



Strengthening the lives of America's youth

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Young Marines Diabetes Care Plan

Child's Name: _____ Date of Birth: _____ Age: _____

Unit: _____ Event: _____
 (Drill, Encampment, SPACES, NDSP, etc)

Diabetes Medications (check only those that are given at Young Marine event)

- Apidra Humalog Novolog
 Lantus _____ units (at lunch) Levemir (at lunch)
 Riomet Glucophage Glucose Tablets Glucagon

Method of Insulin Delivery During School Hours:

- Vial and Syringe Insulin Pen Insulin Pump May self-medicate May not self-medicate
 May self-medicate with supervision: Name of person supervising _____

<u>Carbohydrate Counting:</u>	<u>Sliding Scale:</u>	<u>Insulin Pumps</u>
use rapid acting insulin	use rapid acting insulin	use rapid acting insulin
<input type="checkbox"/> No carbohydrate coverage	Target Range = _____	Target Blood Sugar = _____
<input type="checkbox"/> _____ units per _____ gm/carbs	If blood sugar is:	Insulin Sensitivity Factor: _____
<input type="checkbox"/> Meals Only <input type="checkbox"/> Meals & Snacks	_____ give _____ units	<u>Current BS - Target BS</u> = #units Insulin Sensitivity Factor
<input type="checkbox"/> Set dose: BF _____ units	_____ give _____ units	
L _____ units	_____ give _____ units	
Snacks _____ units	_____ give _____ units	
<i>Insulin may be given anytime there are carbs eaten, except in the case of treating a low blood sugar</i>	_____ give _____ units	
<i>If blood sugar is 60-70 before the meal, subtract 15 gms from total carbs eaten and cover the remaining amount of carbs with insulin. If < 60 follow "rule of 15" before sending to lunch.</i>	<i>Sliding scale (correction insulin) may not be given more frequently than every 3-4 hours</i> <i>Due to the risk of low blood sugar.</i>	<i>All calculations MUST go through the bolus wizard or EZ bolus in the pump.</i>

Blood Glucose Monitoring: Young Marine can perform Young Marine must be supervised
 Trained staff must perform **Meter is to be kept:** with Young Marine Other _____

Times for glucose monitoring: Before meals Before Snacks Other _____

Midafternoon Signs/Symptoms of hypo/hyperglycemia

Parents initials: _____

Providers Initials _____

Insulin Pump Therapy

- Medtronic
 Animas
 OmniPod

For ALL Young Marines using insulin pumps:

- Keotones (blood or urine) should be checked anytime blood sugar is >300 (refer to “pump flow sheet” on following page for treatment.)
- At least 1 extra pump set should be kept with Young Marines gear at all times
- A vial/syringe or insulin pen/pen needles should also be kept in case of pump malfunction
- For blood sugar <70 follow “Rule of 15” (insulin pump should not be disconnected.)
- For severe low blood sugar (passing out, seizure, unresponsive) follow emergency plan (insulin pump should be temporarily disconnected)
- Parent(s) agree Young Marines, Inc, staff, Units or Registered Adults is not responsible to replace pumps that are damaged, lost, or stolen at a Young Marine event.

Young Marine is responsible for maintaining their insulin pump.

This Young Marine has been trained to independently manage their insulin pump including, but not limited to:

- Giving boluses of insulin to cover food eaten and to correct elevated blood sugars. (THIS MUST BE DONE USING BOLUS WIZARD or EZ BOLUS PROGRAMS)
- Changing pump infusion sets

Young Marine is NOT able to independently maintain their insulin pump.

Because of young age or lack of developmental readiness, this student cannot independently manage their pump.

