



**VIRGINIA  
DIABETES MEDICAL  
MANAGEMENT PLAN AND  
PROTOCOL  
SUPPLEMENT**

**SCHOOL FORMS**

**Virginia Diabetes Council, 2009**

## **Virginia Diabetes Medical Management Plan**

Pediatric Endocrinology practices from across the state of Virginia have collaborated to develop, trial, evaluate and revise four forms for statewide use in assisting with the care of children with diabetes in the schools. These forms are intended to be used in conjunction with the Virginia Diabetes Council School Diabetes Care Practice and Protocol and do not include instructions related to basic accommodations and care which is to be expected for any child with diabetes; and covered in detail in the Protocol document. These forms are available for use by any school, or healthcare provider in the state of Virginia. The forms have been developed to be used as electronic forms which can be completed in Microsoft Word and then printed, scanned and/or saved; making them simple to archive and to alter when changes are required. A separate set of the forms has also been created for use in instances where computer access is limited or not feasible. The majority of children will need Part 1 completed as a part of their annual school enrollment and check-in with the school health clinic and Part 2 is to be completed by their healthcare provider. Part 3 and Part 4 will only be used as necessary for those wearing insulin pumps and those who are competent & accountable for self-carry privileges. Individual providers are encouraged to customize the forms to include their contact information, phone numbers, etc. It is requested that the format remain consistent so that complete information can be provided to the school health clinic personnel in a standardized manner to assure safety and the highest quality care possible for the student with diabetes.

The Virginia Diabetes Council has endorsed these forms and the Department of Education, Office of Student Services supports their use in all school systems in Virginia.

### ***A. Part 1. Contact Information and Diabetes Medical History***

This form is distributed by the school nurse/clinic and is to be completed by the parent or guardian. The information in this form provides helpful information for completing the Individualized Health Plan. A portion of this form is required by the State of Virginia Board of Education, as required by law, to determine parent/guardian permission or denial of permission for administration of insulin and/or glucagon by trained unlicensed personnel. If this form is not completed, permission or denial of permission for administration of insulin and/or glucagon by trained unlicensed personnel must be obtained by an alternative written method. This form does not require any involvement from the healthcare provider's office. This two page form should be available in the school clinic prior to the beginning of the school year and distributed to caregivers of students with known diabetes at registration, orientation or other meeting between the nurse and caregiver. The form should be completed annually or upon new diagnosis of diabetes.

## **B. Part 2. Diabetes Medical Management Plan (DMMP). Physician Orders and Authorizations**

Children with diabetes receiving care at most of the pediatric endocrinology healthcare providers' clinics/offices in Virginia have agreed to use the forms included in this document. They may complete the forms electronically, in writing or a combination of both. Parents/guardians should request or obtain these completed forms from their physician and are required to sign these forms to authorize communication between the healthcare provider's office and the school. School forms will not automatically be sent to the school without the parent/guardian's request. The forms should then be brought to the school by the child's parent/guardian. If another physician's office prefers to use his/her own *Diabetes Medical Management Plan* it must include all of the elements in this form. Copies of these forms may be shared electronically or by printing with any healthcare provider or family. These materials can also be accessed at the following websites:

Virginia Diabetes Council      [www.virginiadiabetes.org](http://www.virginiadiabetes.org)  
Virginia Department of Education      <http://www.doe.virginia.gov/VDOE/Instruction/Health/home.html>

Forms should be individualized to the specific institution and may be adjusted to reflect practice patterns of specific providers. Please note that physician authorization for treatment by trained school designees must be included in the Diabetes Medical Management Plan or a separate form must be provided. Healthcare providers and caregivers should be aware that schools can refuse to provide Diabetes Medical Management if proper orders are not on file at the school clinic. Use of prescription medications and equipment by nurses requires orders from a provider licensed in the Commonwealth of Virginia (this includes physicians, nurse practitioners and physician assistants). Providers may make changes to these orders during the school year and are required to send only the applicable page requiring changes (the entire order set is not required). A DMMP should be completed at the beginning of each school year or upon new diagnosis of diabetes.

## **C. Part 3. Plan Supplement for Student Wearing Insulin Pump**

If the child wears an insulin pump, this supplemental form should be completed by the physician and parent/guardian. Portions of this form will be completed by the parent/guardian after the healthcare provider initiates the sections requiring orders. This form has been developed to help provide information regarding the child's proficiency in operating their insulin pump and to provide information on areas of operation where they will require assistance or supervision. If the child's insulin pump is inoperable, instructions for injection therapy are included on page 2 or the physician may provide Intensive Therapy DMMP. Pump specific hyperglycemia instructions are provided on this supplement. Parents/guardians/students are required to provide adequate instruction, manuals and supplies to support pump therapy use in the school.

#### **D. Part 4. Permission to Self-Carry**

If a child is going to carry and self administer insulin and/or perform blood glucose checks in the classroom; an “Authorization to Carry and Self-Administer Medication Form” is recommended and should be completed by the physician, school nurse and the parent/guardian. As explained on the form, the school has the option to revoke this privilege if adherence to school rules or guidelines is not demonstrated by the student. This form is not required by law, but serves to inform everyone of expectations and responsibilities.

#### **E. Instructions for Use and Modification of Electronic DMMP**

The electronic version of the DMMP was formatted using Word in a Windows environment. Practices are encouraged to individualize and personalize these forms to meet the needs of their organization and practice patterns. There may be items which you prefer to have as standard selections versus drop-down choices; and you are encouraged to make these modifications to ease completion of the forms. For example, if you always use 70 mg/dL as your blood glucose level for hypoglycemia, delete the drop-down field and type in the value you always use so that you have less drop-downs to complete. If you want to add another choice to the drop-downs, you may also personalize these lists to reflect your practice patterns. If you don't use Exercise/PE Carb Ratios, you can set the Not Applicable check box to always be checked or you can delete the contents of this box on the form.

Each year you will need to change the dates for the corresponding school year on your blank original forms or on forms which were created the previous year for individual students. This is easily accomplished by using the find and replace feature available in the “Edit” features of your toolbar. This feature will also simplify customization of your forms to your institution/practice.

When using the electronic forms, you are encouraged to create folders to save each student's forms to facilitate future changes. For example, Children's Hospital of The King's Daughters (CHKD) has access to these forms on the organization's network to facilitate access from any networked computer in the system. This allows changes to be made at the time of clinic visits at various locations, from the provider's desktop during telephone conversations and from computers on the inpatient units during admissions. This allows forms to easily be faxed or emailed as needed. A multi-physician practice should consider creating folders for each physician unless students are seen by multiple providers. Experience has taught users that your practice should save a password protected version of your personalized form so that you always have an original uncompleted form saved. It is recommended that you always start completing an “empty” form so that you will be assured of not missing providing personalized orders for each student. A standardized nomenclature is

recommended for saving each student's form to ease access. This system will depend on whether you use names or medical record numbers to access patient files (keep in mind that you will not know the medical record number during telephone conversations). You might consider one the following:

Lastnamefirstnamebirthdate	smithsusan01012000
Lastnamefirstnamemedicalrecord#	jonesjohn99999999

## ***F. Instructions for Use of Microsoft Word Formatting Features***

The electronic forms have been created using the formatting features in Microsoft Word. To activate the forms follow these steps:

1. Click on view on the Toolbar.
2. Select Toolbar.
3. Put a check next to forms (this will add the forms Toolbar).
4. You will see an icon that looks like a padlock at the right end of the forms Toolbar.
5. If the padlock is gray you are in edit mode (you can make changes to the drop downs and edit the form in this mode).
6. If the padlock icon is highlighted, you have activated the form for completion as a fillable form. In this mode fillable fields and dropdowns are activated. You will be able to use the tab key or your mouse to get to each item that needs to be completed (this will help to assure that every option has been completed).

The forms have been designed to auto date every time they are opened to assure that you will always know the version you have opened and to make sure that every page is dated for the school clinic. Tabbing through the forms will guarantee that you have completed the student's name on every page of the forms.

If you are a part of a single physician practice, you will want to delete the physician name drop down options and add your printed name and credentials next to the signature section on each page to simplify use of your forms. The version included has been personalized to the CHKD practice for illustration purposes and these providers should be deleted from the list and your providers should be added.

After using the forms, you will find that there are boxes that you always check (for example ordering Glucagon for all of your intensive therapy students). When in edit mode, double click on the box and you will see an option for "not checked" or "checked" which you can customize to your preferred practice pattern.

The Virginia Diabetes Council would like to continue to receive input on the use of these forms and will need your feedback to carry out ongoing updates and revisions which will become necessary with advancements in diabetes practice and the addition of new medications, equipment and supplies. Comments should be forwarded to the current chair of the Education and Empowerment Initiative using [education@virginiadiabetes.org](mailto:education@virginiadiabetes.org) email address or via the “Contact” section on the VDC website [www.virginiadiabetes.org](http://www.virginiadiabetes.org).