

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_

## Virginia Diabetes Medical Management Plan (DMMP) – Supplement 2019

### Insulin therapy

Insulin pen or Syringe     Insulin pump (refer to page 7)

Type of Insulin therapy:     Adjustable Bolus insulin     Fixed insulin therapy     Long-Acting Insulin     None

#### Adjustable Bolus Insulin Therapy:

Apidra, Novolog, Humalog, Fiasp, Admelog (brands interchangeable).

When to give insulin:

<input type="checkbox"/> INSULIN to CARBOHYDRATE Dose Calculation				
$\frac{\text{Total Grams of Carbohydrate to Be Eaten}}{\text{"A" Insulin-to-Carbohydrate Ratio}} \times \text{"B" Units of Insulin} = \text{Units of Insulin}$				
	INSULIN to CARBOHYDRATE Dose Calculation only	INSULIN to CARBOHYDRATE Dose Calculation + correction	Correction dose only	None
<i>Breakfast</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Lunch</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Snack</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		"A" Insulin-to-Carbohydrate Ratio	"B" Units of Insulin	
<input type="checkbox"/>	<i>Breakfast</i>	per _____ gm of carbohydrate	_____ unit of insulin	
<input type="checkbox"/>	<i>Lunch</i>	per _____ gm of carbohydrate	_____ unit of insulin	
<input type="checkbox"/>	<i>Snack</i>	per _____ gm of carbohydrate	_____ unit of insulin	
<input type="checkbox"/>	<i>Dinner</i>	per _____ gm of carbohydrate	_____ unit of insulin	

<input type="checkbox"/> CORRECTION Dose Calculation		
$\frac{\text{Current Blood Glucose} - \text{"C" Target Blood Glucose}}{\text{"D" Correction Factor}} \times \text{"E" Units of insulin} = \text{Units of Insulin}$		
"C" Target Blood Glucose	"D" Correction Factor	"E" Units of insulin
_____	_____	<input type="checkbox"/> 0.5 unit <input type="checkbox"/> 1.0 unit

<input type="checkbox"/> CORRECTION Dose Scale	
Blood Glucose	Insulin Dose
_____ to _____ mg/dL	give _____ units
_____ to _____ mg/dL	give _____ units
_____ to _____ mg/dL	give _____ units
_____ to _____ mg/dL	give _____ units

<input type="checkbox"/> Fixed Insulin dose change:
<input type="checkbox"/> Long-Acting Insulin dose change:
<input type="checkbox"/> Other Changes:

**This Diabetes Medical Management Plan has been approved by:**

Parent / Guardian Name / Signature:	Date:
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School representative Name / Signature:	Date:
Student's Physician / Health Care Provider Name / Signature:	Date: