

Tools for Effective Diabetes Management

This section contains examples of three important tools for helping schools implement effective diabetes management—a sample Diabetes Medical Management Plan, a sample template for an Individualized Health Care Plan, and sample Emergency Care Plans for Hypoglycemia and Hyperglycemia.

- The **Diabetes Medical Management Plan (DMMP)** is completed by the student’s personal diabetes health care team and contains the medical orders that are the basis for the student’s health care and education plans.
- The **Individualized Health Care Plan (IHP)** is prepared by the school nurse and contains the strategies for implementing the medical orders in the DMMP in the school setting.
- The **Emergency Care Plans for Hypoglycemia and Hyperglycemia**, based on the DMMP, summarize how to recognize and treat hypoglycemia and hyperglycemia and whom to contact for help. The school nurse will coordinate development of these plans. Emergency Care Plans for Hypoglycemia and Hyperglycemia should be completed for each student with diabetes and should be copied and distributed to all school personnel who have responsibility for students with diabetes during the school day and during school-sponsored activities. Provide completed copies to the parents/guardians as well.

How to Use the Tools for Effective Diabetes Management

- The parents/guardians should give the sample Diabetes Medical Management Plan (DMMP) to the student’s personal diabetes health care team as a resource for preparing the medical orders.
- The student’s personal diabetes health care team should fill out the plan, sign it, review it with the parents/guardians and the student, and return it to the school nurse before the student with diabetes returns to school after diagnosis or when the student transfers to a new school.
- The student’s personal diabetes health care team should review and update the DMMP at the beginning of each school year; upon a change in the student’s prescribed care regimen, level of self-management, or school circumstances (e.g., a change in schedule); or at the request of the student or parents/guardians or the school nurse.
- The school nurse should prepare the Individualized Health Care Plan (IHP) based on the medical orders in the DMMP and review it with the parents/guardians and the student.
- The school nurse should adapt the sample Emergency Care Plans for Hypoglycemia and Hyperglycemia to meet the needs of individual students, as prescribed in the student’s DMMP.
- The Emergency Care Plans for Hypoglycemia and Hyperglycemia should be copied and distributed to all regular and substitute personnel who have responsibility for the student with diabetes during the school day and during school-sponsored activities. Consider laminating these plans for use throughout the school year. Provide copies to the parents/guardians.
- During all levels of training, information in the Emergency Care Plans for Hypoglycemia and Hyperglycemia, how to respond and whom to contact for help in an emergency should be reviewed with school personnel.

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: _____

Hypoglycemia treatment

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

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: _____

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.

Hyperglycemia treatment

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

- 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.

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

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.)

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: _____

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

Individualized Health Care Plan (IHP)

Student: _____

School: _____

Grade: _____ School Year: _____

IHP Completed by: _____ Date: _____

IHP Review Dates: _____

Nursing Assessment Review Dates: _____

Nursing Assessment Completed by: _____ Date: _____

Nursing Diagnosis	Sample Interventions and Activities	Date Implemented	Sample Outcome Indicator	Date Evaluated
<p>Managing Potential Diabetes Emergencies</p> <p>(risk for unstable blood glucose)</p>	<p>Establish and document student’s routine for maintaining blood glucose within goal range including while at school:</p> <ul style="list-style-type: none"> • Where to check blood glucose: <ul style="list-style-type: none"> <input type="checkbox"/> Classroom <input type="checkbox"/> Health room <input type="checkbox"/> Other: _____ • When to check blood glucose: <ul style="list-style-type: none"> <input type="checkbox"/> Before breakfast <input type="checkbox"/> Mid-morning <input type="checkbox"/> Before lunch <input type="checkbox"/> After lunch <input type="checkbox"/> Before snack <input type="checkbox"/> Before PE <input type="checkbox"/> After PE <input type="checkbox"/> 2 hours after correction dose <input type="checkbox"/> Before dismissal <input type="checkbox"/> As needed <input type="checkbox"/> Other: _____ • Student’s self-care skills: <ul style="list-style-type: none"> <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Full assistance • Brand/model of BG meter: _____ • Brand/model of CGM: _____ 		<p>Blood glucose remains in goal range</p> <p>Percentage of time 0% 25% 50% 75% 100%</p>	

Nursing Diagnosis (continued)	Sample Interventions and Activities (continued)	Date Implemented (continued)	Sample Outcome Indicator (continued)	Date Evaluated (continued)
<p>Supporting the Independent Student</p> <p>(effective therapeutic regimen management)</p>	<p>Hypoglycemia Management</p> <p>STUDENT WILL:</p> <ul style="list-style-type: none"> • Check blood glucose when hypoglycemia suspected • Treat hypoglycemia (follow Emergency Care Plans for Hypoglycemia and Hyperglycemia) • Take action following hypoglycemia episode • Keep quick-acting glucose product to treat on spot • Type: _____ • Routinely monitor hypoglycemia trends r/t class schedule (e.g., time of PE, scheduled lunch, recess) and insulin dosing • Report to and consult with parents/guardians, school nurse, HCP, and school personnel as appropriate 		<p>Monitors blood glucose and appropriately responds to results</p> <p>Percentage of time 0% 25% 50% 75% 100%</p>	
<p>Supporting Positive Coping Skills</p> <p>(readiness for enhanced coping)</p>	<p>Create Positive School Environment</p> <ul style="list-style-type: none"> • Ensure confidentiality • Discuss with parents/guardians and student preferences about how school can support student's coping skills • Collaborate with parents/guardians and school personnel to meet student's coping needs • Collaborate with school personnel to create accepting and understanding environment 		<p>Demonstrates positive coping</p> <p>Percentage of time 0% 25% 50% 75% 100%</p>	

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

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

Actions for Treating Hypoglycemia	
<p>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.</p> <p>WHEN IN DOUBT, ALWAYS TREAT FOR HYPOGLYCEMIA AS SPECIFIED BELOW.</p>	
Treatment for Mild to Moderate Hypoglycemia	Treatment for Severe Hypoglycemia
<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"> • 4 glucose tablets • 1 tube of glucose gel • 4 ounces of fruit juice (not low-calorie or reduced-sugar) • 4–6 ounces (1/2 can) of soda (not low-calorie or reduced-sugar) <input type="checkbox"/> Wait 15 minutes. <input type="checkbox"/> Recheck blood glucose level. <input type="checkbox"/> Repeat quick-acting glucose product if blood glucose level is less than _____mg/dL. <input type="checkbox"/> Contact the student's parents/guardians. <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.	<input type="checkbox"/> Position the student on his or her side. <input type="checkbox"/> Do not attempt to give anything by mouth. <input type="checkbox"/> Administer glucagon: _____ mg at _____ site. <input type="checkbox"/> While treating, have another person call 911 (Emergency Medical Services). <input type="checkbox"/> Contact student's parents/guardians. <input type="checkbox"/> Stay with student until Emergency Medical Services arrive. <input type="checkbox"/> Notify student's health care provider.

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

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"> • Increased thirst and/or dry mouth • Frequent or increased urination • Change in appetite and nausea • Blurry vision • Fatigue • Other: _____ 	<ul style="list-style-type: none"> • Dry mouth, extreme thirst, and dehydration • Nausea and vomiting • Severe abdominal pain • Fruity breath • Heavy breathing or shortness of breath • Chest pain • Increasing sleepiness or lethargy • Depressed level of consciousness

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"> <input type="checkbox"/> Check the blood glucose level. <input type="checkbox"/> Check urine or blood for ketones if blood glucose levels are greater than _____ mg/dL. <input type="checkbox"/> Calculate the Insulin Correction Dose needed as specified in the DMMP. <input type="checkbox"/> Administer supplemental insulin dose: _____. (If student uses a pump, see instructions below.) <input type="checkbox"/> Give extra water or non-sugar-containing drinks (not fruit juices): _____ ounces per hour. <input type="checkbox"/> Allow free and unrestricted access to the restroom. <input type="checkbox"/> Recheck blood glucose every 2 hours to determine if decreasing to target range of _____ mg/dL. <input type="checkbox"/> Restrict participation in physical activity if blood glucose is greater than _____ mg/dL and if ketones are moderate to large. <input type="checkbox"/> Notify parents/guardians if blood glucose is greater than _____ mg/dL or if ketones are present. <p>For Students Using an Insulin Pump</p> <ul style="list-style-type: none"> • 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. • 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. • For infusion site failure: insert new infusion set and/or replace reservoir or pod, or give insulin by syringe or pen. • For suspected pump failure: suspend or remove pump and give insulin by syringe or pen. 	<ul style="list-style-type: none"> <input type="checkbox"/> Call parents/guardians, student's health care provider, and 911 (Emergency Medical Services) right away. <input type="checkbox"/> Stay with student until Emergency Medical Services arrive.