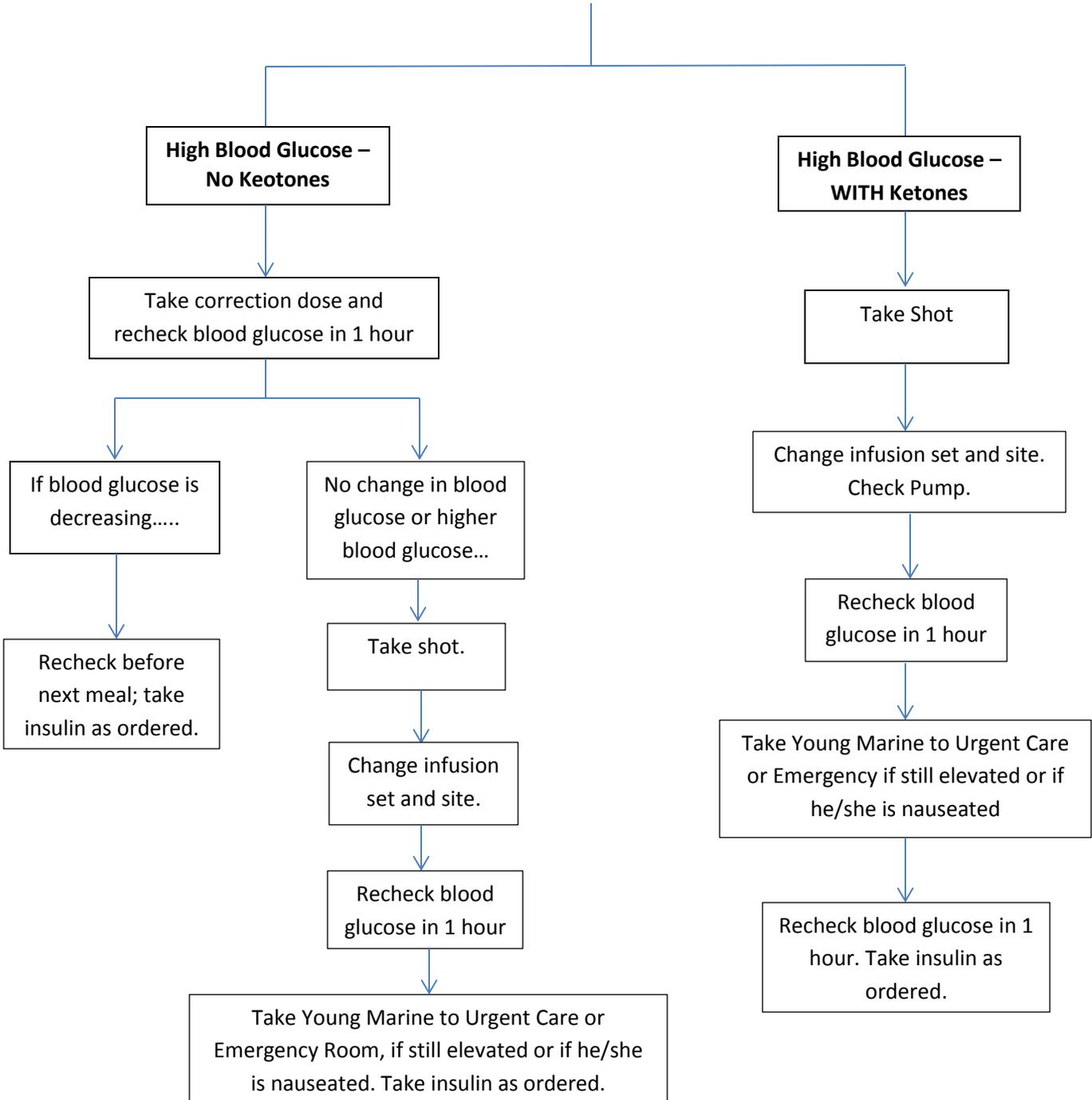
- Parent and/or insulin pump trainer will provide training to person responsible for helping the child manage the insulin pump while at Young Marine event. (If this is a SPACES event and parent or trainer is unable to provide training over the phone please contact the National Training Department at 800-717-0060)
- Registered Adult will need to verify the dose in the pump before the child pushes the activate button.
- CALL the PARENT for problem solving:
 - If Young Marine has a blood glucose of >300 mg/dl
 - If Young Marine complains of tenderness at insertion site
 - If pump detaches from insertion site
 - If you notice leakage of insulin
 - If pump alarms or malfunctions.

Parents initials _____ Date _____

Providers Initials _____ Date _____

Pump Flow Sheet

When you have high blood glucose with or without symptoms: High Blood glucose = over 300
Check Ketones (urine or blood)





Call parents if blood sugar is below 70 or greater than 300.

Parents should be instructed to call the Young Marine's Endocrinologist if blood sugars continue to trend high, low, or if sick so dose can be adjusted.

