Other

☐

Route:

subcutaneous

Possible side

effects: hypoglycemia

Current insulin doses/pump settings:

Insulin to carbohydrate (I:C) ratio: unit for every grams of carbohydrates before meals. May be

used

for snack dosing per DMMO if on a pump or smart pen.

Correction dose: If on injections, only give correction with meals.

Give unit(s) for every mg/dL for glucose above mg/dL.

For iLet pump users: Please use "breakfast, usual" or "Lunch, usual" for meal announcements. Above doses are in the event of iLet failure.

Mealtime insulin administration timing

Insulin administration at meals:

Prior to meal (default)

☐

After meal as soon as possible, within 30 minutes

☐

Other: _____

☐

For injections, calculate insulin dose to the nearest:

☐

Half unit (round down for <0.25 or <0.75, and round up for ≥ 0.25 or ≥ 0.75)

☐

Whole unit (round down for <0.5 and round up for ≥ 0.5)

N/A

☐

Page 4

Student Name:

Hypoglycemia treatment:

Low glucose below mg/dL (below 80 mg/dL default)

If student is awake and able to swallow:

1. Treat low glucose by giving grams of carbohydrates (default 5-10 grams of carbohydrates for students using an AID, 12-18 grams of carbohydrates for students using injections and smart pens).

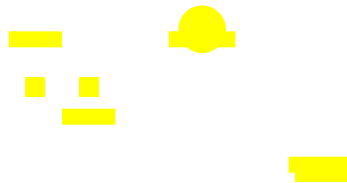
2. Wait minutes (default 15 minutes for fingerstick, 20 or 30 minutes CGM glucose). 3. Recheck glucose.

4. Repeat fast-acting glucose source if symptoms persist or glucose is less than treatment target. At mealtimes for students using MDI (injections) if glucose is below target range dose for all but 15 grams of carbohydrates. Allow the student to eat.

Hyperglycemia treatment:

Correction dose (outside of meals) Pump/smart pen users only - **does not apply to injections.** Correct if above _____ mg/dl (default 300 mg/dl) for more than _____ hours (default 2 hours) AND pump or smart pen recommends dosing.

Provide and encourage consumption of water or sugar-free fluids. Give 2-4 ounces of water every 30 minutes. Note: iLet pump corrections are fully automated, no manual corrections are possible via the pump.



For pump failure: Disregard if using injections.

Insulin to carbohydrate dose for pump failure: _____ unit: _____ grams.

Subcutaneous correction dose for pump failure: _____ unit: _____ mg/dL over _____ mg/dL

If the pump is removed for more than 60 minutes and cannot be reconnected, give a correction dose for glucose over 300 mg/dL via subcutaneous injections.

Required supervision at school:

- It is medically appropriate for the student to possess and self-administer diabetes medications. The student
- ☐ should be in possession of diabetes medications at all times.
- It is medically appropriate for the student to possess, but not self-administer diabetes medications. The
- ☐ student should be in possession of diabetes medications at all times.
- It is not medically appropriate for the student to possess or self-administer diabetes medications. The
- ☐ student should have supervised access to their diabetes medications at all times.

Other orders

- ☐ Allow student to have free access to water and the restroom at all times.
- ☐ Allow student to have access to their mobile device at all times if it's being used as a medical device to receive and transmit CGM and pump data.
- ☐ This student may participate in all school activities, including sports and field trips, with the following restrictions: _____
- ☐ _____ Allow student to leave class 5-10 minutes before lunch to manage diabetes.
- ☐ Other: _____
- ☐ _____

— **Provider signature**

The above-named student is under my care. This document reflects my plan of care for the above-named student. In accordance with these orders, portions of the DMMP will be shared with appropriate school personnel. As the student's licensed healthcare provider I confirm the student has a diagnosis of diabetes mellitus.

Prescriber name (print):

School year:

Prescriber signature:

Date:

Clinic name:

Fax |

Phone:

Page 5

Student Name:

Parent signature

Parent to complete (as required by 53G-9-504 and 53G-9-506)

I certify that glucagon has been prescribed for my student.

- ☐ I request the school to identify and train school personnel who volunteer to be trained in the
- ☐ administration of glucagon. I authorize the administration of glucagon in an emergency to my student. I authorize my student to possess or possess and self-administer diabetes medication. I acknowledge that
- ☐ my student is responsible for, and capable of, possessing or possessing and self-administering the diabetes medication.
- I give permission for school staff or the school nurse to treat hypoglycemia or give insulin doses using
- ☐ CGM readings.
- I understand that I must provide all supplies necessary to care for my student during the school day
- ☐ including Insulin, syringe/pen needles, treatment for lows and snacks, glucagon, antiseptic wipes, blood glucose (BG) meter with (test strips, lancets, extra battery), and pump supplies (infusion set, cartridge, extra battery/charging cord if applicable).

Additional supplies:

I 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 student and who may need to know this information to maintain my student's health and safety. I also give permission to the school nurse to collaborate with my student's healthcare provider.

