

*This is general information and not specific medical advice for you, your child, or loved one. Always consult your doctor or other healthcare provider if you have any questions or concerns. Call 911 or go to the nearest emergency department in case of an urgent concern or emergency.*

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Children's Healthcare of Atlanta Diabetes Center



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# Diabetes Education Train the Trainer Series: The Diabetes Medical Management Plan

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## Reflection

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As you go through this video, please pause to review the content and think about how you would apply this information to your school setting.



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## Introduction

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This education video focuses on the Diabetes Medical Management Plan (DMMP) that is used by students in the school setting.

This video is intended for:

- Georgia School nurses who provide care for students with Type 1 or Type 2 Diabetes
- Parents and guardians of children with Type 1 or Type 2 Diabetes

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# Diabetes Management

Effective Diabetes Management is crucial:

1. For student's
2. For student's
3. To ensure the student can participate in
4. To minimize the student's diabetes-related emergencies



Learn and fully understand diabetes-related emergencies in the school nurse room

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# Diabetes Medical Management Plan

**DIABETES MEDICAL MANAGEMENT PLAN**  
 Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 School Year: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone at Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone at Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_  
 Other emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

**BLOOD GLUCOSE (BG) MONITORING:** (Treat BG below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl as outlined below.)  
 Before meals  Mid-morning  Mid-afternoon  2 hours after correction  Before dismissal  
 If as needed for suspected low/high BG

**INSULIN ADMINISTRATION:**  
 Insulin delivery system:  Syringe or  Pen or  Pump Insulin type:  Humalog or  Levulin or  Lantus  
 MEAL INSULIN: (See if given right before eating. For most children, can give within 15-30 minutes of the first bite of food or right after meal)  
 Insulin to Carbohydrate Ratio: \_\_\_\_\_  Fixed Dose per meal: Breakfast: Give \_\_\_\_\_ units/at \_\_\_\_\_ grams of carbohydrate  
 Lunch: \_\_\_\_\_ units per \_\_\_\_\_ grams carbohydrate Lunch: Give \_\_\_\_\_ units/at \_\_\_\_\_ grams of carbohydrate  
 CORRECTION INSULIN: (For high blood sugar. Add below MEAL INSULIN CORRECTION INSULIN to TOTAL INSULIN dose)  
 Use the following correction formula: \_\_\_\_\_  
 For pre-meal blood sugar over \_\_\_\_\_  
 (BG - \_\_\_\_\_) x \_\_\_\_\_ = extra units insulin to provide  
 Sliding Scale: BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ units  
 BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ units  
 BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ units  
 BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ units

**SNACK:**  A snack will be provided each day at \_\_\_\_\_  
 Carbohydrate coverage only for snack (No BG check required)  No coverage for snack  
 1 unit per \_\_\_\_\_ grams of carbs  Fixed snack size: Give \_\_\_\_\_ units/at \_\_\_\_\_ grams of carbs

**PARENTAL AUTHORIZATION to Adjust Insulin Dose:**  
 YES  NO Parents/guardians are authorized to increase or decrease insulin-to-carb ratio within the following range: \_\_\_\_\_ units per prescribed grams of carbohydrate, to \_\_\_\_\_ grams of carbohydrate  
 YES  NO Parents/guardians are authorized to increase or decrease correction dose with the following range: \_\_\_\_\_ units of insulin  
 YES  NO Parents/guardians are authorized to increase or decrease fixed insulin dose with the following range: \_\_\_\_\_ units of insulin

**MANAGEMENT OF LOW BLOOD GLUCOSE:**  
 MILD low sugar: (See if used cooperative student) BG below \_\_\_\_\_  
 Never leave student alone  
 Give 15 grams glucose, recheck in 15 minutes  
 If BG remains below 70, retreat and recheck in 15 minutes  
 Notify parent if not resolved  
 If no meal is scheduled in the next hour, provide an additional snack with carbohydrate, fat, protein.  
 SEVERE low sugar: (See if used cooperative student) BG below \_\_\_\_\_  
 Call 911. Open airway. Turn to side.  
 Glucagon injection IM/SL/SC  \_\_\_\_\_  0.5 mg  
 Notify parent.  
 For students using insulin pump, stop pump by placing in "suspend" or stop mode, disconnecting at night or stop and/or removing an attached pump, if pump was removed, send with EMS to hospital.

**MANAGEMENT OF HIGH BLOOD GLUCOSE:** (above \_\_\_\_\_ mg/dl)  
 Sugar-free Substituent bathroom privileges.  
 If BG is greater than 300 and it's been 2 hours since last dose, give  HALF  FULL correction formula noted above.  
 If BG is greater than 300 and it's been 4 hours since last dose, give FULL correction formula noted above.  
 If BG is greater than \_\_\_\_\_, check for ketones. Notify parent if ketones are present.  
 Child should be allowed to stay in school unless vomiting with moderate or large ketones present.

**MANAGEMENT DURING PHYSICAL ACTIVITY:**  
 Student shall have easy access to fast-acting carbohydrates, snacks, and blood glucose monitoring equipment during activities. Child should NOT exercise if blood glucose levels are below \_\_\_\_\_ mg/dl or above 300 mg/dl and urine contains moderate or large ketones.  
 Check blood sugar right before physical education to determine need for additional snack.  
 If BG is less than \_\_\_\_\_ mg/dl, eat 15-45 grams carbohydrate before, depending on intensity and length of exercise.  
 Student may discontinue insulin pump for 1 hour or decrease basal rate by \_\_\_\_\_.  
 For new activities: Check blood sugar before and after exercise only until a pattern for management is established.  
 A snack is required prior to participation in physical education.

SIGNATURE AUTHORIZED PRESCRIBER (MD, NP, PA) \_\_\_\_\_ Date: \_\_\_\_\_ page 1 of 2

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**NOTIFY PARENT of the following conditions:** (If unable to reach parent, call diabetes provider office.)  
 a. Loss of consciousness or seizure (convulsion) immediately after calling 911 and administering glucagon.  
 b. Blood sugars in excess of 300 mg/dl, when ketones present.  
 c. Abdominal pain, nausea/vomiting, fever, diarrhea, altered breathing, altered level of consciousness.

**SPECIAL MANAGEMENT OF INSULIN PUMP:**  
 Corked device in event of: - Pump alarms or malfunctions - Detachment of device/infusion set out of place - Leakage of insulin  
 - Student must give insulin injection - Student has to change site - Soreness or redness at site  
 - Corrective measures do not return blood glucose to target range within \_\_\_\_\_ hrs.  
 Parents will provide extra supplies including infusion sets, reservoirs, batteries, pump insulin, and syringes.

**This student requires assistance by the School Nurse or Trained Diabetes Personnel with the following aspects of diabetes management:**  
 Monitor and record blood glucose levels  
 Respond to elevated or low blood glucose levels  
 Administer glucagon when required  
 Calculate and give insulin injections  
 Administer oral medication  
 Monitor blood and urine ketones  
 Follow instructions regarding meals and snacks  
 Follow instructions as related to physical activity  
 Respond to CGM alarms by checking blood glucose with glucose meter. Treat using Management plan on page 1  
 Insulin pump management: administer insulin, inspect infusion site, contact parent for problems  
 Provide other specified assistance.

**This student may independently perform the following aspects of diabetes management:**  
 Monitor blood glucose:  
 in the classroom  
 in the designated clinic office  
 in any area of school and at any school related event  
 Monitor urine or blood ketones  
 Calculate and give insulin injections  
 Administer oral medication  
 Calculate and give oral medications with supervision  
 Treat hypoglycemia (low blood sugar)  
 Treat hyperglycemia (elevated blood sugar)  
 Carry supplies for blood glucose monitoring  
 Carry supplies for insulin administration  
 Replace own attached insulin reservoir  
 Manage insulin pump  
 Replace insulin pump infusion set  
 Manage CGM

**LOCATION OF SUPPLIES/EQUIPMENT:** (Parent will provide and restock all supplies, snacks and low blood sugar treatment supplies.)  
 This section will be completed by school personnel and parent:  
 Blood glucose equipment  Clinic room  With student   
 Insulin administration supplies   Glucagon kit  Clinic room   
 Insulin supplies   Glucagon gel    
 Choice low blood glucose snacks

My signature provides authorization for the above Diabetes Medical Management Plan. I understand that all procedures must be implemented within state laws and regulations. This authorization is valid for one year.  
 SIGNATURE OF AUTHORIZED PRESCRIBER \_\_\_\_\_ DATE: \_\_\_\_\_  
 Name of Authorized Prescriber: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**SIGNATURES**  
 (Parent/Guardian) \_\_\_\_\_ understand that all treatments and procedures may be performed by the student and/or Trained Diabetes Personnel within the school, or by EMS in the event of loss of consciousness or seizure. I also understand that the school is not responsible for damage, loss of equipment, or expenses utilized in these treatments and procedures. I give permission for school personnel to provide emergency care to my child. I have reviewed this information and understand the risks and benefits of this information. This document serves as the authorization for the child as required by Georgia state law.  
 PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SCHOOL NURSE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Diabetes Management

**DIABETES MEDICAL MANAGEMENT PLAN**

Student's Name: \_\_\_\_\_ School Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone at Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone at Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_  
 Other emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

**BLOOD GLUCOSE (BG) MONITORING** (Treat BG below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl as outlined below.)  
 Before meals  Mid-morning  Mid-afternoon  Before dismissal

**INSULIN ADMINISTRATION**  
 Insulin delivery system:  Syringe or  Pen or  Pump Insulin type:  Ultralente or  NPH or  Lispro  
 MEAL INSULIN: (Best if given right before eating. For small children, can give within 15-30 minutes of the first bite of food or right after meal.)  
 Insulin to Carbohydrate Ratio: \_\_\_\_\_  Fixed Dose per meal: \_\_\_\_\_  
 Breakfast: 1 unit per \_\_\_\_\_ grams carbohydrate Breakfast: Give \_\_\_\_\_ units/flat \_\_\_\_\_ grams of carbohydrate  
 Lunch: 1 unit per \_\_\_\_\_ grams carbohydrate Lunch: Give \_\_\_\_\_ units/flat \_\_\_\_\_ grams of carbohydrate  
**CORRECTION INSULIN:** (For high blood sugar. Add before MEAL INSULIN to CORRECTION INSULIN for TOTAL INSULIN dose.)  
 Use the following correction formula: \_\_\_\_\_  Sliding Scale: \_\_\_\_\_  
 For pre-meal blood sugar: \_\_\_\_\_ units BG from \_\_\_\_\_ units  
 (BG \_\_\_\_\_) + \_\_\_\_\_ units  
 \_\_\_\_\_ units  
**SNACK:**  A snack will be provided each day at: \_\_\_\_\_  No coverage for snack  1 unit per \_\_\_\_\_ grams of carb  2 units per \_\_\_\_\_ grams of carb  
 Carbohydrate coverage only for snack (No BG check required): \_\_\_\_\_  1 unit per \_\_\_\_\_ grams of carb  2 units per \_\_\_\_\_ grams of carb

**PARENTAL AUTHORIZATION to Adjust Insulin Dose:**  
 YES  NO Parents/guardians are authorized to increase or decrease insulin to each rate within the following range: \_\_\_\_\_ units of carbohydrate  
 YES  NO Parents/guardians are authorized to increase or decrease correction dose with the following range: \_\_\_\_\_ units of insulin  
 YES  NO Parents/guardians are authorized to increase or decrease total insulin dose with the following range: \_\_\_\_\_ units of insulin

**MANAGEMENT OF LOW BLOOD GLUCOSE:**  
 MILD low sugar: (Less than 70mg/dl or hypoglycemia) (BG below \_\_\_\_\_) SEVERE low sugar: (Loss of consciousness or seizure)  Call 911. Open airway. Turn to side.  
 Never leave student alone.  If BG is 70 or above, give 15g of fast acting carbohydrate.  
 If BG is 70 or above, give 15g of fast acting carbohydrate.  If BG is 70 or above, give 15g of fast acting carbohydrate.  
 If BG is 70 or above, give 15g of fast acting carbohydrate.  If BG is 70 or above, give 15g of fast acting carbohydrate.

**MANAGEMENT OF HIGH BLOOD GLUCOSE:** (above \_\_\_\_\_ mg/dl)  
 Check blood sugar right before physical activity.  2 hours after correction  Before dismissal  
 Child should be allowed to stay in school unless vomiting with moderate or large ketones present.

**MANAGEMENT DURING PHYSICAL ACTIVITY:**  
 Student should have access to fast acting carbohydrates, snacks, and blood glucose monitoring equipment during activities. Child should NOT exercise if blood glucose levels are below \_\_\_\_\_ mg/dl or above 300 mg/dl and urine contains moderate or large ketones.  
 Check blood sugar right before physical activity.  2 hours after correction  Before dismissal  
 For new activities, check blood sugar before and after exercise and use a pattern for management is established.  
 A snack is required prior to participation in physical education.

SIGNATURE OF AUTHORIZED PRESCRIBER (MD, NP, PA): \_\_\_\_\_ Date: \_\_\_\_\_ page 1 of 2

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Notify Parent**  
 NOTIFY PARENT of the following conditions, or provide to each parent, call diabetes provider office.)  
 1. Loss of consciousness or seizure (continued)  15 minutes or longer  
 2. Blood sugars in excess of 300 mg/dl, or  200 mg/dl  
 3. Additional pain, nausea/vomiting, fever, diarrhea, stomach bloating, altered level of consciousness

**Special Management of Insulin Pump**  
 SPECIAL MANAGEMENT OF INSULIN PUMP:  
 Contact Durgal or vendor if there are errors or malfunctions.  Discontinue treatment from set out of range.  Malfunction of insulin pump.  
 Parents will provide extra supplies including insulin sets, reservoirs, batteries, pump insulin, and syringes.

**Student Requires Assistance**  
 This student requires assistance by the School Nurse or Trained Diabetes Personnel with the following aspects of diabetes management:  
 Monitor and adjust insulin levels  
 Administer insulin when required  
 Calculate and give insulin injections  
 Monitor and give insulin injections  
 Follow instructions as related to physical activity  
 Manage insulin pump  
 Provide other specified assistance.

**Self-Care by Student**  
 This student may independently perform the following aspects of diabetes management:  
 Monitor blood glucose  
 Give insulin injections  
 Calculate and give insulin injections with supervision  
 Calculate and give insulin injections with supervision  
 Follow instructions as related to physical activity  
 Carry supplies for insulin administration  
 Determine insulin-to-carb ratio  
 Manage insulin pump  
 Replace insulin pump infusion set  
 Manage CGM

**Location of Supplies/Equipment**  
 LOCATION OF SUPPLIES/EQUIPMENT: (Parent of provide and location of supplies, snacks and low blood sugar treatment supplies.)  
 Blood glucose monitoring supplies: \_\_\_\_\_  
 Insulin administration supplies: \_\_\_\_\_  
 Insulin supplies: \_\_\_\_\_  
 Low blood glucose snacks: \_\_\_\_\_

**Signature of Authorized Prescriber**  
 I, \_\_\_\_\_, understand that all treatments and procedures may be performed by the student and/or Trained Diabetes Personnel within the school, or by EMS in the event of loss of consciousness or seizure. I also understand that the school is not responsible for damage, loss of equipment, or expenses utilized in these treatments and procedures. I give permission for school personnel to contact my child's diabetes provider for guidance and recommendations. I have reviewed this information form and agree with the indicated information. This document serves as the Diabetes Medical Management Plan as specified by Georgia state law.  
 SIGNATURE OF AUTHORIZED PRESCRIBER: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Name of Authorized Prescriber: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Parent/Guardian Signature**  
 PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SCHOOL NURSE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 page 2 of 2

## Blood Glucose (BG) Monitoring

The first key area addressed is Blood Sugar Monitoring.

**DIABETES MEDICAL MANAGEMENT PLAN**

Student's Name: \_\_\_\_\_ School Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone at Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone at Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_  
 Other emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

**BLOOD GLUCOSE (BG) MONITORING** (Treat BG below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl as outlined below.)  
 Before meals  Mid-morning  Mid-afternoon  Before dismissal

**INSULIN ADMINISTRATION**  
 Insulin delivery system:  Syringe or  Pen or  Pump Insulin type:  Ultralente or  NPH or  Lispro  
 MEAL INSULIN: (Best if given right before eating. For small children, can give within 15-30 minutes of the first bite of food or right after meal.)  
 Insulin to Carbohydrate Ratio: \_\_\_\_\_  Fixed Dose per meal: \_\_\_\_\_  
 Breakfast: 1 unit per \_\_\_\_\_ grams carbohydrate Breakfast: Give \_\_\_\_\_ units/flat \_\_\_\_\_ grams of carbohydrate  
 Lunch: 1 unit per \_\_\_\_\_ grams carbohydrate Lunch: Give \_\_\_\_\_ units/flat \_\_\_\_\_ grams of carbohydrate  
**CORRECTION INSULIN:** (For high blood sugar. Add before MEAL INSULIN to CORRECTION INSULIN for TOTAL INSULIN dose.)  
 Use the following correction formula: \_\_\_\_\_  Sliding Scale: \_\_\_\_\_  
 For pre-meal blood sugar: \_\_\_\_\_ units BG from \_\_\_\_\_ units  
 (BG \_\_\_\_\_) + \_\_\_\_\_ units  
 \_\_\_\_\_ units  
**SNACK:**  A snack will be provided each day at: \_\_\_\_\_  No coverage for snack  1 unit per \_\_\_\_\_ grams of carb  2 units per \_\_\_\_\_ grams of carb  
 Carbohydrate coverage only for snack (No BG check required): \_\_\_\_\_  1 unit per \_\_\_\_\_ grams of carb  2 units per \_\_\_\_\_ grams of carb

**PARENTAL AUTHORIZATION to Adjust Insulin Dose:**  
 YES  NO Parents/guardians are authorized to increase or decrease insulin to each rate within the following range: \_\_\_\_\_ units of carbohydrate  
 YES  NO Parents/guardians are authorized to increase or decrease correction dose with the following range: \_\_\_\_\_ units of insulin  
 YES  NO Parents/guardians are authorized to increase or decrease total insulin dose with the following range: \_\_\_\_\_ units of insulin

**MANAGEMENT OF LOW BLOOD GLUCOSE:**  
 MILD low sugar: (Less than 70mg/dl or hypoglycemia) (BG below \_\_\_\_\_) SEVERE low sugar: (Loss of consciousness or seizure)  Call 911. Open airway. Turn to side.  
 Never leave student alone.  If BG is 70 or above, give 15g of fast acting carbohydrate.  
 If BG is 70 or above, give 15g of fast acting carbohydrate.  If BG is 70 or above, give 15g of fast acting carbohydrate.  
 If BG is 70 or above, give 15g of fast acting carbohydrate.  If BG is 70 or above, give 15g of fast acting carbohydrate.

**MANAGEMENT OF HIGH BLOOD GLUCOSE:** (above \_\_\_\_\_ mg/dl)  
 Check blood sugar right before physical activity.  2 hours after correction  Before dismissal  
 Child should be allowed to stay in school unless vomiting with moderate or large ketones present.

**MANAGEMENT DURING PHYSICAL ACTIVITY:**  
 Student should have access to fast acting carbohydrates, snacks, and blood glucose monitoring equipment during activities. Child should NOT exercise if blood glucose levels are below \_\_\_\_\_ mg/dl or above 300 mg/dl and urine contains moderate or large ketones.  
 Check blood sugar right before physical activity.  2 hours after correction  Before dismissal  
 For new activities, check blood sugar before and after exercise and use a pattern for management is established.  
 A snack is required prior to participation in physical education.

SIGNATURE OF AUTHORIZED PRESCRIBER (MD, NP, PA): \_\_\_\_\_ Date: \_\_\_\_\_ page 1 of 2



**BLOOD GLUCOSE (BG) MONITORING:** (Treat BG below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl as outlined below.)

Before meals  as needed for suspected low/high BG  2 hours after correction  
 Mid-morning  Mid-afternoon  Before dismissal



# Insulin Administration

## Insulin Administration

### INSULIN ADMINISTRATION:

Insulin delivery system:  Syringe or  Pen or  Pump

Insulin type:  Humalog or  Novolog or  Apidra

*MEAL INSULIN:* (Best if given right before eating. For small children, can give within 15-30 minutes of the first bite of food-or right after meal)

Insulin to Carbohydrate Ratio:

Breakfast: 1 unit per \_\_\_\_\_ grams carbohydrate  
Lunch: 1 unit per \_\_\_\_\_ grams carbohydrate

Fixed Dose per meal:

Breakfast: Give \_\_\_ units/Eat \_\_\_ grams of carbohydrate  
Lunch: Give \_\_\_ units/Eat \_\_\_ grams of carbohydrate

*CORRECTION INSULIN:* (For high blood sugar. Add before *MEAL INSULIN* to *CORRECTION INSULIN* for *TOTAL INSULIN* dose.)

Use the following correction formula

For pre-meal blood sugar over \_\_\_\_\_

(BG - \_\_\_\_\_) ÷ \_\_\_\_\_ = extra units insulin to provide

Sliding Scale:

BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ units

> \_\_\_\_\_ = \_\_\_\_\_ units

*SNACK:*  A snack will be provided each day at: \_\_\_\_\_

Carbohydrate coverage only for snack (No BG check required):

No coverage for snack

1 unit per \_\_\_\_\_ grams of carb

Fixed snack dose: Give \_\_\_ units/Eat \_\_\_ grams of carb

### PARENTAL AUTHORIZATION to Adjust Insulin Dose:

YES  NO Parents/guardians are authorized to increase or decrease insulin-to-carb ratio within the following range:  
1 unit per prescribed grams of carbohydrate, +/- \_\_\_\_\_ grams of carbohydrate

YES  NO Parents/guardians are authorized to increase or decrease correction dose with the following range: +/- \_\_\_\_\_ units of insulin

YES  NO Parents/guardians are authorized to increase or decrease fixed insulin dose with the following range: +/- \_\_\_\_\_ units of insulin

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# Insulin Administration

## Basal

- Long or intermediate acting
- Once or twice a day
- Control BS levels overnight and between meals

## Bolus

- Rapid acting
- Cover the carbohydrate in a meal or snack
- Lower BS levels that are above target

Have they been getting their  
What basal insulin is the child taking?  
basal insulin at home?

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# Insulin Administration

## Insulin Administration

**INSULIN ADMINISTRATION:**

Insulin delivery system:  Syringe or  Pen or  Pump

Insulin type:  Humalog or  Novolog or  Apidra

**MEAL INSULIN:** (Best if given right before eating. For small children, can give within 15-30 minutes of the first bite of food-or right after meal)

Insulin to Carbohydrate Ratio: Breakfast: 1 unit per \_\_\_\_\_ grams carbohydrate  
 Fixed Dose per meal: Breakfast: Give \_\_\_\_\_ units/Eat \_\_\_\_\_ grams of carbohydrate



**Insurance formularies often change moving from one brand of bolus insulin to another.**

(BG - \_\_\_\_\_) + \_\_\_\_\_ = extra units insulin to provide

BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ units  
 BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ units  
 BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ units  
 > \_\_\_\_\_ = \_\_\_\_\_ units

**SNACK:**  A snack will be provided each day at: \_\_\_\_\_  
 Carbohydrate coverage only for snack (No BG check required):

No coverage for snack  
 1 unit per \_\_\_\_\_ grams of carb  
 Fixed snack dose: Give \_\_\_\_\_ units/Eat \_\_\_\_\_ grams of carb

**PARENTAL AUTHORIZATION to Adjust Insulin Dose:**

- YES  NO Parents/guardians are authorized to increase or decrease insulin-to-carb ratio within the following range: 1 unit per prescribed grams of carbohydrate, +/- \_\_\_\_\_ grams of carbohydrate
- YES  NO Parents/guardians are authorized to increase or decrease correction dose with the following range: +/- \_\_\_\_\_ units of insulin
- YES  NO Parents/guardians are authorized to increase or decrease fixed insulin dose with the following range: +/- \_\_\_\_\_ units of insulin



# Insulin Administration

## Meal Insulin

**INSULIN ADMINISTRATION:**

Insulin delivery system:  Syringe or  Pen or  Pump

Insulin type:  Humalog or  Novolog or  Apidra

**MEAL INSULIN:** (Best if given right before eating. For small children, can give within 15-30 minutes of the first bite of food-or right after meal)

Insulin to Carbohydrate Ratio: Breakfast: 1 unit per \_\_\_\_\_ grams carbohydrate  
 Lunch: 1 unit per \_\_\_\_\_ grams carbohydrate  
 Fixed Dose per meal: Breakfast: Give \_\_\_\_\_ units/Eat \_\_\_\_\_ grams of carbohydrate  
 Lunch: Give \_\_\_\_\_ units/Eat \_\_\_\_\_ grams of carbohydrate

**CORRECTION INSULIN:** (For high blood sugar. Add before MEAL INSULIN to CORRECTION INSULIN for TOTAL INSULIN dose.)

Use the following correction formula  
 For pre-meal blood sugar over \_\_\_\_\_

(BG - \_\_\_\_\_) + \_\_\_\_\_ = extra units insulin to provide

Sliding Scale:

BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ units  
 > \_\_\_\_\_ = \_\_\_\_\_ units

**SNACK:**  A snack will be provided each day at: \_\_\_\_\_  
 Carbohydrate coverage only for snack (No BG check required):

No coverage for snack  
 1 unit per \_\_\_\_\_ grams of carb  
 Fixed snack dose: Give \_\_\_\_\_ units/Eat \_\_\_\_\_ grams of carb

**PARENTAL AUTHORIZATION to Adjust Insulin Dose:**

- YES  NO Parents/guardians are authorized to increase or decrease insulin-to-carb ratio within the following range: 1 unit per prescribed grams of carbohydrate, +/- \_\_\_\_\_ grams of carbohydrate
- YES  NO Parents/guardians are authorized to increase or decrease correction dose with the following range: +/- \_\_\_\_\_ units of insulin
- YES  NO Parents/guardians are authorized to increase or decrease fixed insulin dose with the following range: +/- \_\_\_\_\_ units of insulin



# Insulin Administration

## Correction Insulin

**INSULIN ADMINISTRATION:**

Insulin delivery system:  Syringe or  Pen or  Pump

Insulin type:  Humalog or  Novolog or  Apidra

**MEAL INSULIN:** (Best if given right before eating. For small children, can give within 15-30 minutes of the first bite of food-or right after meal)

Insulin to Carbohydrate Ratio:

Breakfast: 1 unit per \_\_\_\_\_ grams carbohydrate  
Lunch: 1 unit per \_\_\_\_\_ grams carbohydrate

Fixed Dose per meal:

Breakfast: Give \_\_\_ units/Eat \_\_\_ grams of carbohydrate  
Lunch: Give \_\_\_ units/Eat \_\_\_ grams of carbohydrate

**CORRECTION INSULIN:** (For high blood sugar. Add before MEAL INSULIN to CORRECTION INSULIN for TOTAL INSULIN dose.)

Use the following correction formula  
For pre-meal blood sugar over \_\_\_\_\_

$(BG - \underline{\quad}) \div \underline{\quad} = \text{extra units insulin to provide}$

Sliding Scale:

BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ units  
> \_\_\_\_\_ = \_\_\_\_\_ units

**SNACK:**  A snack will be provided each day at: \_\_\_\_\_  
Carbohydrate coverage only for snack (No BG check required):

No coverage for snack  
 1 unit per \_\_\_\_\_ grams of carb  
 Fixed snack dose: Give \_\_\_ units/Eat \_\_\_ grams of carb

**PARENTAL AUTHORIZATION to Adjust Insulin Dose:**

- YES  NO Parents/guardians are authorized to increase or decrease insulin-to-carb ratio within the following range:  
1 unit per prescribed grams of carbohydrate, +/- \_\_\_\_\_ grams of carbohydrate
- YES  NO Parents/guardians are authorized to increase or decrease correction dose with the following range: +/- \_\_\_\_\_ units of insulin
- YES  NO Parents/guardians are authorized to increase or decrease fixed insulin dose with the following range: +/- \_\_\_\_\_ units of insulin



# Insulin Administration

## Carbohydrate Counting

**Diabetes Train the Trainer Series**

- Diabetes 101
- Carbohydrate Counting
- Physical Activity
- The Diabetes Medical Management Plan
- Taking Type 1 Diabetes to School

= Total Meal Dose

= **7.5 Units insulin**

Round to the nearest whole number after total

**8 Units insulin**



# Insulin Administration

## Snack

**INSULIN ADMINISTRATION:**

Insulin delivery system:  Syringe or  Pen or  Pump      Insulin type:  Humalog or  Novolog or  Apidra

**MEAL INSULIN:** (Best if given right before eating. For small children, can give within 15-30 minutes of the first bite of food-or right after meal)

Insulin to Carbohydrate Ratio:  
 Breakfast: 1 unit per \_\_\_\_\_ grams carbohydrate  
 Lunch: 1 unit per \_\_\_\_\_ grams carbohydrate

Fixed Dose per meal:  
 Breakfast: Give \_\_\_ units/Eat \_\_\_ grams of carbohydrate  
 Lunch: Give \_\_\_ units/Eat \_\_\_ grams of carbohydrate

**CORRECTION INSULIN:** (For high blood sugar. Add before MEAL INSULIN to CORRECTION INSULIN for TOTAL INSULIN dose.)

Use the following correction formula  
 For pre-meal blood sugar over \_\_\_\_\_  
 (BG - \_\_\_\_\_) + \_\_\_\_\_ = extra units insulin to provide

Sliding Scale:  
 BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ units  
 > \_\_\_\_\_ = \_\_\_\_\_ units

**SNACK:**  A snack will be provided each day at: \_\_\_\_\_  
 Carbohydrate coverage only for snack (No BG check required).

No coverage for snack  
 1 unit per \_\_\_\_\_ grams of carb  
 Fixed snack dose: Give \_\_\_ units/Eat \_\_\_ grams of carb

**PARENTAL AUTHORIZATION to Adjust Insulin Dose:**

YES  NO Parents/guardians are authorized to increase or decrease insulin-to-carb ratio within the following range:  
 1 unit per prescribed grams of carbohydrate, +/- \_\_\_\_\_ grams of carbohydrate

YES  NO Parents/guardians are authorized to increase or decrease correction dose with the following range: +/- \_\_\_\_\_ units of insulin

YES  NO Parents/guardians are authorized to increase or decrease fixed insulin dose with the following range: +/- \_\_\_\_\_ units of insulin



# Insulin Administration

## Parental Authorization

**INSULIN ADMINISTRATION:**

Insulin delivery system:  Syringe or  Pen or  Pump      Insulin type:  Humalog or  Novolog or  Apidra

**MEAL INSULIN:** (Best if given right before eating. For small children, can give within 15-30 minutes of the first bite of food-or right after meal)

Insulin to Carbohydrate Ratio:  
 Breakfast: 1 unit per \_\_\_\_\_ grams carbohydrate  
 Lunch: 1 unit per \_\_\_\_\_ grams carbohydrate

Fixed Dose per meal:  
 Breakfast: Give \_\_\_ units/Eat \_\_\_ grams of carbohydrate  
 Lunch: Give \_\_\_ units/Eat \_\_\_ grams of carbohydrate

**CORRECTION INSULIN:** (For high blood sugar. Add before MEAL INSULIN to CORRECTION INSULIN for TOTAL INSULIN dose.)



**Any permanent changes to dosing orders, an updated DMMP signed by the provider, must be obtained.**

A snack will be provided each day at: \_\_\_\_\_  
 Carbohydrate coverage only for snack (No BG check required).

No coverage for snack  
 1 unit per \_\_\_\_\_ grams of carb  
 Fixed snack dose: Give \_\_\_ units/Eat \_\_\_ grams of carb

**PARENTAL AUTHORIZATION to Adjust Insulin Dose:**

YES  NO Parents/guardians are authorized to increase or decrease insulin-to-carb ratio within the following range:  
 1 unit per prescribed grams of carbohydrate, +/- \_\_\_\_\_ grams of carbohydrate

YES  NO Parents/guardians are authorized to increase or decrease correction dose with the following range: +/- \_\_\_\_\_ units of insulin

YES  NO Parents/guardians are authorized to increase or decrease fixed insulin dose with the following range: +/- \_\_\_\_\_ units of insulin



# Low Blood Glucose

## Low blood glucose or hypoglycemia



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# Low Blood Glucose

## Low blood sugar or hypoglycemia

### MANAGEMENT OF LOW BLOOD GLUCOSE:

**MILD low sugar:** Alert and cooperative student (BG below \_\_\_\_\_)

- Never leave student alone
- Give 15 grams glucose; recheck in 15 minutes
- If BG remains below 70, retreat and recheck in 15 minutes
- Notify parent if not resolved
- If no meal is scheduled in the next hour, provide an additional snack with carbohydrate, fat, protein.



**Never give insulin for carbohydrates taken to treat hypoglycemia.**

- › Sweating
- › Shakiness
- › Hunger
- › Anxiety
- › Fatigue
- › Pale skin color
- › Yawning
- › Irritability

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# Low Blood Glucose

For more detailed information on hypoglycemia

## Diabetes Train the Trainer Series

- Diabetes 101
- Carbohydrate Counting
- Physical Activity
- The Diabetes Medical Management Plan
- Taking Type 1 Diabetes to School

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# High Blood Glucose

Treatment for hyperglycemia (high blood sugar)

### MANAGEMENT OF HIGH BLOOD GLUCOSE: (above \_\_\_\_\_ mg/dl)

- Sugar-free fluids/frequent bathroom privileges.
- If BG is greater than 300 and it's been 2 hours since last dose, give  HALF  FULL correction formula noted above.
- If BG is greater than 300 and it's been 4 hours since last dose, give FULL correction formula noted above.
- If BG is greater than \_\_\_\_\_, check for ketones. Notify parent if ketones are present.
- Child should be allowed to stay in school unless vomiting with moderate or large ketones present.



Remember the insulin action time of the Bolus insulin.



It is recommended that the student with moderate or large ketones or with symptoms of illness be released from school to be monitored closely by parent or guardian.

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# Physical Activity

We all should exercise daily.  
It makes everything in our body work better including insulin.

## MANAGEMENT DURING PHYSICAL ACTIVITY:

Student shall have easy access to fast-acting carbohydrates, snacks, and blood glucose monitoring equipment during activities. Child should NOT exercise if blood glucose levels are below \_\_\_\_\_ mg/dl or above 300 mg/dl and urine contains moderate or large ketones.

- Check blood sugar right before physical education to determine need for additional snack.
- If BG is less than \_\_\_\_\_ mg/dl, eat 15-45 grams carbohydrate before, depending on intensity and length of exercise.
- Student may disconnect insulin pump for 1 hour or decrease basal rate by \_\_\_\_\_.
- For new activities: Check blood sugar before and after exercise only until a pattern for management is established.
- A snack is required prior to participation in physical education.



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# Emergency Notification

Notify parents of the following conditions:

**NOTIFY PARENT of the following conditions: (if unable to reach parent, call diabetes provider office.)**

- a. Loss of consciousness or seizure (convulsion) immediately after calling 911 and administering glucagon.
- b. Blood sugars in excess of 300 mg/dl, when ketones present.
- c. Abdominal pain, nausea/vomiting, fever, diarrhea, altered breathing, altered level of consciousness.



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# Insulin Pump

## Special Management

### SPECIAL MANAGEMENT OF INSULIN PUMP:

- Contact Parent in event of:
  - Pump alarms or malfunctions
  - Detachment of dressing / infusion set out of place
  - Leakage of insulin
  - Student must give insulin injection
  - Student has to change site
  - Soreness or redness at site
  - Corrective measures do not return blood glucose to target range within \_\_\_\_\_ hrs.
- Parents will provide extra supplies including infusion sets, reservoirs, batteries, pump insulin, and syringes.

### Management issues regarding the insulin pump:

- The computerized, bolus wizard or bolus calculator features in the pump should be used for insulin boluses.
- The pump settings should be reviewed for accuracy against the prescribed dosing noted in the student's diabetes management plan.
- At minimum, you must be able to turn the pump off or know how to disconnect with a low blood sugar.



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# Insulin Pump

## You need to know:

- How to bolus
- How to suspend
- How to check status of the pump and site
- How to review the history and confirm a bolus
- How to change batteries
- How to disconnect in case of severe low.

If a pump infusion set is no longer functional, and the student is unable to re-insert their own infusion set or pod, **a parent or guardian will be contacted** to come to school to re-insert the infusion set.

Keep the Insulin pump guide (it is online for download) and toll free number with the diabetes supplies.

Remember to request extra pump supplies for school.



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# Insulin Pump

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## The KISS protocol for hyperglycemia

**K**etones must be checked anytime sugar is > 250

**I**nject insulin with a syringe

**S**et and Site change

**S**ugar checks and ketone checks

### Diabetes Train the Trainer Series

- Diabetes 101
- Carbohydrate Counting
- Physical Activity
- The Diabetes Medical Management
- Taking Type 1 Diabetes to School

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# Continuous Glucose Monitor (CGM)

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## What is a CGM?

A CGM is a wearable device that tracks your blood sugar 24 hours a day and notifies you of highs and lows.

## Three Part System:

- The Sensor is inserted underneath the skin
- The Transmitter fits onto the sensor and sends data wirelessly to a display device
- And The display device is where you can actually see the glucose activity. This could be a separate monitor, a cell phone or an insulin pump

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# Continuous Glucose Monitor (CGM)

## Does CGM replace finger stick testing?

- Calibration is required daily
  - Typically two blood sugar checks are needed
- There is a sensor approved for dosing but many sensors continue to require a traditional finger stick
- Use your blood sugar meter if symptoms do not match the sensor reading

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# Continuous Glucose Monitor (CGM)

## Special management of students using a CGM

Continuous Glucose Monitor (CGM):

- Yes
- No

Alarms set for:

- Low at \_\_\_\_\_
- High at \_\_\_\_\_

*Dexcom G5 is now approved for treatment*



Respond to CGM alarms by checking blood sugar with a **blood sugar meter**. Treat using Management discussed on plan.

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## Assistance

**This student requires assistance by the School Nurse or Trained Diabetes Personnel with the following aspects of diabetes management:**

- Monitor and record blood glucose levels
- Respond to elevated or low blood glucose levels
- Administer glucagon when required
- Calculate and give insulin Injections
- Administer oral medication
- Monitor blood or urine ketones
- Follow instructions regarding meals and snacks
- Follow instructions as related to physical activity
- Respond to CGM alarms by checking blood glucose with glucose meter. Treat using Management plan on page 1.
- Insulin pump management: administer insulin, inspect infusion site, contact parent for problems
- Provide other specified assistance:



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## Self-Care Management

**This student may independently perform the following aspects of diabetes management:**

- Monitor blood glucose:
- in the classroom
  - in the designated clinic office
  - in any area of school and at any school related event
  - Monitor urine or blood ketones
  - Calculate and give own injections
  - Calculate and give own injections with supervision
  - Treat hypoglycemia (low blood sugar)
  - Treat hyperglycemia (elevated blood sugar)
  - Carry supplies for blood glucose monitoring
  - Carry supplies for insulin administration
  - Determine own snack/meal content
  - Manage insulin pump
  - Replace insulin pump infusion set
  - Manage CGM

The specific tasks that a student has been authorized to perform independently will be addressed in this part of the management plan.

Self-care management is the goal.

Self-care must be authorized by the DMMP.

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# Self-Care Management

## Georgia Department of Education guidelines

***“A student with diabetes shall be permitted to perform blood glucose checks, administer insulin through the insulin delivery system the student uses, treat hypoglycemia and hyperglycemia, and otherwise attend to the monitoring and treatment of his or her diabetes in the classroom, in any area of the school or school grounds, and at any school related activity, and he or she shall be permitted to possess on his or her person at all times all necessary supplies and equipment to perform such monitoring and treatment functions.”***

Georgia Department of Education

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# Location of Supplies

## Supplies and Equipment

**LOCATION OF SUPPLIES/EQUIPMENT:** (Parent will provide and restock all supplies, snacks and low blood sugar treatment supplies.)  
This section will be completed by school personnel and parent:

	Clinic room	With student		Clinic room	With student
→ Blood glucose equipment	<input type="checkbox"/>	<input type="checkbox"/>	Glucagon kit	<input type="checkbox"/>	<input type="checkbox"/>
→ Insulin administration supplies	<input type="checkbox"/>	<input type="checkbox"/>	Glucose gel	<input type="checkbox"/>	<input type="checkbox"/>
→ Ketone supplies	<input type="checkbox"/>	<input type="checkbox"/>	Juice /low blood glucose snacks	<input type="checkbox"/>	<input type="checkbox"/>



**All school support staff are responsible for knowing locations of supplies!**

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# Signatures

**SIGNATURES**

I, (Parent/Guardian) Amber Brown understand that all treatments and procedures may be performed by the student and/or Trained Diabetes Personnel within the school, or by EMS in the event of loss of consciousness or seizure. I also understand that the school is not responsible for damage, loss of equipment, or expenses utilized in these treatments and procedures. I give permission for school personnel to contact my child's diabetes provider for guidance and recommendations. I have reviewed this information form and agree with the indicated information. This document serves as the Diabetes Medical Management Plan as specified by Georgia state law.

PARENT/GUARDIAN SIGNATURE: Mrs. Amber Brown DATE: \_\_\_\_\_

SCHOOL NURSE SIGNATURE: Barbara Smith RN DATE: today

**This form is a PHYSICIAN ORDER.**

*My signature provides authorization for the above Diabetes Mellitus Medical Management Plan. I understand that all procedures must be implemented within state laws and regulations. This authorization is valid for one year.*

SIGNATURE of AUTHORIZED PRESCRIBER: Dr. Jones MD DATE: \_\_\_\_\_

Authorized Prescriber: MD, NP, PA

Name of Authorized Prescriber: today

Address:

Phone:

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# Summary

## A Diabetes Medical Management Plan (DMMP)

- Outlines dosage, delivery system, and schedule for blood glucose monitoring
- Insulin and medication administration, glucagon administration, ketone monitoring
- Meals and snacks
- Physical activity
- Student's usual symptoms of hypoglycemia and hyperglycemia, and their recognition and treatment
- Emergency contact information
- Addresses the student's level of self-care and management
- Submitted to the school annually

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# Diabetes Train the Trainer Series

For more information visit:

[www.choa.org/medical-services/diabetes](http://www.choa.org/medical-services/diabetes)

- Diabetes 101
- Carbohydrate Counting
- Physical Activity
- The Diabetes Medical Management Plan
- Taking Type 1 Diabetes to School

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## Resources

- American Diabetes Association <http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/school-staff-trainings/diabetes-care-tasks.html>
- Back to School Parent Webinar <http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/>
- Children with Diabetes [http://www.childrenwithdiabetes.com/d\\_0q\\_000.htm](http://www.childrenwithdiabetes.com/d_0q_000.htm)
- College Board <http://www.collegeboard.com/ssd/student/eligible.html>
- College Diabetes Network <https://collegediabetesnetwork.org/>
- Guidelines for the Care Needed for Students with Diabetes (PDF) <http://www.gadoe.org/External-Affairs-and-Policy/Policy/Documents/Guidelines%20for%20the%20Care%20Needed%20for%20Students%20with%20Diabetes.pdf>
- Helping the Student with Diabetes Succeed: A Guide for School Personnel (NIH publication) <http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=97#main>
- School Advisory Toolkit (JDRF) [http://www.jdrf.org/wp-content/docs/JDRF\\_School\\_Advisory\\_Toolkit.pdf](http://www.jdrf.org/wp-content/docs/JDRF_School_Advisory_Toolkit.pdf)

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For more information on any of the Trainer the Trainer topics:

- Visit us at: [www.choa.org](http://www.choa.org)
- Call us at: (404) 785-KIDS



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