Hypoglycemia (Low Blood Sugar)

Symptoms typically seen: Hunger, Headache, Dizziness, Irritability, Nervousness, Crying, Sweating, Tremors, Confusion, Poor Concentration, paleness, Poor Coordination

***Do NOT leave Young Marine unattended. Have Young Marine check blood sugar. If blood sugar is less than 70 follow the "Rule of 15"

Rule of 15

For a low blood sugar: Less than 70

1. TREAT with 15 grams carbohydrates ONLY!
2. WAIT!! 15 Minutes
3. RECHECK blood sugar.
4. If blood sugar is not above 80 repeat above steps.

Treatment of choice for low blood sugar: (All have 15 grams of carbs) Choose only 1:

- | | |
|--------------------------|----------------------------|
| 4 round glucose tablets | 1 Tablespoon of honey |
| 3 square glucose tablets | 8 ounces of milk |
| 4 nab size crackers | 1 tube cake decorating gel |
| 4 ounces juice | 4 ounces regular soda |

- PLEASE DO NOT OVERTREAT! THIS MAY CAUSE HYPERGLYCEMIA!

Emergency Plan for Low Blood Sugar

If Young Marine is unresponsive, unable to swallow, or unconscious: CALL 911!!

Lay Young Marine on side. Give fast acting carbohydrate such as cake gel, glucose gel or syrup to the inner cheek.

**** Never place sugar in the back of the throat.

Call parents.

Hyperglycemia (High Blood Sugar):

Symptoms typically seen: Increased thirst, increased urination, blurred vision, abdominal pain, nausea, vomiting

Treatment: Liberal bathroom privileges and increase sugar free fluid intake, sliding scale insulin every 3-4 hours.

****If vomiting or appearing sick, call parents immediately. This is a potential emergency!!
Take Young Marine to nearest Urgent Care or Emergency Room.

Physical Activity/ PT

***If physical activity is ≤ 2 hours after a meal, a blood sugar check is not needed unless the Young Marine is experiencing symptoms of hydro/hyperglycemia.

For example:

- If Young Marine eats lunch at 12:00 and then goes to PT immediately after lunch, do not check blood sugar.
- If Young Marine eats breakfast at 7:00 AM and has PT at 10:00 AM, blood sugar should be checked before PT.

Student should not exercise if blood sugar is less than 100 or greater than 300 UNTIL appropriate treatment has been given (ie: glucose for lows, insulin for highs).

Adding Snacks for Exercise

Less than 30 minutes low activity: (ex: walking, drill)

If blood glucose is:

- Less than 100.....Give 15 grams carbohydrates
- 100-300.....No snack needed
- Over 300.....Do not exercise, follow sliding scale, consult medical staff if needed

30-60 minutes moderate activity: (swimming, jogging slowly)

If blood glucose is:

- Less than 100.....Give 25-50 grams carbohydrates
- 100-180.....Give 10-15 grams carbohydrates
- 180-300.....No snack needed
- Over 300.....Do not exercise, follow sliding scale, consult medical staff if needed

60 minutes or more heavy activity: (ex: team sports, running)

If blood glucose is:

- Less than 100.....Give 50 grams carbohydrates, monitor glucose
- 100-120Give 25-50 grams carbohydrates
- 180-300.....Give 10-15 grams carbohydrates
- Over 300.....Do not exercise, follow sliding scale, consult medical staff if needed



Parent's Permission for Diabetic Care

I am the parent/legal guardian of _____ (Young Marine). I give my consent for the staff/Registered Adults for _____ (event) to follow the Young Marines Diabetes Care Plan and to use the medications on my child in accordance with the instructions above. I understand that I am to provide the Young Marine event with supplies, snacks, equipment, etc. to follow the plan. It is my responsibilities to have the health care provider approve/amend the plan. I will keep the Young Marines informed if changes are made at a future time. I hereby acknowledge that I have read, understand, and support the Diabetes and Emergency Care Plan. I release the Young Marines and its Registered Adults from liability connected with administering the plan.

I hereby authorize my child's health care provider to release information to the event Medical Officer, Registered Adult, Urgent Care Facility or Emergency Department closest to the event, specific confidential, medical information regarding diabetes contained in my child's medical record. Only Registered adults for the event that will deliver health care services to my child will use this information.

Parent/Guardian Signature _____ Date _____

Print Name _____ Current Phone Number _____

Address: _____ Alternate Phone Number: _____

City: _____ State: _____ Zip: _____

Email Address: _____

To be completed by Health Care Provider

I have reviewed the Young Marines Diabetes Care Plan and approve it.

Place Provider's
Seal/Stamp Here

Health Care Provider's Signature _____ Date: _____