Parent name:

Signature:

Date:

Parent name:

Signature:

Date:

School nurse (or principal designee if no school nurse)

Low glucose management (HYPOglycemia)

LJ

When glucose is below mg/dL (Default 80mg/dL)

Causes: Too much insulin, missing or delaying meals or snacks, not eating enough food, intense or unplanned physical activity, being ill

Onset: Sudden, symptoms may progress rapidly

If you see this:

Do this:

Mild/moderate symptoms:

- | | |
|--|---|
| ☐ Anxiety | ☐ Paleness |
| ☐ Behavior change | ☐ Shakiness |
| ☐ Blurry vision | ☐ Slurred speech |
| ☐ Crying | ☐ Sweating |
| ☐ Confusion | ☐ Weakness |
| ☐ Dizziness | ☐ Personality change |
| ☐ Drowsiness | ☐ Poor concentration |
| ☐ Hunger | ☐ Poor coordination |
| ☐ Headache | ☐ Other (specify): |
| ☐ Irritability | |

1. Give student grams fast-acting glucose source**. 2. Wait minutes.
3. Recheck glucose.
4. Repeat fast-acting glucose source if symptoms persist **or** glucose is less than mg/dL (default 80mg/dL). • At mealtimes for students using injections if glucose is below target range dose for all but 15 grams of carbohydrates. Allow the student to eat.
- Other (specify):
- **Fast acting glucose sources** (12-18 grams carbohydrates): 3-4 glucose tablets **or** 4 ounces juice **or** 0.9 ounce packet of fruit snacks

Severe low blood glucose

- ☐ Agitated/combatative
- ☐ Inability to eat or drink
- ☐ Unconscious
- ☐ Unresponsive
- ☐ Seizures
- ☐ Other (specify):

1. Don't attempt to give anything by mouth.
2. Position on side, if possible.
3. Contact trained diabetes personnel.
4. **Administer glucagon**, if prescribed.
5. **Call 911**. Stay with the student until 911 arrives.
6. Contact parent/guardian.
7. Stay with the student.
8. If the student has a pump, disconnect or suspend insulin on the device.
9. Other (specify):

Snacks, carbs, and low glucose treatment

- Allow the student to have immediate access to low glucose treatment (juice, glucose tabs). •
- Encourage and provide access to carbohydrates for treatment and prevention of hypoglycemia.
- Provide non-sugar-containing drinks (e.g., water) during hyperglycemia.
- Never send a student with suspected low glucose anywhere alone. An adult must stay with the student until symptoms resolve or further help arrives.

Page 7

Student Name:

Utah Diabetes Emergency Action Plan

Utah Department of Health and Human Services and Utah State Board of Education

High glucose management (HYPER)glycemia treatment:

When glucose is over mg/DL (default 300 mg/dl) for more than hours (default 2 hours) It is normal for the glucose to rise after a meal, but if it consistently stays high for hours you may do this to intervene.

Causes: Too little insulin, too much food, insulin pump or infusion set malfunction, decreased physical activity, illness, infection, injury, severe physical or emotional stress

Onset: Over several hours

1. Provide and encourage consumption of water or sugar-free fluids. Give 2–4 ounces of water every 30 min. 2. Allow liberal bathroom privileges.

Pump/smart pen usersL Correction dose (outside of meals) - does not apply to injections 3. Correct if above mg/dl (default 300 mg/dl) for more than hours (default 2 hours) AND pump or smart pen recommends dosing.

Note: iLet pump corrections are fully automated, no manual corrections are possible via the pump.

Injections: Correction doses for those students using injections should be given only at mealtimes.

Notify parent/guardian.

Location of supplies: Classroom

Health office

Other (specify): _____

☐ ☐ ☐

Student backpack

Front office

☐ ☐

Student access and independence

- Student is allowed to test glucose whenever and wherever needed.
- Student may carry and use a smart device (phone/watch) for medical purposes at all times.
- Permit student access to school Wi-Fi for CGM or pump data transmission.
- Permit access to charging outlets for diabetes devices.
- Student will carry diabetes supplies, devices, medications, and snacks at all times unless otherwise specified.
- Student may have unrestricted access to water (carry a water bottle or use a drinking fountain).
- Student may have unrestricted access to the bathroom as needed.
- Student may leave class 5-10 minutes early to check glucose, treat lows, or administer insulin before lunch.
- Provide privacy for diabetes care tasks if student requests.

Academic testing

- Academic testing (like a classroom exam) can be delayed if the student's glucose is outside of target range.

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Physical activity (recess, PE class)

- Physical activity should be postponed if blood glucose is below mg/dL (default is 80 mg/dL).

Field trips

- Parent and nurse must be notified of field trips in advance so proper planning and training can be done.

Substitute teachers

- Substitutes must be aware of the student's condition and know the emergency plan.

Other: _____

School nurse contact: Phone: Email:

Parent name: Phone: Email:

Parent name: Phone: Email:

Name of healthcare provider/clinic: Phone: