FM 5336 F2

Dugsiyada Magaalada Westerville
Kaabaha Daryeelka Sonkorowga
(Boggan ku lifaaq Dalabka Bixiyaasha Caafimaadka)

Magaca Ardayga: _____Taariikhda Dhalashada:_____

Noocyada Sonkorowga: _____Taariikhda La Ogaaday: _____

Magaca Dugsiga: _____Macalinka Fasalka:_____

Saxiixyada

Aniga oo ah, (waalidka/mas'uulka)_____waxaan u oggolaaday kalkaalisada dugsiga ama xirfadlayaasha daryeelka caafimaadka ama shaqaalaha u tababaran sonkorowga in ay u sameeyaan oo ay u fuliyaan hawlaha daryeelka sonkorowga sida lagu qeexay Qorshaha Maareynta Caafimaadka Sonkorowga. Waxa kale oo aan oggolaaday in macluumaadka ku jira Qorshahan Maareynta Caafimaadka Sonkorowga loo sii daayo dhammaan xubnaha shaqaalaha dugsiga iyo dadka kale ee waaweyn ee mas'uuliyad ka saarantahay ilmahayga ee laga yaabo inay u baahdaan inay ogaadaan macluumaadkan si ay u dhowraan caafimaadka iyo badbaadada ilmahayga. Waxa kale oo aan u fasaxayaa kalkaalisada dugsiga ama xirfadlayasha daryeelka caafimaadka ee aqoonteeda leh in ay la shaqeeyaan dhakhtarka/bixiyaha daryeelka caafimaadka ardaygayga.

Waxaa qiray oo helay:

Waalidka/Mas'uulka Ardayga: _____Taariikhda:____

Kalkaaliyaha Dugsiga ama Wakiilka: _____ Taariikhda:___

2/24/25

Qorshaha Maareynta Caafimaadka Sonkorowga (DMMP)

Qorshahan waa in ay dhamaystiraan kooxda daryeelka caafimaadka sonkorowga ee ardayga, oo ay ku jiraan waalidiinta/mas'uuliyiinta. Waa in ay dib u eegaan shaqaalaha dugsiga ee ay khuseyso oo waa in nuqullo lagu kaydiyaa meel ay si fudud uga heli karaan kalkaalisada dugsiga, shaqaalaha u tababaran sonkorowga, iyo shaqaalaha kale ee loo idmay.

Taariikhda Qorshaha: _____ Qorshahani wuxuu shaqaynayaa sannad dugsiyeedka hadda socda: _____-_____

Macluumaadka ardayga

Magaca Ardayga:_____ Taariikhda Dhalashada: _____

Taariikhda la ogaaday cudurka sonkorowga:_____ ☐ Nooca 1 ☐ Nooca 2 ☐ Kale: _____

Dugsiga: _____ Lambarka Taleefoonka Dugsiga: _____

Fasalka: _____ Macalinka Fasalka: _____

Kalkaalisada dugsiga:_____ Taleefanka: _____

Macluumaadka xiriirka

Waalidka/mas'uulka 1: _____

Cinwaanka: _____

Taleefanka: Guriga: _____ Shaqada: _____ Taleefanka Gacanta: _____

Cinwaanka Iimaylka: _____

Waalidka/mas'uulka 2: _____

Cinwaanka: _____

Taleefanka: Guriga: _____ Shaqada: _____ Taleefanka Gacanta: _____

Cinwaanka Iimaylka: _____

Dhakhtarka/bixiyaha daryeelka caafimaadka ardayga: _____

Cinwaanka: _____

Taleefanka: _____ Lambarka Xaaladda Degdegga ah: _____

Cinwaanka iimaylka: _____

Xiriirka Deg-degga ah ee kale:

Magaca: _____ Xiriirka ka dhaxeeya/Waxa ay isku yihiin: _____

Taleefanka: Guriga: _____ Shaqada: _____ Taleefoonka Gacanta:_____

Baaridda gulukoosta/sonorta ku jira dhiigga

Kambaniga/moodhelka cabiraha gulukooska dhiigga: _____

Heerka laga rabo gulukoosta dhiigga:

Kahor Intaadan wax Cunin: ☐ 90–130 mg/dL ☐ Kale: _____

Hubi heerka gulukooska dhiigga:

☐ Kahor quraacda ☐ Kadib quraacda ☐ _____Saacadood kadib quraacda ☐ 2 saacadood kadib qiyaasta sixidda

☐ Kahor qadada ☐ Kadib qadada ☐ _____Saacadood kadib qadada ☐ Kahor ka siidaynta dugsiga

☐ Barqada ☐ Kahor Ciyaarta Jimicsiga Jirka ☐ Kadib Ciyaarta Jimicsiga Jirka ☐ Kale: _____

☐ Sida loogu baahdo iyadoo la eegayo calaamadaha/astmaaaha hoos u dhaca ama sara u kaca gulukooska dhiigga

☐ Sida loogu baahdo iyadoo la eegayo calaamadaha/astmaaaha xanuunka

Goobta baariraanka ee la door biday: ☐ Goobta caarada farta ee laga mudayo ☐ Kale: _____

Fiiro gaar ah: Dhinaca caarada faraha waa in mar walba la isticmaalaa si loo eego heerka gulukooska dhiigga haddii laga shakiyo hoos u dhaca gulukooska dhiiga.

Xirfadaha baaridda gulukoosta dhiigga ee uu iskii ardayga u samayn karo:

☐ Si madax-banaan u baaraa gulukoosta dhiiga

☐ U baari karaa gulukoosta dhiiga iyadoo lala eegayo

☐ U baahan in kalkaalisada dugsiga ama shaqaale u tababaran sonkorowga uu ka baaro gulukoosta dhiigga

☐ Adeegsadaa talefanka casriga ah ama tignoolajiyada kale ee la socodka si uu ula socdo cabirka gulukoosta dhiigga

Kormeeridda gulukoosta ee joogtada ah (CGM): ☐ Haa ☐ Maya Kambaniga/Moodheelka: _____

Gambaleelka Digniinta waxaa lagu buuxiyay: Hoos u dhac Daran: _____ Hoose: _____ Sare: _____

Gambaleelka digniinta ee loo adeegsado saadaalinta: Hoose: _____ Sare: _____

Heerka isbeddelka: Hoose: _____ Sare: _____

Xadka Joojinta Insuliin Bixinta: _____

CGM waxaa loo isticmaali karaa xisaabinta insuliinta haddii gulukoosku u dhexeeyo ___-___ mg/dL ____Haa _____Maya

CGM waxaa loo isticmaali karaa maaraynta hoos u dhaca gulukooska dhiiga _____Haa ____Maya

CGM waxaa loo isticmaali karaa maaraynta sare ukaca gulukooska dhiiga _____Haa _____Maya

Macluumaad dheeri ah oo loogu talagalay ardayga leh CGM

- Cirbadaha insuliinta waa in laga duraa ugu yaraan saddex inji meel ka fog goobta la geliyo CGM.
- Ha iska bixin CGM-ka marka aad ciyaarayso isboortiga.
- Haddii koollada ay fuqayso, kula dhaji koolo caafimaad ahaan la oggolyahay.
- Haddi CGM-ku kaa fuqo, wax walba ku soo celi waalidka/mas'uulka. Qaybna ha tuurin.
- Tixraac tilmaamaha soo-saaraha ee ku saabsan sida loo isticmaalo aaladda ardayga.

Awoodda uu Ardayga Iskii ugu Adeegsan karo CGM-ka: Calaamadee "Haa" ama "Maya" haddii ardaygu si madax-bannaan u samayn karo hawlahan.

Ardaygu wuxuu cillad bixin karaa gambaleelka dugniinaha iyo cilladaha.	☐ Haa	☐ Maya
Ardaygu wuu garanayaa waxa la samaynayo wuuna awoodaa in uu wax ka qabto digniinta gambaleelka SARE.	☐ Haa	☐ Maya
Ardaygu wuu garanayaa waxa la samaynayo wuuna awoodaa in uu wax ka qabto digniinta gambaleelka HOOSE.	☐ Haa	☐ Maya
Ardaygu wuu sixi karaa CGM-ka.	☐ Haa	☐ Maya
Ardaygu wuu garanayaa waxa la sameeyo marka CGM ay muujiso kor u kac ama hoos u dhac degdeg ah uu ku yimado heerka gulukoosta dhiigga.	☐ Haa	☐ Maya

Ardayga waa in loo wadaa kalkaalisada haddii gambaleelka digniinta ee CGM uu qayliyo: ☐ Haa ☐ Maya

Tilmaamaha kale ee loogu talagaley kooxda caafimaadka dugsiga: _____

Daawaynta hoos u dhaca gulukooska dhiiga

Calaamadaha caadiga ah ee hoos u dhaca gulukooska dhiiga ee ardayga (liiska hoose): _____

_____

Haddii ay calaamaduhu muujiyaan hoos u dhaca gulukooska dhiiga, AMA in heerka gulukooska dhiiggu ka yar yahay _____ mg/dL, sii shay gulukoos ah oo si dhaqsa ah usii cunto macaan leh oo u dhiganta _____garaam oo kaarbohaydharayd ah.

Dib-u-baar gulukoosta dhiigga 15 daqiiqo kadib oo ku celi daawaynta haddii heerka gulukoosta dhiiggu ka yar yahay _____mg/dL.

Daawaynta kale: _____

_____

Haddii ardaygu aanu awoodin inuu wax cuno ama wax cabbo, miyir daboolmo ama aanu falcelin lahayn, ama uu suuxo ama gariirayo (dhaqdhaqaaq ruxmid ah):

- Dhinac dhinac u seexi ardayga si aanu u margan.
- Sii gulukagon (glucagon) Magaca gulukagonka la isticmaalay: _____

Duridda:

☐ 1 mg ☐ ½ mg ☐ Kale (qiyaas) _____

- Qaabka daawo qaadashada: ☐ Ku duridda maqaarka hoostiisa (Subcutaneous (SC)) ☐ Ku duridda muruqa oo laga siiyo (Intramuscular (IM))
- Meesha jirka looga durayo gulukagonka: ☐ Barida ☐ Gacanta ☐ Bowdada ☐ Kale: _____

San ka qaadashada:

☐ 3 mg

- Qaabka daawo qaadashada: ☐ San ka qaadasho (Intranasal (IN))
- Meesha laga qaadanayo: ☐ Sanka

- Wac 911 (Adeegyada Caafimaadka Degdegga ah) iyo waalidka/masuulka ardayga.
- La xiriir bixiyaha daryeelka caafimaadka ardayga.
- Haddii uu bamka insulintu kugu xiran tahay, jooji adiga oo ka riixaya habka joojinta ama iska saar. Had iyo jeer EMS bamka u raaci isbitaalka.

Daawaynta sare u kaca gulukooska dhiiga

Calaamadaha caadiga ah ee sare u kaca gulukooska dhiiga ee ardayga (liiska hoose): _____

_____

- Ka baar ☐ Kaadida ☐ Aashitada (ketones) dhiiga saacad _____kasta marka heerka gulukoosta dhiiga uu ka sareeyo _____mg/dL.
- Marka gulukoosta dhiigga uu ka badan yahay _____mg/dL OO ugu yaraan _____saacadood laga joogo goortii la siiyay qiyaasta insuliinkii ugu dambeeysay, sii qiyaasta/cadadka sixidda ee insuliinta (eeg dalabyada qiyaasta sixitaanka).
- Ogeysii waalidiinta/masuulka haddii gulukoosta dhiigu ka sarreeyo _____mg/dL.
- Isticmaalayaasha bamka insuliinta: Eeg **Macluumaadka Dheeraadka ah ee loogu talagalay Ardayga adeegsado Bamka Insuliinta.**
- U oggolow inay si aan xadidnay musqusha u isticmaalaan.
- Sii biyo dheeraad ah iyo/ama cabitaan aan sonkor ku jirin (ha siin casiirka miraha): _____wiqiyadood saacaddii.

Daawaynta dheeraadka ah ee aashitada dhiigga: _____

- Raac amarada dhaqdhaqaaqa jirka iyo ciyaaraha. (Eeg **Dhaqdhaqaaqa Jirka iyo Ciyaaraha**)

Haddii ardaygu leeyahay calaamadaha sara ukaca gulukoosta dhigga oo degdeg ah, wac 911 (Adeegyada Caafimaadka Degdegga ah) oo la xiriir waalidka/mas'uulka iyo bixiyaha daryeelka caafimaadka ardayga. Calaamadaha sara ukaca gulukoosta dhigga ee degdegga ah waxaa ka mid ah: afka oo qallalo, harraad/oomid daran, lalabo iyo matag, calool xanuun daran, neefsasho culus ama neef qaadashada oo kugu adkaata, laab xanuun, hurdo badan ama daallanaan, ama miyir beelid heer diiqad ah.

Daaweynta insuliinta

Qalabka insuliin siinta: ☐ Saliingo ☐ Qalinka insuliinta ☐ Bamka insuliinta

Nooca daawaynta insuliinta ee dugsiga: ☐ Insuliinta la baddeli karo (insuliinta muddada dheer-insuliinta muddada gaaabn).
☐ Daaweynta insuliinta ee go'an ☐ Insuliin la'aan

Daawaynta Insuliinta La baddali karo (Mudddada dheer-muddada gaaban)

- **Insuliinta karbohaydharaydka/Qiyaasta/Dawada Sixidda:** Magaca insuliinta: _____
- **Insuliinta karbohaydharaydka:**

  Saamiga Insuliinka iyo karbohaydraydhka:

  Quraac: 1 unug oo insuliin ah ee_____garaam oo karbohaydharayd ahba
  Qadada: 1 unug oo insuliin ah ee_____garaam oo karbohaydharayd ahba
  Cuntooyika Fudud: 1 unug oo insuliin ah ee_____garaam oo karbohaydharayd ahba

Tusaalaha Xisaabinta Qiyaasta/Cabibirka Karbohaydraydhka
Wadarta garaamka Karbohaydraydhka la Cunay ÷ Saamiga Insuliinka iyo Karbohaydraydhka = _____Halbeegyada Insuliinta

Qiyaasta/Cabbirka Sixitaanka: Cunsurka sixitaanka gulukooska dhiigga (cunsur qaadan-ogaanshaha insulinta) = _____
Bartilmaameedka gulukoosta dhiigga laga rabo = _____mg/dL

Tusaalaha Xisaabinta Qiyaasta/Cabbirka Sixitaanka
(Heerka Gulukooska Dhiiga ee Hadda – Bartilmaameedka gulukoosta dhiigga laga rabo) ÷ Cunsurka Sixitaanka = _____Halbeegyada Insuliinta

Miisaanka qiyaasta/Cabbirka sixitaanka (isticmaal halkii aad ka isticmaali lahayd xisaabinta kore si aad u go'aamiso qiyaasta insulinta sixitaanka):

Marka gulukoosta dhiigga yahay _____illaa____mg/dL, sii _____unug
Marka gulukoosta dhiigga yahay _____illaa _____mg/dL, sii _____unug
Marka gulukoosta dhiigga yahay _____illaa ____mg/dL, sii _____unug
Marka gulukoosta dhiigga yahay _____illaa _____mg/dL, sii _____unug

Eeg tusaalooyinka xaashida shaqada ee **Si Horumarsan u Maamulidda Insuliinta: Isticmaalka Saamiyada Insuliinta iyo Kaarbohaydharaydka iyo Cunsuryada Sixitaanka** ee tilmaamaha ku saabsan sida loo xisaabiyo qiyaasta insuliinta iyadoo la adeegsanayo saamiga insuliinta iyo kaarbohaydharaydka ee ardayga iyo cunsurka sixitaanka insuliinta.

Marka ay tahay inaad siiso insuliin:

Quraac

☐ Insuliinta daboosho karbohaydharaydka kaliya

☐ Insuliinta daboosho karbohaydharaydka oo lagu daray qiyaasta sixitaanka marka gulukoosta dhiigga uu ka sarreeyo _____mg/dL oo laga joogo _____ saacadood tan iyo goortii la siiyay qiyaasta insuliinta ee ugu dambaysay.

☐ Kale: _____

Qado

☐ Insuliinta daboosho karbohaydharaydka kaliya

☐ Insuliinta daboosho karbohaydharaydka oo lagu daray qiyaasta sixitaanka marka gulukoosta dhiigga uu ka sarreeyo _____mg/dL oo laga joogo _____ saacadood tan iyo goortii la siiyay qiyaasta insuliinta ee ugu dambaysay.

☐ Kale: _____

Cuntada fudud

☐ Insuliin qaadasho uma baahna cuntooyinka fudud

☐ Insuliinta daboosho karbohaydharaydka kaliya

☐ Insuliinta daboosho karbohaydharaydka oo lagu daray qiyaasta sixitaanka marka gulukoosta dhiigga uu ka sarreeyo _____mg/dL oo laga joogo _____ saacadood tan iyo goortii la siiyay qiyaasta insuliinta ee ugu dambaysay.

☐ Qiyaasta/Cabbirka sixitaanka oo kaliya: Marka gulukoosta dhiigga uu ka sarreeyo _____mg/dL OO ugu yaraan laga joogo _____ saacadood tan iyo goortii la siiyay qiyaasta insuliintii ugu dambaysay.

☐ Kale: _____

Daawaynta insuliinta (sii socdo)

Daaweynta Insuliinta cadadka Go'an Magaca Insuliinta: _____

☐ _____Cabbirka insuliinta la siinayo maalin kasta quraacda kahor

☐ _____Cabbirka insuliinta la siinayo maalin kasta qadada kahor

☐ _____Cabbirka insuliinta la siinayo maalin kasta cuntooyinka fudud kahor

☐ Kale: _____

Daaweynta Insuliinta Muddada dheer Magaca Insuliinta: _____

In la siiyo saacadaha dugsiga: _____Qiyaasta quraacda kahor ah: _____cabbirka

_____Qiyaasta qadada kahor ah: _____cabbirka

_____Qiyaasta cashada kahor ah: _____cabbirka

Daawooyinka kale ee sonkorowga:

Magaca: _____Qiyaasta: _____Qaabka daawo qaadashada: _____Waqtiyada la siiyo: _____

Magaca: _____Qiyaasta: _____Qaabka daawo qaadashada: _____Waqtiyada la siiyo: _____

Oggolaanshaha Waalidka/Masuulka ee Baddelidda Qiyaasta Insuliinta

☐ Haa ☐ Maya Oggolaanshaha waalidka/masuulka waa in la helaa ka hor inta aan la siin qiyaasta sixitaanka.

☐ Haa ☐ Maya Waalidiinta/mas'uuliyiinta waxaa loo oggolyahay inay kordhiyaan ama yareeyaan cabbirka qiyaasta sixitaanka iyagoon ka baxayn xadkan hoose: +/- _____cabbirka insuliinta.

☐ Haa ☐ Maya Waalidiinta/mas'uuliyiinta waxaa loo oggolaaday inay kordhiyaan ama yareeyaan saamiga insuliinta iyo karbohaydraydka inta u dhaxaysa: _____unug halkii garaam oo karbohaydrayd ah ee la qoray, +/ _____ garaam oo karbohaydrayt ah.

☐ Haa ☐ Maya Waalidiinta/mas'uuliyiinta waxaa loo oggolyahay inay kordhiyaan ama yareeyaan cabbirka qiyaasta insuliinta xadidan iyagoon ka baxayn xadkan hoose: +/- _____cabbirka insuliinta.

Awoodda uu ardaygu u leeyahay inuu isku duro insuliinta:

☐ Wuxuu si madax-bannaan u xisaabiyaa oo isugu duraa cirbadda insuliinta.

☐ Waxa laga yaabaa inay xisaabiso/isku duro cirbadda insuliinta iyada oo laga warhayo.

☐ U baahan in kalkaalisada dugsiga ama shaqaale u tababaran sonkorowga uu u xisaabiyo qiyaasta kaddibna uu ardaygu isku duro insuliinta iyadoo laga warhayo.

☐ U baahan in kalkaalisada dugsiga ama shaqaale u tababaran sonkorowga uu u xisaabiyo qiyaasta oo uu ku duro cirbadda insuliinta.

Macluumaadka dheeraadka ah ee loogu talagalay ardayga adeegsada bamka insuliinta

Kambaniga/moodhelka bamka: _____ Nooca insuliin ee ku jira bamka: _____

Heerka muddada-gaaban inta lagu jiro dugsiga: Waqtiga: _____ Heerka insuliinta muddada-gaaban: _____

Waqtiga: _____ Heerka insuliinta muddada-gaaban: _____

Waqtiga: _____ Heerka insuliinta muddada-gaaban: _____

Waqtiga: _____ Heerka insuliinta muddada-gaaban: _____

Waqtiga: _____ Heerka insuliinta muddada-gaaban: _____

Tilmaamaha kale ee bamka: _____

_____

Noocyada faleenbada jirka siisa insuliinta: _____

Macluumaadka dheeraadka ah ee loogu talagalay ardayga adeegsada bamka insuliinta (sii socota)

Goobta faleenbada in la galiyo ku habboon: _____

☐ Hadduu gulukoosta dhiigga uu ka badan yahay_____mg/dL oo uusan hoos u dhicin _____saacadood gudahood kadib marka la siiyo insuliinta sixitaanka, tixgeli in ay cillad ku timid bamka ama goobta faleenbada lagu muday. Ogeysii waalidka/masuulka.

☐ Ku guuldareysiga goobta faleenbada: Geli faleenbo cusub iyo/ama beddel insuliin kaydiyaha, ama ku sii insuliinta siliingo ama qalin.

☐ Haddii bamka looga shakisan yahay: Jooji ama ka saar bamka oo ku sii insuliinta siliingo ama qalin.

Dhaqdhaqaaqa Jirka

Waaad ka saari kartaa bamka haddii uu isboorti ciyaarayo: ☐ Haa, illaa _____saacadood ☐ Maya

Deji heerka insuliinta muddada gaaban ee ku meel gaarka ah:

☐ Haa, _____% insuliinta muddada gaaban ee ku meel gaarka ah ee illaa _____saacadood ☐ Maya

Jooji isticmaalka bamka: ☐ Haa, illaa _____saacadood ☐ Maya

Awoodda uu Ardaygu Iskii ugu Adeegsan karo Bambka: Calaamadee "Haa" ama "Maya" haddii ardaygu si madax-bannaan u samayn karo hawlahan.

Xisaabin karo kaarbohaydharaydka	☐ Haa	☐ Maya
Xisaabiyo qaddarka saxda ah ee insuliinta ee u dhiganto karbohaydraytyada la cunay	☐ Haa	☐ Maya
Isku duraa insuliinta muddada-dheer ee sixitaanka	☐ Haa	☐ Maya
Xisaabiyaa oo dejiyaa habka insuliinta muddada-gaaban	☐ Haa	☐ Maya
Xisaabiyaa oo dejiyaa akoonada insuliinta muddada-gaaban ee ku meel gaarka ah	☐ Haa	☐ Maya
Baddalaa bateriga	☐ Haa	☐ Maya
Iska bixiyaa bamka	☐ Haa	☐ Maya
Faleenbada insuliinta jirka siisa uu isagu dib ugu xiraa bamka	☐ Haa	☐ Maya
Diyaariyaa insuliin kaydiyaha, boodhka, iyo/ama tuubooyinka qalabka insuliinka	☐ Haa	☐ Maya
Galiya faleenbada jirka siisa insuliinta	☐ Haa	☐ Maya
Cillad bixin karaa gambaleelka dugniinaha iyo cilladaha	☐ Haa	☐ Maya

Qorshaha cuntada

Cunto/cunto fudud	Waqtiga	Waxyaabaha uu ka kooban yahay karbohaydraydka (graam)
Quraac		_____illaa_____
Cuntada fudud ee barqada		_____illaa_____
Qado		_____illaa_____
Cuntada fududa ee casiriyada		_____illaa_____

Waqtiyada kale ee la siiyo cunto fudud iyo waxyaabaha/xaddiga aad siinayso: _____

_____

Tilmaamaha la raacayo marka cunto la siinayo fasalka (tusaale, iyada oo qayb ka ah xaflad fasal ama munaasabadda tijaabinta cuntooyinka): _

_____

Baddelka cuntada, cuntooyinka fudud iyo munaasabadaha/xafladaha gaarka ah ee waalidka/mas'uulka oggolaaday.

Cuntooyinka gaarka ah ee munaasabadda/xafladda ee la oggol yahay: ☐ Go'aan gaaridda waalidka/mas'uulka ☐ Go'aan gaaridda ardayga

Awoodda uu ardayga u leeyahay inuu daryeelka nafaqada jirkiisa:

☐ Si madax-banaan u xisaabiyaa kaarbohaydharaydka

☐ Tirin karaa kaarbohaydraydhyada iyadoo la kormeerayo

☐ U baahan kalkaalisada dugsiga/shaqaale u tababaran sonkorowga inuu u xisaabiyo kaarbohaydraydhyada

Dhaqdhaqaaqa jirka iyo ciyaaraha

Waxyaabaha laga helo gulukooska sida dhaqsaha ah jirka u galo sida ☐ kaniinka gulukoosta iyo/ama ☐ casiirka sonkorta leh waa in laga helaa goobta barashada jimicsiga iyo ciyaaraha.

Ardaygu waa inuu cunaa ☐ 15 garaam oo kaarbohaydharayd ah ☐ 30 garaam oo kaarbohaydharayd ah ☐ kale: _____

☐Kahor dhaqdhaqaaq/jimicsiga badan ☐ 30 daqiiqo oo kasta inta lagu jiro dhaqdhaqaaq/jimicsiga badan
☐ 60 daqiiqo oo kasta inta lagu jiro dhaqdhaqaaq/jimicsiga badan ☐ kadib dhaqdhaqaaq/jimicsiga badan ☐ kale: _____

Haddii gulukoosta dhiigga ee ugu dambeeyay uu ka yar yahay _____mg/dL, ardaygu waxa uu ka qayb qaadan karaa hawlaha jirka/jimicsi marka gulukoosta dhiiga la saxo iyo marka uu ka badan yahay _____mg/dL.

Ka fogow dhaqdhaqaaqa jirka marka gulukoosta dhiiggu ka badan yahayn _____mg/dL ama haddii kaadida/aashitada (ketones) dhiiga ay dhexdhexaad yihiin ama badan yihiin.

(Eeg **Siinta Insuliinta** si aad u hesho macluumaad dheeri ah oo loogu talagalay ardayda isticmaasha bamamka insuliinta.)

Musiibada/xaaladaha degdegga ah iyo qorshaha la tacaalidda

Si aad ugu diyaargarowdo masiibo aan la filayn, xaalad degdeg ah (72 saacadood) ama la tacaalida, xirmada saadka degdega ah kasoo qaado waalidiinta/mas'uuliyiinta. Kalkaalisada dugsiga ama shaqaalaha kale ee loo xilsaaray waa in ay geeyaan sahayda iyo daawoyinka sonkorowga ardayga meesha uu u socdo si loogu diyaariyo ardayga inta ay socoto musiibada aan la qorshayn, xaaladda degdega ah, ama lala tacaalayo.

☐ Raac amarada ku jira Qorshaha Maareynta Caafimaadka Sonkorowga (DMMP).

☐ Dalabyada dheeraadka ah ee insuliinta waa sidan hoose (tusaale, casho iyo habeen): _____

_____

_____

☐ Kale: _____

Saxiixyada

Qorshahan Maareynta Caafimaadka Sonkorowga (DMMP) waxaa ansixiyay:

_____

Dhakhtarka/Bixiyaha Daryeelka Caafimaadka ee Ardayga Taariikhda

Aniga oo ah, (waalidka/mas'uulka) _____waxaan u oggolaaday kalkaalisada dugsiga ama xirfadlayaasha daryeelka caafimaadka ama shaqaalaha u tababaran sonkorowga ee (dugisga)_____ in ay u sameeyaan oo ay u fuliyaan hawlaha daryeelka sonkorowga sida lagu qeexay Qorshaha Maareynta Caafimaadka Sonkorowga ee (ardayga) _____. Waxa kale oo aan oggolaaday in macluumaadka ku jira Qorshahan Maareynta Caafimaadka Sonkorowga loo sii daayo dhammaan xubnaha shaqaalaha dugsiga iyo dadka kale ee waaweyn ee mas'uuliyad ka saarantahay ilmahayga ee laga yaabo inay u baahdaan inay ogaadaan macluumaadkan si ay u dhowraan caafimaadka iyo badbaadada ilmahayga. Waxa kale oo aan u fasaxayaa kalkaalisada dugsiga ama xirfadlayasha daryeelka caafimaadka ee aqoonteeda leh in ay la soo xiriiraan dhakhtarka/bixiyaha daryeelka caafimaadka ardaygayga.

Waxaa qiray oo helay:

_____

Waalidka/Masuulka Ardayga Taariikhda

_____

Waalidka/Masuulka Ardayga Taariikhda

_____

Kalkaaliyaha Dugsiga/Shaqaalaha Kale ee Daryeelka Caafimaadka Taariikhda

2/24/25

Westerville City Schools
Addendum for Diabetes Care
(Attach this page to Medical Providers Order)

Student Name: _____ DOB:_____

Diabetes Type: _____ Date Diagnosed: _____

School Name: _____ Homeroom Teacher:_____

Signatures

I, (parent/guardian)_____ give permission to the school nurse or another qualified health care professional or trained diabetes personnel to perform and carry out the diabetes care tasks as outlined in this 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 collaborate with my student's physician/health care provider.

Acknowledged and received by:

Student's Parent/Guardian: _____ Date:_____

School Nurse or Designee: _____ Date:_____

2/24/25

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 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: _____

CGM may be used for insulin calculation if glucose is between ___-___ mg/dL ___Yes ___No

CGM may be used for hypoglycemia management ___ Yes ___ No

CGM may be used for hyperglycemia management ___ Yes ___ No

Additional information for student with 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: Check "Yes" or "No" if the student can perform the skill independently.

The student troubleshoots alarms and malfunctions.	☐ Yes	☐ No
The student knows what to do and is able to deal with a HIGH alarm.	☐ Yes	☐ No
The student knows what to do and is able to deal with a LOW alarm.	☐ Yes	☐ No
The student can calibrate the CGM.	☐ Yes	☐ No
The student knows what to do when the CGM indicates a rapid trending rise or fall in the blood glucose level.	☐ Yes	☐ 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.
- Administer glucagon Name of glucagon used: _____

Injection:

☐ 1 mg ☐ ½ mg ☐ Other (dose) _____

- Route: ☐ Subcutaneous (SC) ☐ Intramuscular (IM)
- Site for glucagon injection: ☐ Buttocks ☐ Arm ☐ Thigh ☐ Other: _____

Nasal route:

☐ 3 mg

- Route: ☐ Intranasal (IN)
- Site: ☐ Nose

- Call 911 (Emergency Medical Services) and the student's parents/guardians.
- Contact the student's health care provider.
- If on insulin pump, stop by placing mode in suspend or disconnect. Always send pump with EMS to hospital.

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

Adjustable (Basal-bolus) Insulin Therapy

- **Carbohydrate Coverage/Correction Dose:** Name of insulin: _____
- **Carbohydrate Coverage:**

  Insulin-to-carbohydrate ratio:

  Breakfast: 1 unit of insulin per_____ grams of carbohydrate
  Lunch: 1 unit of insulin per_____ grams of carbohydrate
  Snack: 1 unit of insulin per_____ grams of carbohydrate

Carbohydrate Dose Calculation Example
Total Grams of Carbohydrate to Be Eaten ÷ Insulin-to-Carbohydrate Ratio = _____ Units of Insulin

Correction Dose: Blood glucose correction factor (insulin sensitivity factor) = _____ Target blood glucose = _____mg/dL

Correction Dose Calculation Example
(Current Blood Glucose – Target Blood Glucose) ÷ Correction Factor = _____ 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: _____

Basal Insulin Therapy Name of insulin: _____

To be given during school hours: ___ Pre-breakfast dose: ____ units

___ Pre-lunch dose: ____ units

___ Pre-dinner dose: ____ units

Other diabetes medications:

Name: _____ Dose: _____ Route: _____ Times given: _____

Name: _____ Dose: _____ Route: _____ Times given: _____

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: _____

Additional information for student with insulin pump (continued)

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

Student's Self-care Pump Skills: Check "Yes" or "No" if the student can perform the skill independently.

Counts carbohydrates	☐ Yes	☐ No
Calculates correct amount of insulin for carbohydrates consumed	☐ Yes	☐ No
Administers correction bolus	☐ Yes	☐ No
Calculates and sets basal profiles	☐ Yes	☐ No
Calculates and sets temporary basal rate	☐ Yes	☐ No
Changes batteries	☐ Yes	☐ No
Disconnects pump	☐ Yes	☐ No
Reconnects pump to infusion set	☐ Yes	☐ No
Prepares reservoir, pod, and/or tubing	☐ Yes	☐ No
Inserts infusion set	☐ Yes	☐ No
Troubleshoots alarms and malfunctions	☐ Yes	☐ No

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): _____

_____

Parent/guardian substitution of food for meals, snacks and special events/parties permitted.

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/emergency and drill plan

To prepare for an unplanned disaster, emergency (72 hours) or drill, obtain emergency supply kit from parents/guardians. School nurse or other designated personnel should take student's diabetes supplies and medications to student's destination to make available to student for the duration of the unplanned disaster, emergency, or drill.

☐ 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

2/24/25