

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 of DMMP)

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:

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
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	"A" Insulin-to-Carbohydrate Ratio	"B" Units of Insulin
<input type="checkbox"/> Breakfast	per _____ gm of carbohydrate	_____ unit of insulin
<input type="checkbox"/> Lunch	per _____ gm of carbohydrate	_____ unit of insulin
<input type="checkbox"/> Snack	per _____ gm of carbohydrate	_____ unit of insulin
<input type="checkbox"/> Dinner	per _____ gm of carbohydrate	_____ unit of insulin

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

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

Fixed Insulin dose change:

Long-Acting Insulin dose change:

Other Changes:

This Diabetes Medical Management Plan has been approved by:

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