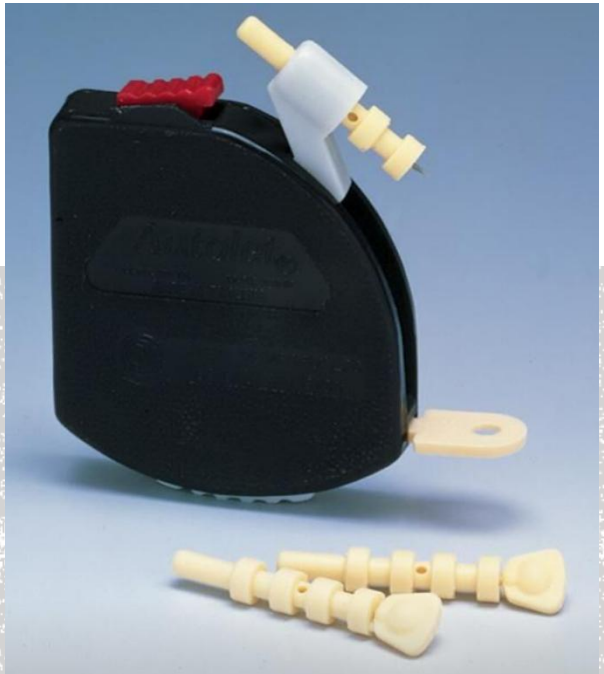
Diabetes Technology & Best Practices for School Nurses

Ashley Colnett, BSN, RN, CDCES, CSN

Continuous Glucose Monitors



What is CGM?

- A sensor (thin filament) that measures the glucose level of interstitial fluid under the skin
- Measures interstitial fluid glucose levels every 1-5 minutes/24 hours a day while worn **(288-1440 BGs a day!)**
- Alarms for highs and lows (customizable, **Urgent Low <55/54 industry standard**)
- Used to identify trends and patterns of glucose fluctuations
- Some are approved to replace fingersticks (Dexcom G7/Libre 2+, Libre 3+, Eversense 365)
- Dexcom G7 and Libre 2+/3+ are approved in pregnancy
- Approved for children: Libre 2+/3+, Dexcom G7, MiniMed Simplera Sync, Abbott Instinct
- Blood sugars shown on a screen of pump, phone, or receiver, as a number and/or graph
  - Arrows show direction and speed blood sugars are moving
  - Approved to wear sensor 7 – 365 days, depending on the brand
  - Types:
    - MiniMed Simplera Sync, Abbott Instinct
    - Dexcom G7 **(G6 discontinued July 1, 2026)**
    - Freestyle Libre 2+ & Libre 3+
    - Eversense 365

TIME IN RANGE COALITION

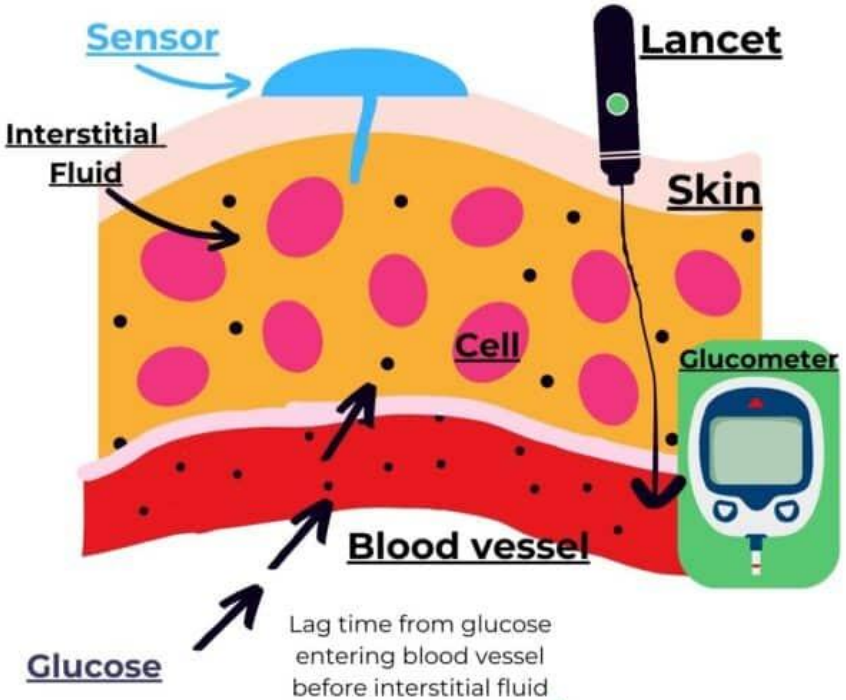
YOUR ULTIMATE DIABETES

CGM GUIDE

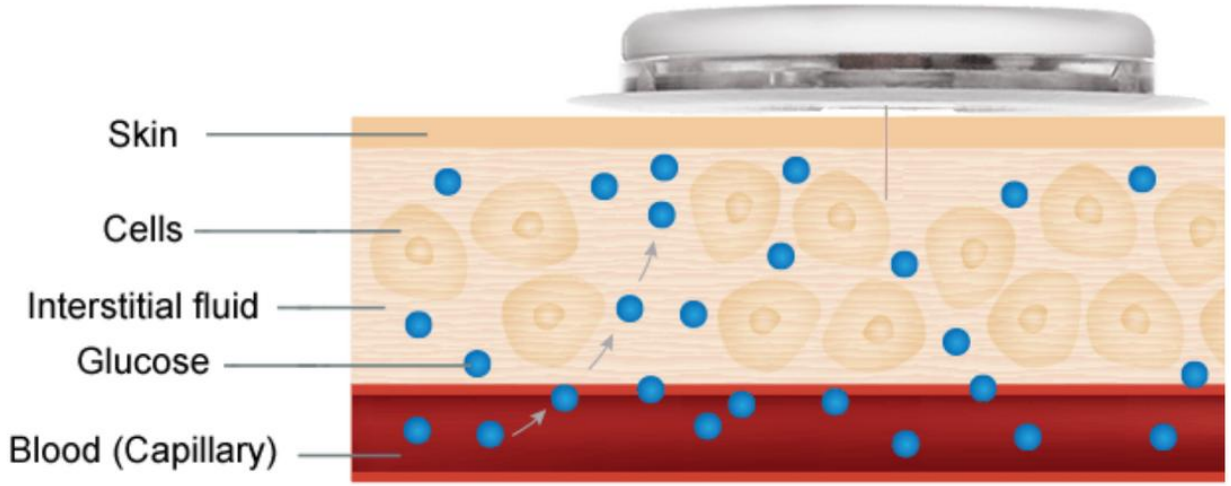
CGMs available in the U.S. as of September 30, 2025.

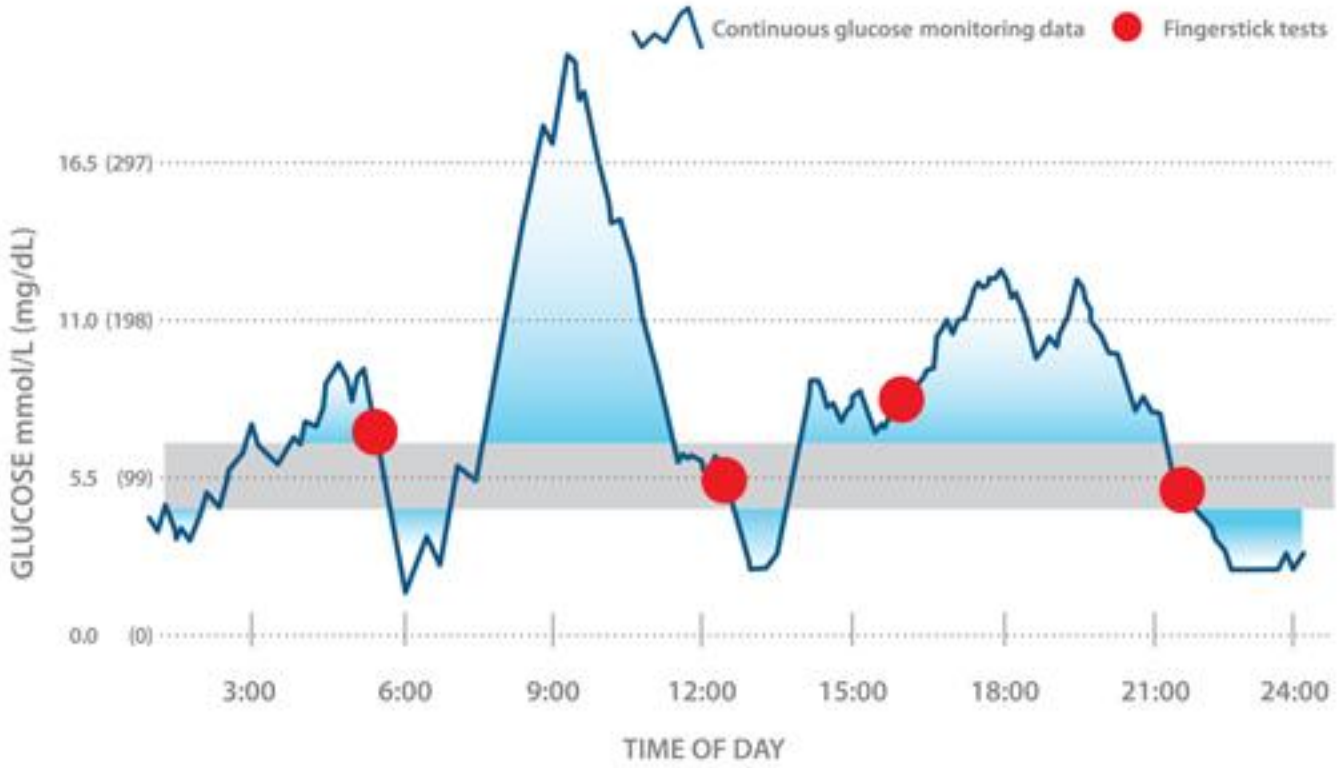
Sensor brand and model	Design	Approved for:	Warm-up time	Wear time	Alarms	AID integration
Abbott FreeStyle Libre 2 Plus		Ages 2+ and in pregnancy	1 hour	15 days	✓	✓
Abbott FreeStyle Libre 3 Plus		Ages 2+ and in pregnancy	1 hour	15 days	✓	✓
Instinct Sensor *Made by Abbott, exclusively designed for MiniMed™ 780G system		Ages 7+	1 hour	15 days	✓	✓
Dexcom G6		Ages 2+	2 hours	10 days	✓	✓
Dexcom G7		Ages 2+ and in pregnancy	30 minutes	10 days	✓	✓
Dexcom Stelo		Ages 18+ not on insulin	30 minutes	15 days	✗	✗
Eversense 3		Ages 18+	24 hours	180 days (implantable)	✓	✗
Eversense 365		Ages 18+	24 hours	365 days (implantable)	✓	✓
Medtronic Simplera Sync		Ages 7+	2 hours	6 days, with 24-hour grace period	✓	✓
Medtronic Guardian 4		Ages 7+	2 hours	7 days	✓	✓

Continuous Glucose Monitor

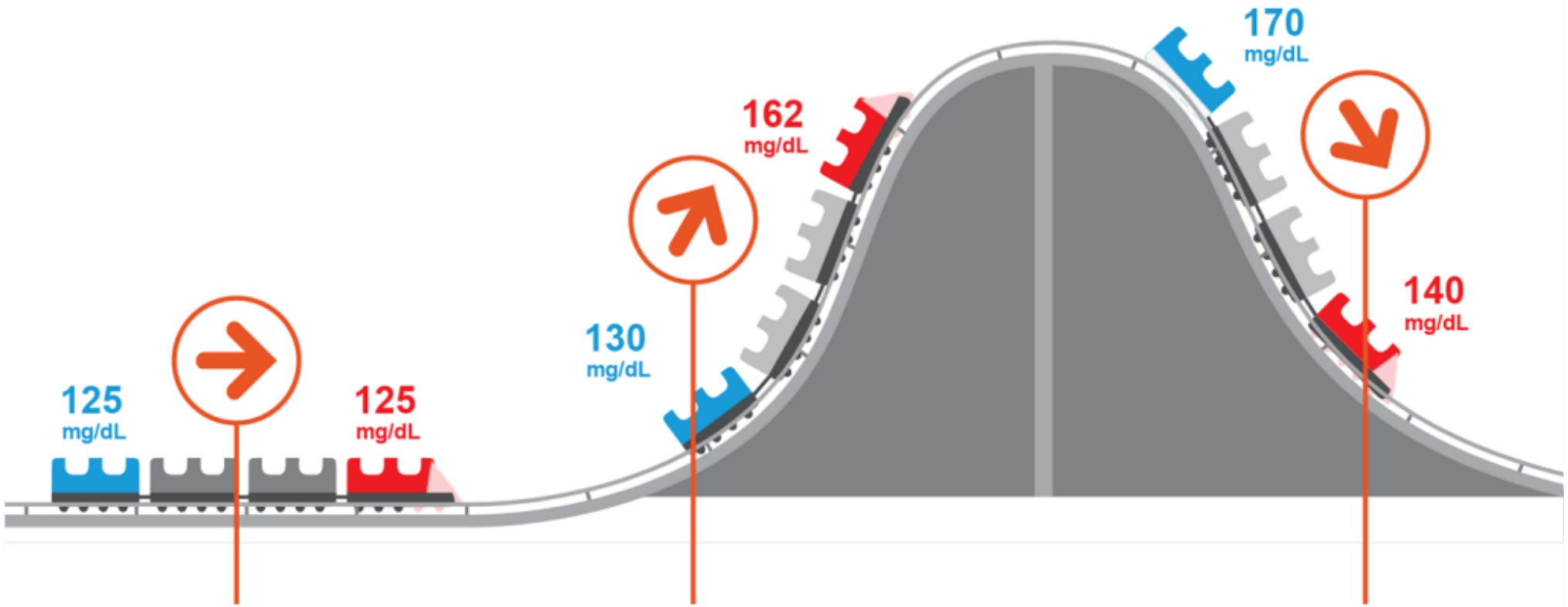


DietitianJess Nutrition





The FreeStyle Libre Sensor measures ISF glucose instead of blood glucose.
Here is an example to illustrate the lag between blood glucose and sensor glucose:

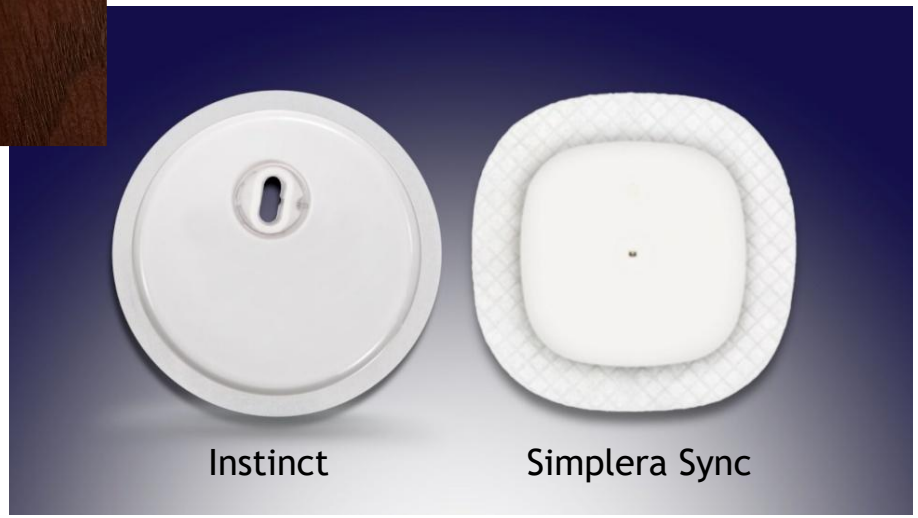


When glucose level is stable, the sensor readings and blood glucose readings are similar.

When glucose level is trending up, the sensor readings may be lower than blood glucose readings.

When glucose level is trending down, the sensor readings may be higher than blood glucose readings.

MiniMed: Simplera Sync, Abbott Instinct



- **Simplera Sync**
  - Works with 780G
  - 6-day wear with 24 hr grace period
  - No taping!
  - All in one sensor (no transmitter); 1 step insertion
  - 2-hour warmup
  - Back of arm wear

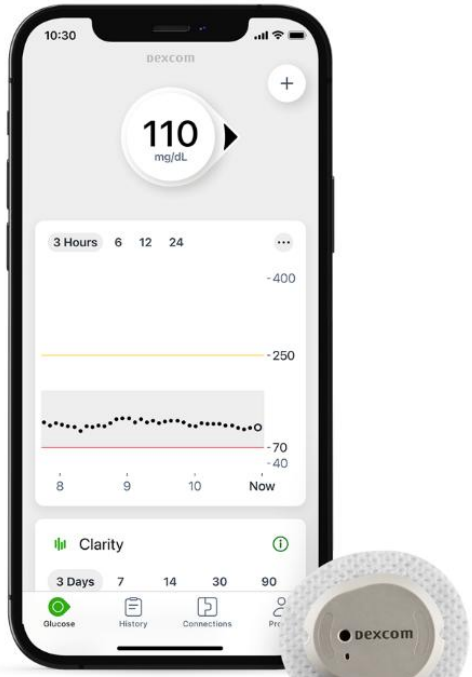
- **Instinct**
  - Works with 780G
  - 15-day wear
  - No taping!
  - All in one sensor; 1 step insertion
  - 1-hour warmup
  - Back of arm wear

- **All Models**
  - No fingersticks **IF in SmartGuard**
  - Calibration needed to first enter SmartGuard
    - *Must be fingerstick
  - Approved to dose off value **in SmartGuard ONLY**
  - Calibrations required in Manual Mode

Dexcom G7


dexcom
dexcomG7
G7
110
mg/dL
3 Hours
Clarity
3 Days
Dexcom G7
10:30
Now
Menu
400
250
70
40
Smart device sold separately.*

Dexcom G7



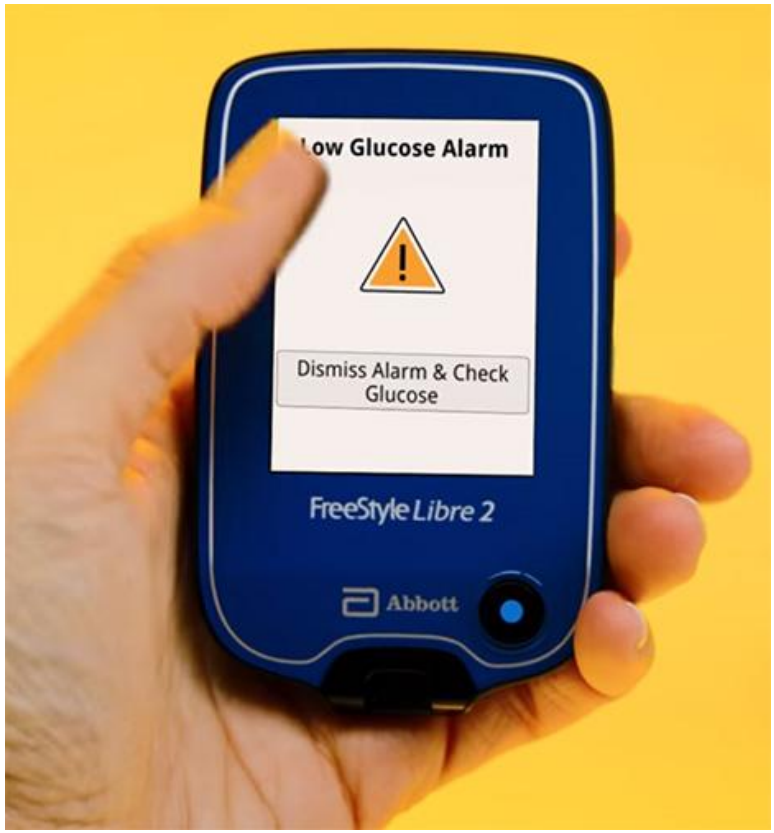
- 10-day wear (December 2025 FDA approval for 15-day wear)
  - **15-day NOT approved for all integrated pumps yet**
  - 25% of sensors will NOT make it to 15 days
  - **Approved age 18+**
- 12-hour grace period
- Sensor/transmitter 1 piece—dispose whole unit after wear (60% smaller!)
- Faster sensor warm up time—30 mins vs 2 hours
- No calibrations
- Replace fingersticks/Make dosing decisions
- Approval for wear of back of arm (can wear on abdomen)
- 90-degree insertion—less trauma/better accuracy
- Smartphone app or receiver (improved)
- More alarm options (still has Urgent Low Soon)
- **Integrated with Tandem pumps, Omnipod 5, iLet**


dexcom
DEMO


dexcom
102→
mg/dL
300
160
55
40
6AM
7AM
8AM
Now

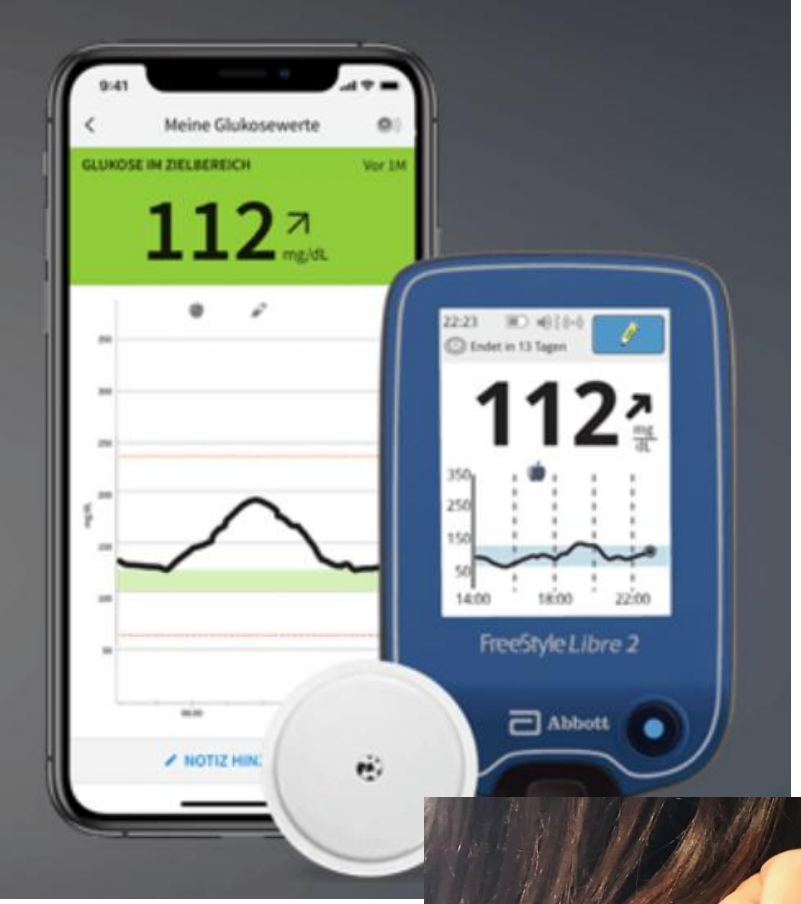

dexcomG7
G7
dexcomG7


dexcom

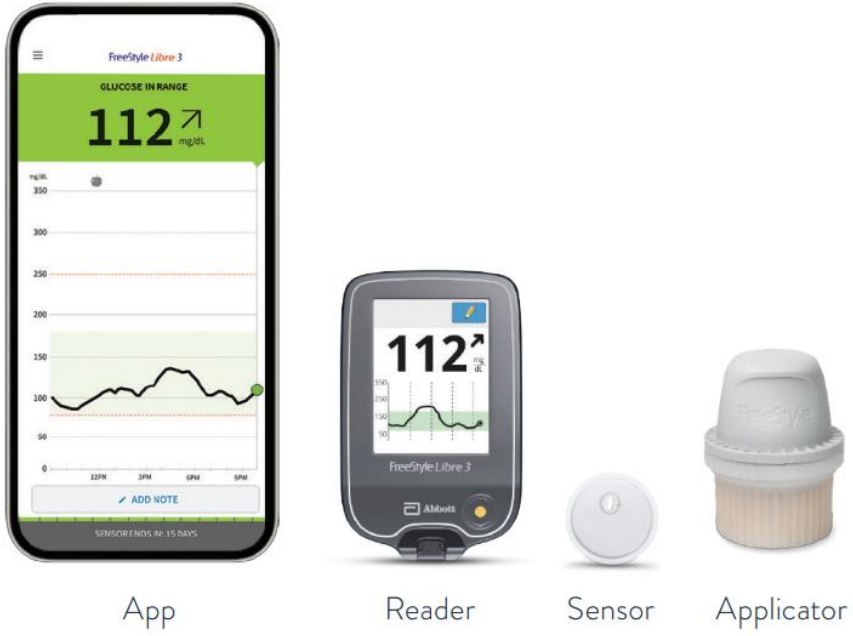


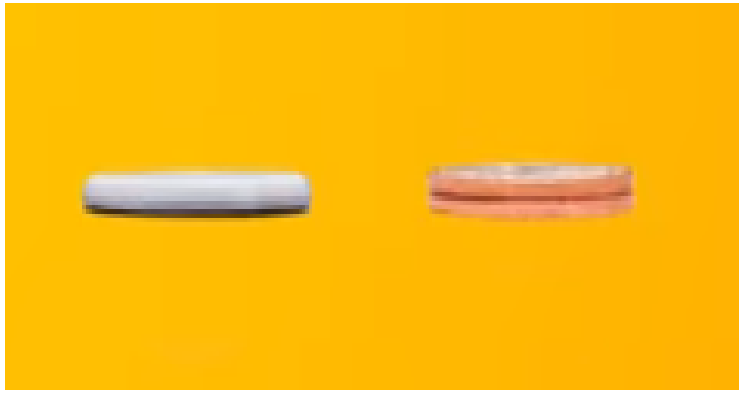
Libre 2+

- Has high and low alarms, but **no automatic display/real time**
  - **Have to scan sensor to see BG—if using independently from an integrated pump**
- Receiver and phone app
  - Receiver is Blue in color and says Libre 2
- Downloads to LibreView account (automatic by app)
- More affordable than Dexcom
- 15-day wear, **back of arm only**
- Sensor and transmitter 1 piece—disposable
- No calibrations, replaces fingersticks, can dose off
- Sharing capability (LibreLink Up) – 20 people
- **Libre 2+ integrated with Tandem x2, Omnipod 5 pumps**


9:41
Meine Glukosewerte
GLUKOSE IM ZIELBEREICH
Vor 1M
112 ↗
mg/dL
22:23
Endet in 13 Tagen
112 ↗
14:00
18:00
22:00
FreeStyle Libre 2
Abbott

Libre 3+



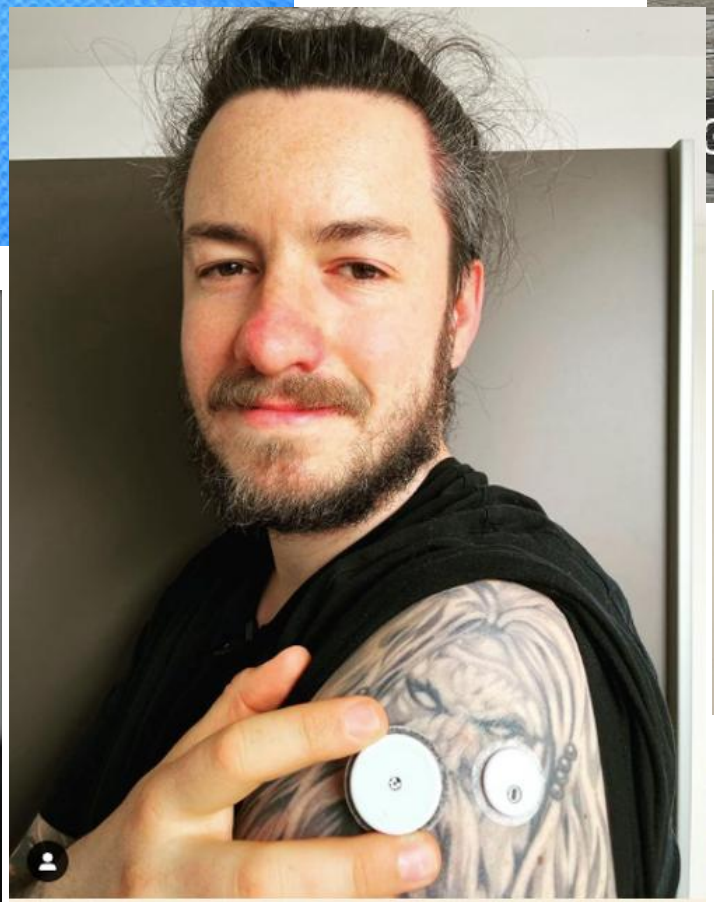


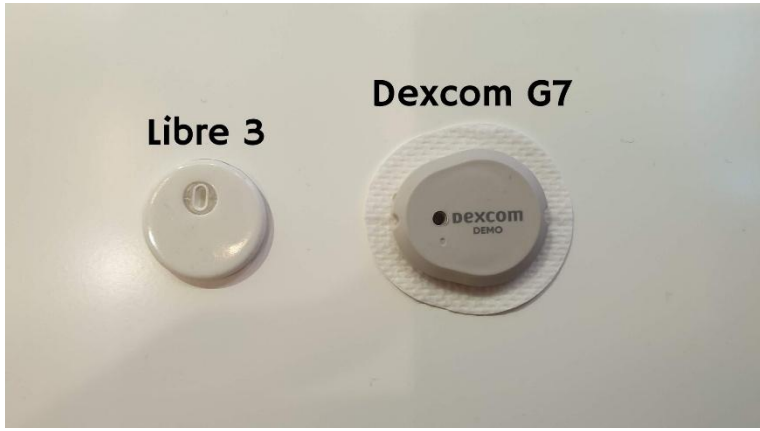
- Improved accuracy
- 15-day wear, **back of arm only**
- High and low alarms
- Receiver and phone app
  - Receiver is gray and says Libre 3
- No calibrations
- Replaces fingersticks/Dosing decisions
- Much smaller! 2 stacked pennies
  - Smallest and thinnest available on market
- Real time readings—no more scanning!
- Data transmitted to smartphone **every 60 seconds** (Libre 3 app) *averages for 5 mins though
- Still 1 piece applicator and all in 1 sensor/transmitter
- **Integrated with Tandem x2, iLet & twiist (hopeful for Tandem Mobi & OP5 this year)**
- ‘Check Glucose’ symbol for first 12 hours—per manufacturer to use fingerstick


3 LIBRE FREESTYLE
1&2 LIBRE FREESTYLE
dexcomG6
G6 DEXCOM

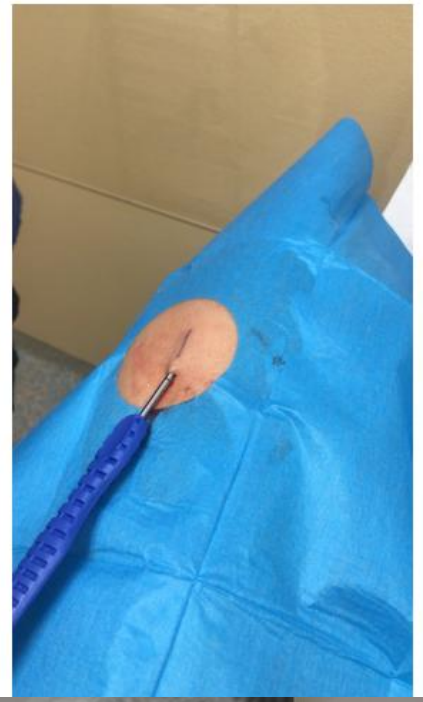

dexcom
vs G6
vs Libre3


LIBRE 3
Abbott
FreeStyle
Libre 3
SENSOR
CAPTEUR
SENSORE




Libre 3
Dexcom G7
dexcom
DEMO

Eversense 365 (Senseonics)



- 365-day implantable sensor (Oct 2024)
- Approved 18+
- **Integrated with Sequel twist (more to come??)**
- Initial 24-hour warmup phase (no data or calibrations)
- 3 phases of calibration (Initialization, Daily, Weekly)
  - Initialization: after warmup complete (Day 1), 4 calibrations 2-12 hours apart (within first 6-36 hours)
  - Daily for next 13 days
  - Weekly Day 14 to Day 351
- Eversense app
- Real time readings and alarms
- **Vibrates on the arm for alerts** (good for sleeping through lows overnight)
- Rechargeable transmitter—15 mins/day (take on and off when wanted)
- Choice of 2 adhesive patches—change daily
- Can share data with others—5 people
- **Most accurate in low ranges and no compression lows**

COMPONENTS OF THE EVERSENSE CGM SYSTEM

Sensor

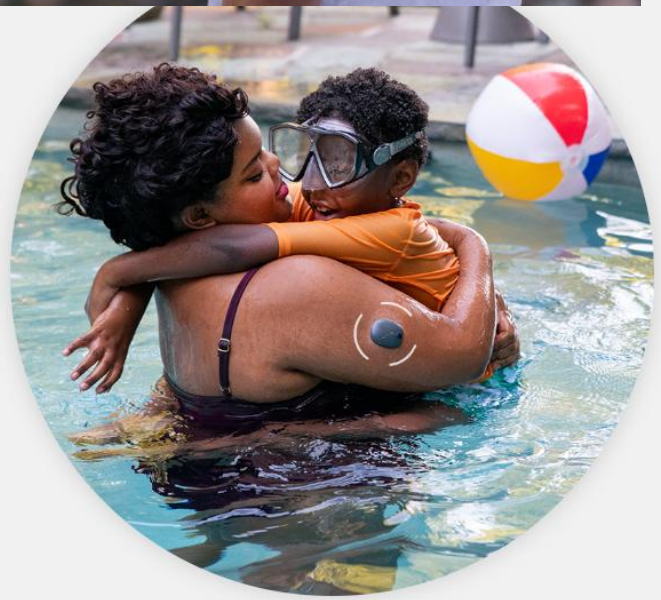
The sensor is inserted by a trained health care provider in the upper arm and continuously measures glucose for up to 6 months.

Smart Transmitter

Worn over the sensor, the transmitter wirelessly sends data to user's mobile device; is removable** and rechargeable and provides unique on-body vibe alerts.

Mobile Application

Displays and updates real-time glucose readings every 5 minutes with intuitive graphical design to show if you are in or out of range. Remote real-time monitoring capability - up to 5 people.†




Comparing Dexcom G7 Size to Other Sensors
Comparing Dexcom G7 Size to Other Sensors

Is My Sensor Accurate?

- G7: 70/20 Rule & ROC arrows within 15 minutes
- Libre 2+/3+: 70/20 Rule & ROC arrows within 30 minutes

dexcom G7

trend arrows and treatment decisions

WHAT DO THE DEXCOM G7 CONTINUOUS GLUCOSE MONITORING (CGM) SYSTEM ARROWS MEAN?

Dexcom G7 app	Receiver	What it means
		**Steady** • Changing less than 1 mg/dL each minute • Changing less than 15 mg/dL in 15 minutes
		**Slowly rising or falling** • Changing 1–2 mg/dL each minute • Changing 15–30 mg/dL in 15 minutes
		**Rising or falling** • Changing 2–3 mg/dL each minute • Changing 30–45 mg/dL in 15 minutes
		**Rapidly rising or falling** • Changing more than 3 mg/dL each minute • Changing more than 45 mg/dL in 15 minutes

Dexcom G7 / Libre 2 & 3

BG Meter Value (mg/dL)	Dexcom G7 Reading (mg/dL)
40	20-60
50	30-70
60	40-80
70	56-84
80	64-96
90	72-108
100	80-120
110	88-132
120	96-144
130	104-156
140	112-168
150	120-180
160	128-192

BG Meter Value (mg/dL)	Dexcom G7 Reading (mg/dL)
170	136-204
180	144-216
190	152-228
200	160-240
210	168-252
220	176-264
230	184-276
240	192-288
250	200-300
260	208-312
270	216-324
280	224-336
290	232-348

BG Meter Value (mg/dL)	Dexcom G7 Reading (mg/dL)
300	240-360
310	248-372
320	256-384
330	264-396
340	272-408
350	280-420
360	288-432
370	296-444
380	304-456
390	312-468
400	320-480

This table provides sensor readings that are within ± 20% of the BG meter value for BG meter values ≥70 mg/dL and within ± 20 mg/dL of the BG meter value for BG meter values <70 mg/dL.

Glucose readings determine background color at top of phone screen.

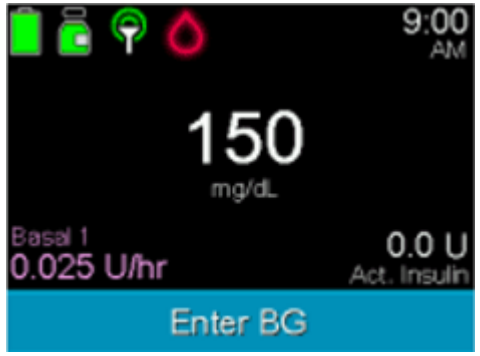
ORANGE	YELLOW	GREEN	RED
High glucose (above 250 mg/dL)	Between the target glucose range and high or low glucose level	Within target glucose range (70-180 mg/dL is standard)	Low glucose (below 70 mg/dL)

Trend arrows show where your glucose levels are headed.

Current reading	What trend arrows mean
112 mg/dL ↑	**Glucose is rising quickly** more than 2 mg/dL per minute (more than 60 points in next 30 mins)
112 mg/dL ↗	**Glucose is rising** between 1 and 2 mg/dL per minute (30-60 points in next 30 mins)
112 mg/dL →	**Glucose is changing slowly** less than 1 mg/dL per minute
112 mg/dL ↘	**Glucose is falling** between 1 and 2 mg/dL per minute (30-60 points in next 30 mins)
112 mg/dL ↓	**Glucose is falling quickly** more than 2 mg/dL per minute (more than 60 point change in next 30 mins)

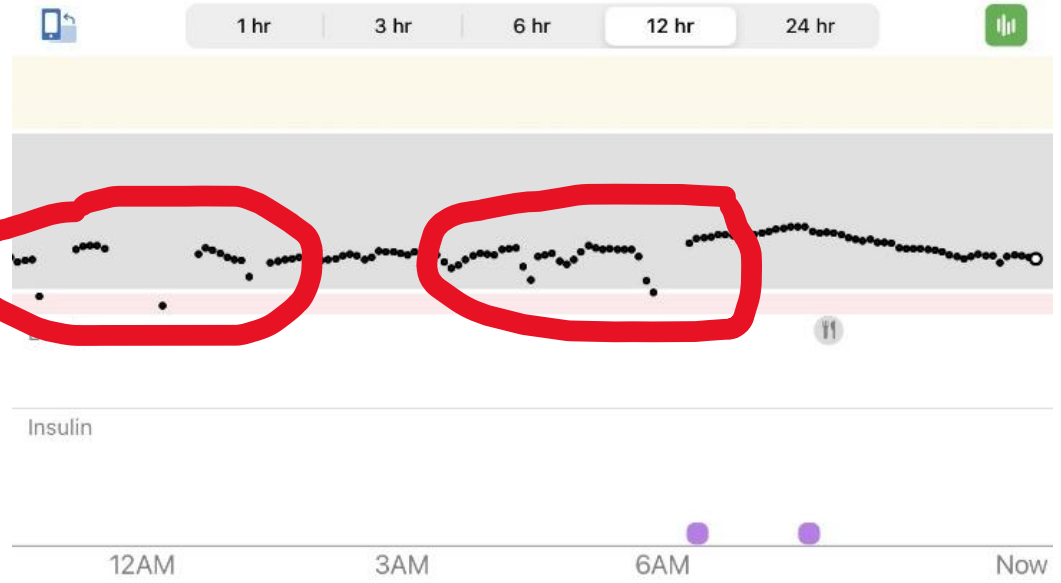
The product images are for illustrative purposes only. Not actual patient data.
The FreeStyle Libre 3 system is indicated for use in people with diabetes age 4 and older.
The FreeStyle Libre 3 app is only compatible with certain mobile devices and operating systems. Please check our website for more information about device compatibility before using the app. Use of the FreeStyle Libre 3 app requires registration with LibreView. *Notifications will only be received when alarms are turned on and the sensor is within 33 feet unobstructed of the reading device. You must enable the appropriate settings on your smartphone to receive alarms and alerts, see the FreeStyle Libre 3 User's Manual for more information.

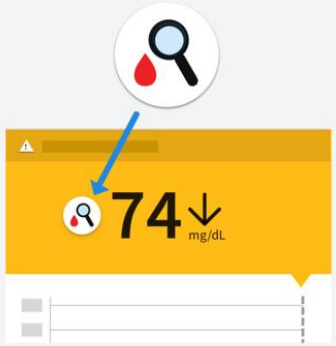
When Do I Do a Fingerstick?



- Transmission ranges: 20 feet L2+; 33 feet G7 and L3+
- When to do fingerstick:
  - **#1 Rule Always: if your symptoms do not match the reading**
  - Dexcom: Must have BOTH arrow and number. **No arrow, no number = NO decision!**
    - Can calibrate Dexcom sensors
  - Libre: Check Glucose symbol
  - MiniMed: ideally not when BG changing

- Compression lows & Connectivity issues





- First 12-24 hours and last day of any sensor may be slightly off
- Interfering substances:
  - Dexcom: Acetaminophen >1000mg q6 hours (>4000mg/day) can cause false high readings
  - Libre: >1000mg (L2+/3+) Vitamin C will give false high readings

American Diabetes Association.

SAFE AT SCHOOL®

Guidance for the Use of Continuous Glucose Monitoring in School Setting

https://diabetes.org/sites/default/files/2025-06/CGM-Guidance-06-10-25.pdf

severe hypoglycemia events.[3] As there is overwhelming evidence to support their use, the *Standards of Care in Diabetes* from the American Diabetes Association® (ADA) recommends that children with type 1 and type 2 diabetes on insulin be offered a CGM soon after diagnosis and affirms that students should be supported in the use of their diabetes technology at school.[4] Trained school staff need to be familiar with the basic concepts of a CGM to use it properly at school, including the added features compared with traditional blood glucose monitoring.

CONTINUE

General Guidelines

A school **cannot** prohibit the use of a CGM if it is the student's chosen form of glucose monitoring and is ordered by the DMMP/provider's orders. The DMMP/provider's orders should specify whether a student uses a CGM for glucose monitoring. As nearly all CGMs are Food and Drug Administration (FDA)-approved for insulin dosing in children, the DMMP/provider's orders should indicate if there are special circumstances when a sensor would not be used for dosing. Current CGMs on the market are highly accurate and readings do not need to be confirmed by or directly compared to a BGM reading.[7,8] BGM and sensor readings may differ slightly as they measure glucose in different ways, and CGM readings may lag behind BGM readings by 5–10 minutes depending upon the device. More notable discrepancies with a BGM may occur when the students' glucose level is changing rapidly.

School expectations and responsibilities:

- **Use the CGM for glucose monitoring.**
  Glucose monitoring is a core component of diabetes management. If a student with diabetes uses a CGM for their glucose monitoring, the school nurse and/or trained school staff are expected to use the CGM in accordance with the student's DMMP provider's orders. CGM readings and trend arrows should be reviewed at times when blood glucose levels would ordinarily be checked with a BGM (e.g., before meals, with physical activity, before getting on the bus, with symptoms of low or high blood glucose) as outlined in the DMMP/provider's orders. If a sensor fails or falls off, ideally the sensor should be changed by the student (if independent), parent/guardian, or if permitted by state laws and policies, school staff if they are trained and there are supplies available. Once replaced, the sensor may need to be reconnected to the child's AID system. If no replacement sensor is available, glucose monitoring should revert to a BGM until the sensor can be replaced at home.

- **Use trend arrows as appropriate.**
  The use of trend arrows may be enumerated in the DMMP/provider's orders and/or written accommodations plan. Trend arrows should be considered when providing interventions with insulin and carbohydrates. For example, the management plan for some children with diabetes may include small dose adjustments based on trend arrows at routine dosing times. Additionally, trend arrows and predicted low alarms should allow preventative measures to avoid hypoglycemia or hyperglycemia while the student is still in range, regardless of how they administer insulin. AID systems will do this automatically by decreasing or suspending insulin delivery. Students on multiple daily injections or traditional pumps and some students on AID systems may need interventions, such as a specified amount of carbohydrate intake. How to evaluate and respond to trend arrows should be discussed with the student's diabetes care provider and enumerated in their DMMP/provider's orders.

- **Establish reasonable accommodations.**
  There are several appropriate accommodations related to CGMs in school, which should be enumerated in the student's 504 Plan, IEP, or other written accommodations plan. A few examples specific to CGMs include access to Wi-Fi and smart phones. Students must be provided with access to the school's wireless network if using a smart device for their CGM and/or engaging in remote monitoring (see below). Students should have access to their smart device during standardized exams to manage their diabetes. For additional guidance, see **diabetes.org/safeatschool**.

Remote Monitoring

Remote monitoring by school staff while the student is at school adds an extra layer of supervision for diabetes management. The utility and need for school nurses and trained school staff to remotely monitor should be individualized for each student based on their age and unique circumstances. The DMMP/provider's orders should indicate if remote monitoring by school staff is recommended or medically necessary for the safety of the student. Contributing factors may be the frequency and severity of hypoglycemia, age and developmental stage of the student, and student's ability to respond to, understand, or notify staff of alarms. School districts should remove barriers to remote monitoring by school nurses or trained school staff if this is medically necessary for the student. The school nurse and parent, which may include the 504/IEP team, should discuss each student's circumstances and plan for remote monitoring if needed. Different factors may influence the school's capacity to provide remote monitoring.

In all cases, schools should follow the DMMP/provider's orders to use the CGM for routine/periodic and emergent glucose monitoring and ensure a timely response to all CGM alarms. Additionally, parents should work with the school to set up a communication system with the school nurse to provide actionable updates on trends throughout the school day, if needed, and to establish expectations regarding the frequency of such communication.[5] Examples of actionable updates may include hyperglycemia requiring a correction bolus and/or impending hypoglycemia with downward trend arrows on the sensor reading requiring immediate treatment.

CGM or blood glucose meter (BGM)?

A BGM should be available for use if the CGM sensor becomes detached, fails, or may not be working properly. This may include if the child has symptoms which do not match the CGM reading, the sensor data shows inconsistent or intermittent gaps in readings, or the sensor readings are unavailable. Otherwise, children using a CGM will rarely need fingersticks using a BGM with most currently approved systems, unless instructed to do so in their DMMP/ provider's orders.

For school nurses who remotely monitor a student's CGM, we recommend:

- The school/school district or parent should provide a device (e.g., tablet) to link to the CGM sharing app for the student's system in accordance with the student's DMMP/provider's orders. School nurses and trained school staff should not be required to use their personal device to follow students.
- School nurses and trained school staff can follow multiple students on one device using respective applications associated with each device.
- The school district and parent should discuss expectations for remote CGM monitoring during the school day. Specifically, what alarms will be set on the school device, who will be remotely monitoring the student in accordance with the DMMP, the response to alarms, timing of remote monitoring, and delineating actions/communication to be taken in response to alerts and/or blood glucose trends. This may be included in the 504 Plan/IEP.
- Even if a school nurse and trained school staff member is remotely monitoring the CGM, this should not be the only strategy to identify and manage hypoglycemia in school. Students should still have a device on their person that will alert them to dangerous glucose levels, and they should be encouraged to ask for help in response to alarms or symptoms. School staff should be trained in the recognition of hypoglycemia and know how to get help.

5. GLUCOSE MONITORING AT SCHOOL

Monitor Glucose:

☐ Before Meals ☐ With Physical Complaints/Illness (include ketone testing) ☐ High or Low Glucose Symptoms
☐ Before Exams ☐ Before Physical Activity ☐ After Physical Activity ☐ Before Leaving School ☐ Other:

CONTINUOUS GLUCOSE MONITORING (CGM)

(Specify Brand & Model:

Specify Viewing Equipment: ☐ Device Reader ☐ Smart Phone ☐ Insulin Pump ☐ Smart Watch ☐ iPod/iPad/Tablet

☐ CGM is remotely monitored by parent/guardian. Document individualized communication plan in Section 504 or other plan to minimize interruptions for the student.
☐ May use CGM for monitoring/treatment/insulin dosing unless symptoms do not match reading.

CGM Alarms:

Low alarm mg/dL

High alarm mg/dL if applicable

☐ **Section 1-5 completed by Parent/Guardian**

Please:

- Permit student access to viewing device at all times
- Permit access to School Wi-Fi for sensor data collection and data sharing
- Do not discard transmitter if sensor falls

Perform finger stick if:

- Glucose reading is below mg/dL or above mg/dL
- If CGM is still reading below mg/dL (DEFAULT 70 mg/dL) 15 minutes following low treatment
- CGM sensor is dislodged or sensor reading is unavailable. (see CGM addenda for more information)
- Sensor readings are inconsistent or in the presence of alerts/alarms
- Dexcom does not have both a number and arrow present
- Libre displays Check Blood Glucose Symbol
- Using Medtronic system with Guardian sensor

Notify parent/guardian if glucose is:

below mg/dL (<55 mg/dL DEFAULT)
above mg/dL (>300 mg/d DEFAULT)

Name of Health Care Provider/Clinic: Contact #: Fax #:
Email Address (non-essential communication): Other:

4. GLUCOSE MONITORING AT SCHOOL

Monitor Glucose: ☐ Before Meals (Default) ☐ With Physical Complaints/Illness (Default, Include Ketone Testing) ☐ High or Low Glucose Symptoms ☐ Before/After Physical Activity ☐ Before Leaving School ☐ Other:

CONTINUOUS GLUCOSE MONITORING (CGM) ☐ **N/A**

Specify Brand and Model:
Remote monitoring of the CGM by the school nurse/trained school staff is ☐ optional ☐ medically necessary

Perform finger stick if:

- Symptoms do not match the sensor reading
- Sensor reading is unavailable or tracing is inconsistent
- Sensor is still reading below 70 mg/dL 15 minutes following low treatment
- Per manufacturer recommendations

https://diabetes.org/advocacy/safe-at-school-state-laws/diabetes-medical-management-plan

9. LOW GLUCOSE MANAGEMENT (HYPOGLYCEMIA)

Symptoms of Low Glucose May Include: none, hungry, shaky, pale, sweaty, tired/sleepy, tearful/crying, irritable and other mood changes, dizzy, unable to concentrate, poor attention and cognitive function, feelings of panic with or without uncontrolled hunger, confusion. **Symptoms of Severe Low Glucose Include:** low glucose level with inability to follow instructions, eat, or drink carbohydrates, unconsciousness, seizures.

Low Glucose Treatment

☐ **USE DEFAULTS in this section.**

Treatment threshold: < _____ mg/dL or < _____ mg/dL for physical activity (default 70 mg/dL or 120 mg/dL for physical activity).

Treatment amount: One treatment = _____ grams of carbohydrate (default 15 grams if > 80 lbs or 8 grams if < 80 lbs or on active AID System)

Repeat treatment every 15 minutes until BG > _____ mg/dL. (Fingersticks should be performed to confirm if repeat treatment is necessary if using CGM data).

☐ Adjust number of grams used to achieve glucose targets of _____ mg/dL (default 80–120 mg/dL) or _____ mg/dL during physical activity (default 120–180 mg/dL).

☐ **Number of treatments to give based on glucose level and CGM trending (see table below)**

	CGM Trending Arrows by Brand	
	Steady-Slow	Fast-Very Fast
Dexcom App		
Dexcom Receiver	→ ↘	↓ ↓↓
Libre	→ ↘	↓
Medtronic Guardian and Simplera	None ↓	↓↓ ↓↓↓

	Number of Treatments		
	No CGM	Steady–Slow	Fast–Very Fast
Symptomatic or Impending Low Alarm in normal glucose range	1/2	1/2	1
Mild (Level 1) Hypoglycemia 54 - 69 mg/dL	1	1	2
Serious (Level 2) Hypoglycemia < 54 mg/dL	2	2	2
Severe (Level 3) Hypoglycemia Irrespective of Glucose Level	Unconsciousness, seizure, unable to drink or swallow, requiring assistance with treatment. Administer severe low glucose treatment outlined below.		

For example: Dexcom is showing 60 mg/dL ↓↓. This indicates mild (level 1) hypoglycemia with a very fast drop. The table instructs to give 2 treatments. If one treatment = 8 grams, give two or 16 grams to treat for Level 2 hypoyglycemia. Reassess glucose in 15 minutes.

Automated Insulin Delivery (AID) systems: Insulin suspends automatically to avoid hypoglycemia, reducing amount of treatment required. Overtreatment of lows, above Target Glucose (150 mg/dL if using exercise/activity features) leads to extra insulin delivery and can cause rebound hypoglycemia.

colorado Kids with Diabetes

Nurse Files: includes Individualized Health Plans

Contains Instructions, Individualized Health Plans, Standards of Care, Provider Order forms, Documentation records/logs & resources

- CGM Addendum 2024: To be used for students with Continuous Glucose Monitor

https://www.coloradokidswithdiabetes.org/nurse-files/

Confidential **Continuous Glucose Monitor Addendum School:** **Student Name: Birthday: Grade:**

Model: CGM Phone Code:
CGM alarms set for **Low:** mg/dl **High:** mg/dl

DEXCOM G6 or G7:
Will the student on Dexcom G6 dose insulin off of the CGM reading?
Yes No
*Numeric value between 40-400 or may be used for all treatment decisions and insulin dosing as long as there is an arrow present.
*If you see the word "LOW" (below 40) or "HIGH" (400 or over) you must use a finger stick to determine blood glucose and treatment.

FREESTYLE LIBRE 2: FDA approved for insulin dosing and treatment of highs and lows. Sensor must be scanned with the Freestyle Libre reader or a cell phone with the app. "Scanner" works through clothing up to 1.5 inches from sensor. **FREESTYLE LIBRE 3:** Is also FDA approved for insulin dosing and treatment of highs and lows. The sensor streams readings directly to the phone or reader.
Can provide a numeric glucose value in the range of 40-500.
Will the student using the Freestyle Libre 2/3 dose insulin off of the CGM reading?
Yes No
*Numeric value between 40-500 or may be used for all treatment decisions and insulin dosing as long as there is an arrow present.
**If you see the word "LO" (below 40) or "HI" (500 or over) you must use a finger stick to determine blood glucose and treatment..

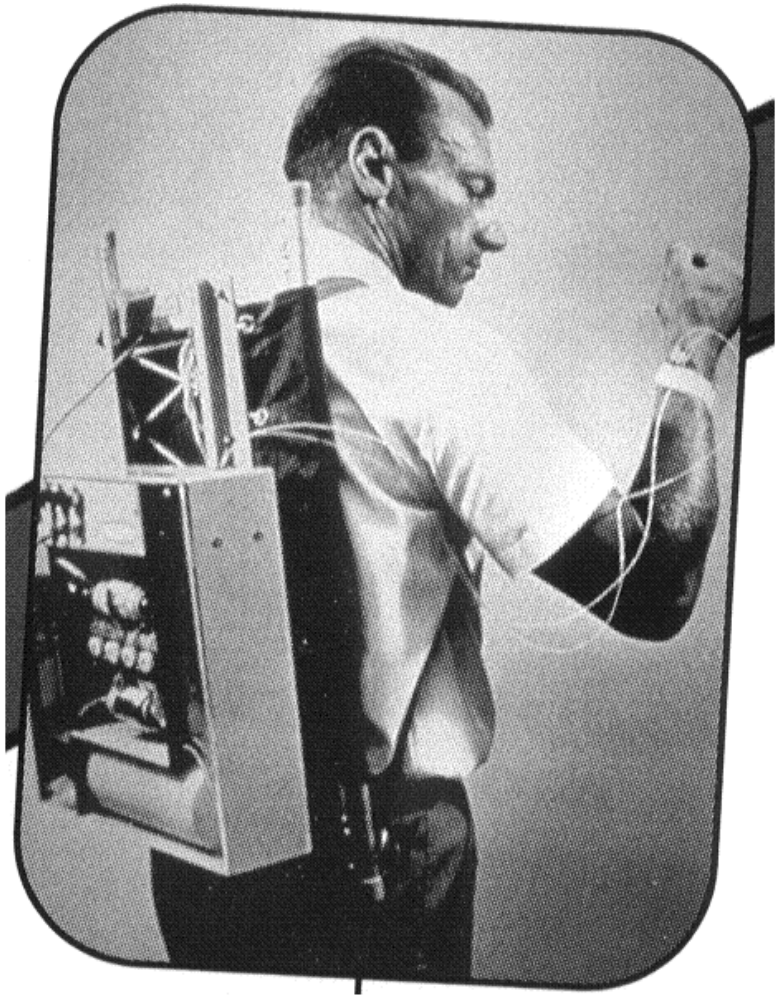
Medtronic Guardian Sensor 3:
Medtronic Guardian 3 is **not** FDA approved for insulin dosing or treatment of highs and lows. **Student must do finger stick BG prior to insulin dosing and for all treatment decisions.**
Medtronic Guardian Sensor 4: FDA approved for insulin dosing and treatment of highs and lows.

Special instructions: FOR ALL CGMs - If CGM in range but student feels symptomatic, perform finger stick BG, if BG in range provide _____ gram solid carbohydrate snack. When in doubt, get the BG meter out

ALARMS can be set for high and low glucose values. To receive these alarms, they must be turned on and the reader/phone must be within approximately 20 feet of the sensor. **If alarms are frequently going off refer to Standards of Care.**

Trend Arrows: May be used in treatment decisions (as agreed upon by the school nurse and parent). NO_____ YES_____ If YES, see following:

- CGM 70-80 with 1 arrow facing **down** give _____ gm of carbohydrates)
- CGM 70-80 with 2 arrows facing **down** give _____ gm of quick sugar
- CGM 70-80 with level arrow ( ) consider giving complex carb snack (10-15 grams of carbs) without insulin bolus per parent and school nurse.

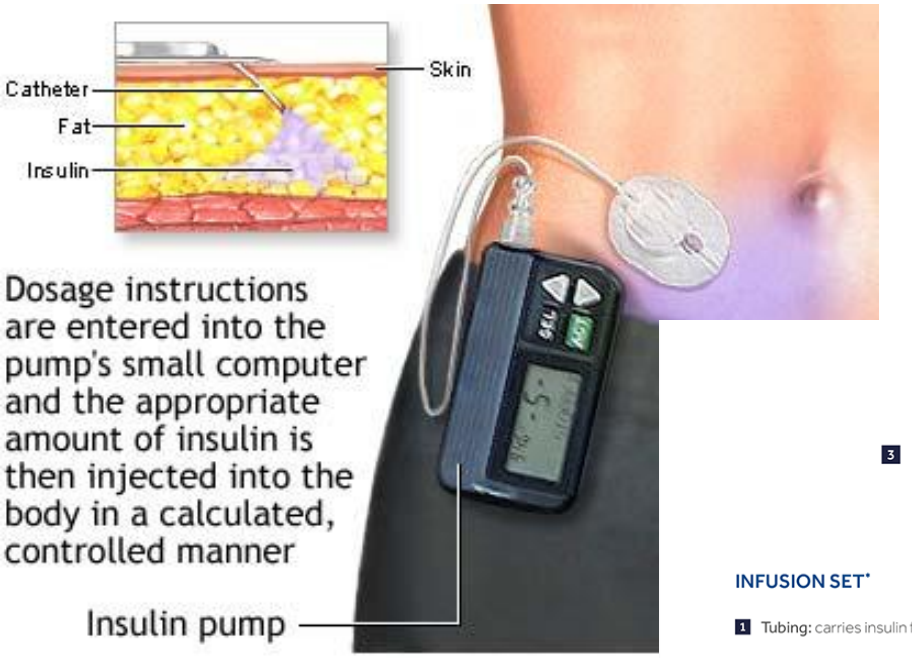


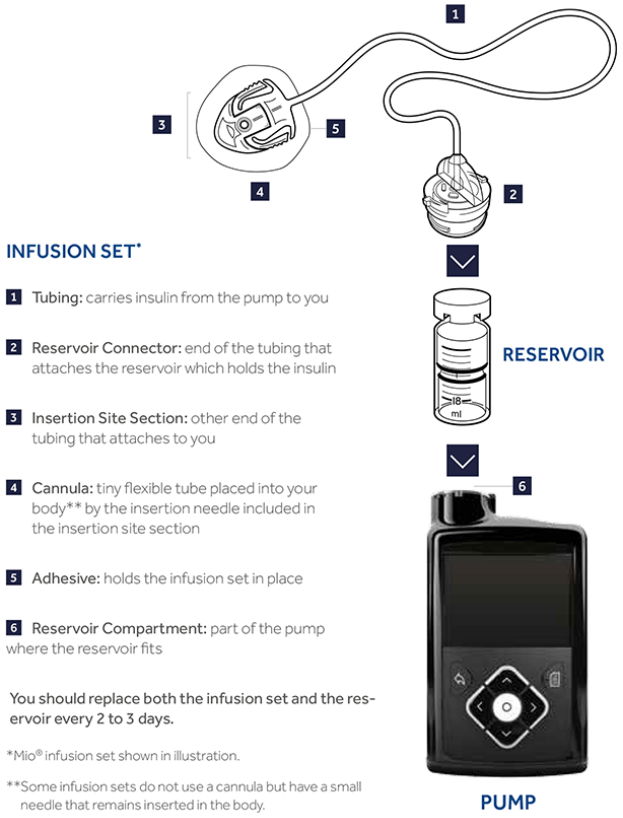
Insulin Pumps


BOLUS
BASAL
BASAL RATE AND BATTERY TEST
BOLUS DELIVERY
AUDIO ALERT ON OFF
BASAL RATE ADJUSTMENT
HOOKSETT, N.
03104
CAUTION
For use only under the direction of
fied medical professionals.
operations manual thoroughly before
U.S. PAT. 3,858,581 • CANADIAN 1041
Model AS6CX-U100
Syringe Pump
Serial Number 70011


SEL
ACT

All About Insulin Pumps

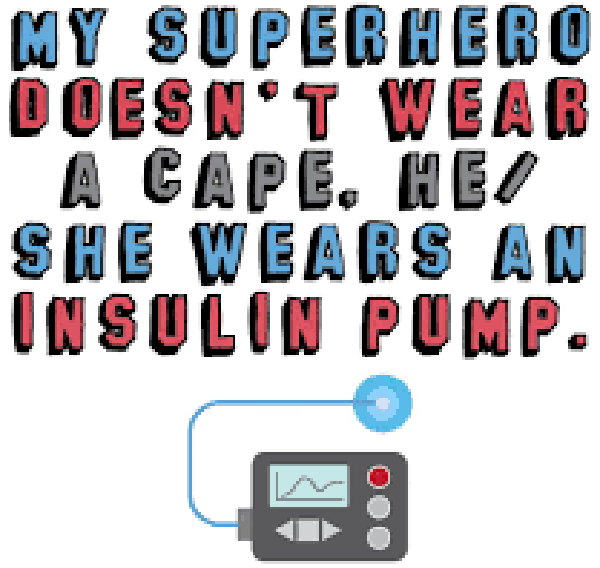




- Delivers rapid acting insulin through a cannula
  - **No long-acting insulin**
- Infusion set is connected to a tiny plastic cannula or small steel needle that is inserted under the skin to deliver insulin on a continuous basis
- Infusion sets/pods are changed every 2-3 days
- Rapid-acting insulin is drawn up in a reservoir/cartridge/pod
- Sites worn same areas injections given
- Gives insulin continuously over 24 hours – basal rates
  - Adjustable to different times of day and insulin needs
- For meals or high BG can give a dose of insulin – bolus
- Uses a “bolus calculator” to calculate the proper dose based on the regimen and the inputted blood sugar and grams of carbs

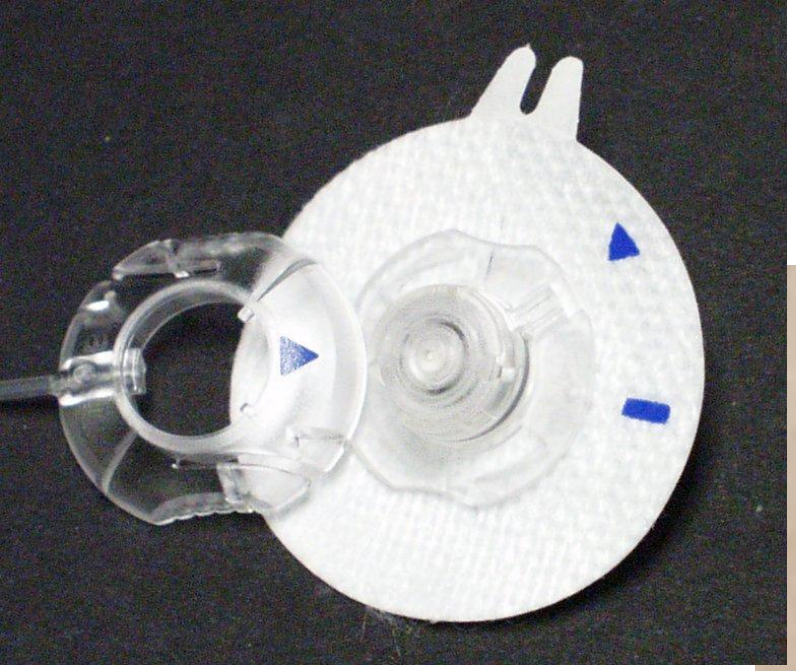
Closed Loop Pumps (CLPs)

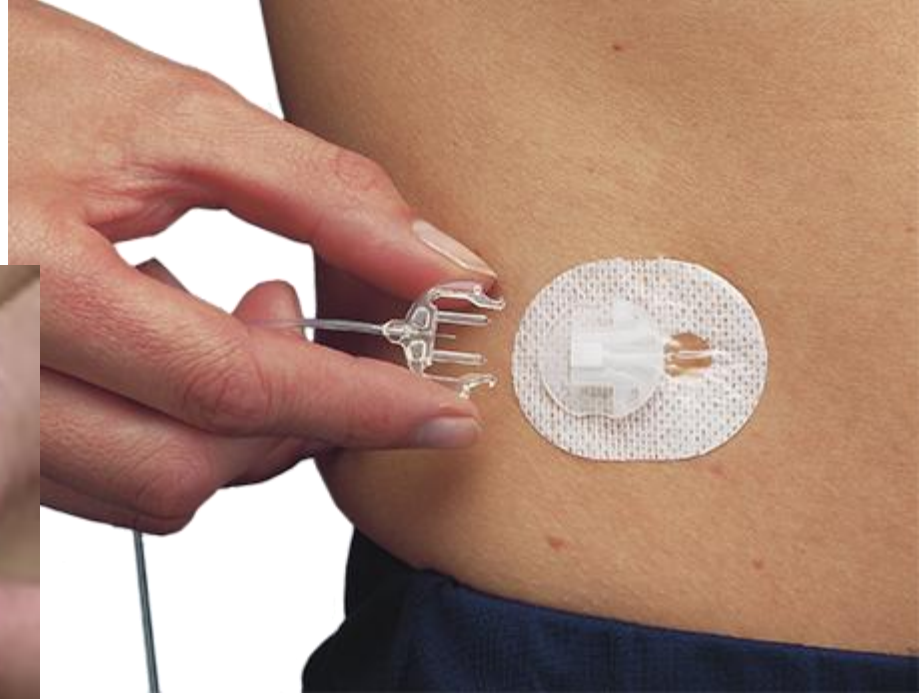
- CLP = Closed Loop Pump
- A system that works with both a CGM and a pump (integrated—CGM "talks" to the pump)
- The pump automatically adjusts the amount of insulin given (both basal and bolus) depending on the specific system algorithm and what the CGM value is
- CLPs are fantastic technology. They do a lot in the background to help prevent both highs and lows.
- Current systems:
  - MiniMed: 780G with Smartguard
  - Tandem: t:slim x2 with Control IQ+ (CIQ+), Mobi
  - Omnipod: Omnipod 5 (OP5)
  - Beta Bionics: iLet Bionic Pancreas
  - Sequel: twiist

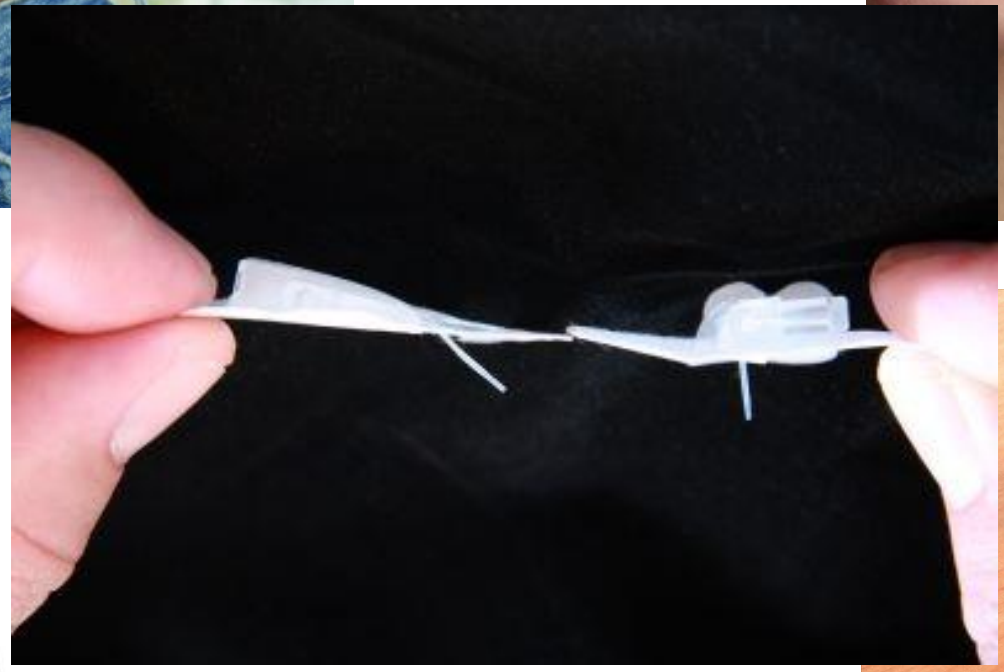


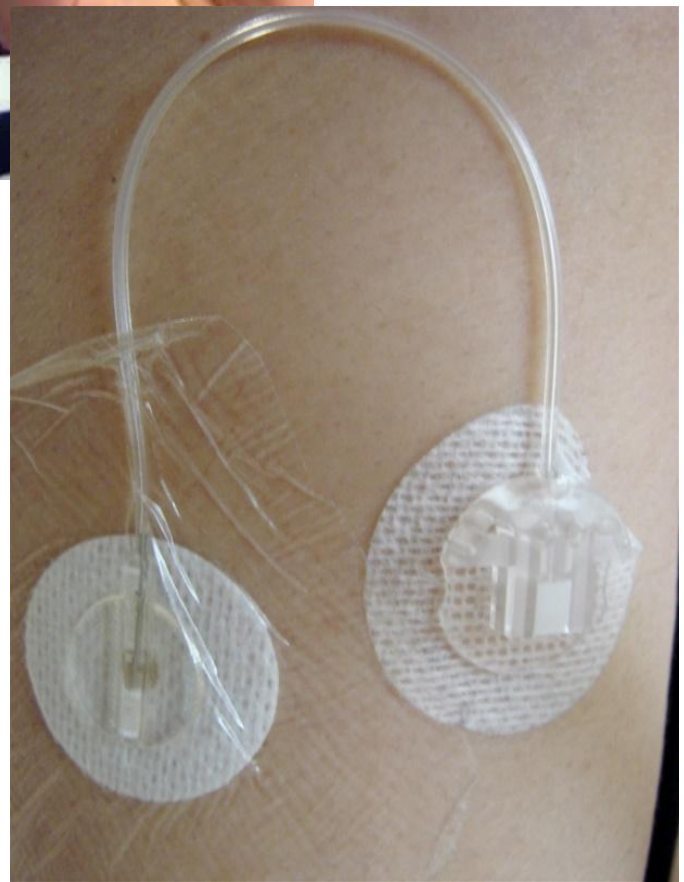
Infusion Sets

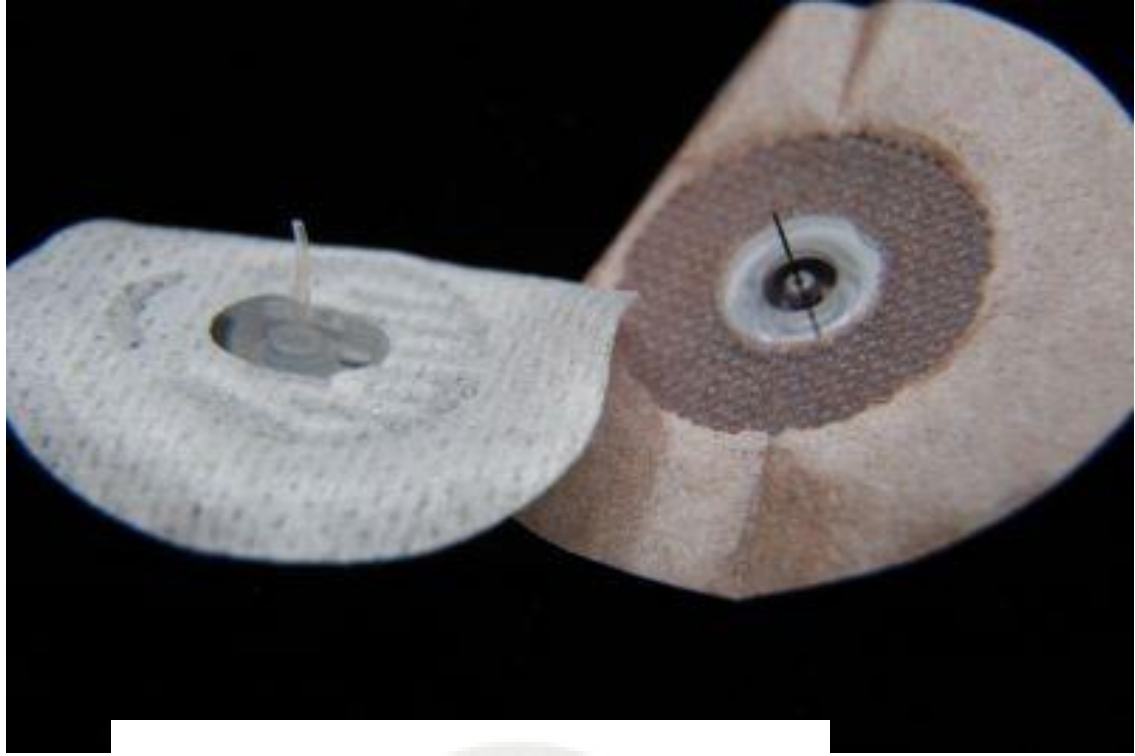
- A soft, plastic subcutaneous cannula or steel needle inserted at a 90- or 30/45-degree angle
- An inserter is available for most sets or are incorporated as part of the set
  - Exception is steel needle set (self-insertion—very easy)
- All infusion sets should be changed every 2- 3 days (1 exception with MiniMed Extended Wear set—7-day wear) *Tandem Fall 2026 (Steadiset)
  - Can place a site anywhere give an injection
  - Site rotation is still KEY!
- Possible to disconnect from pump without removing the site (showering, swimming)

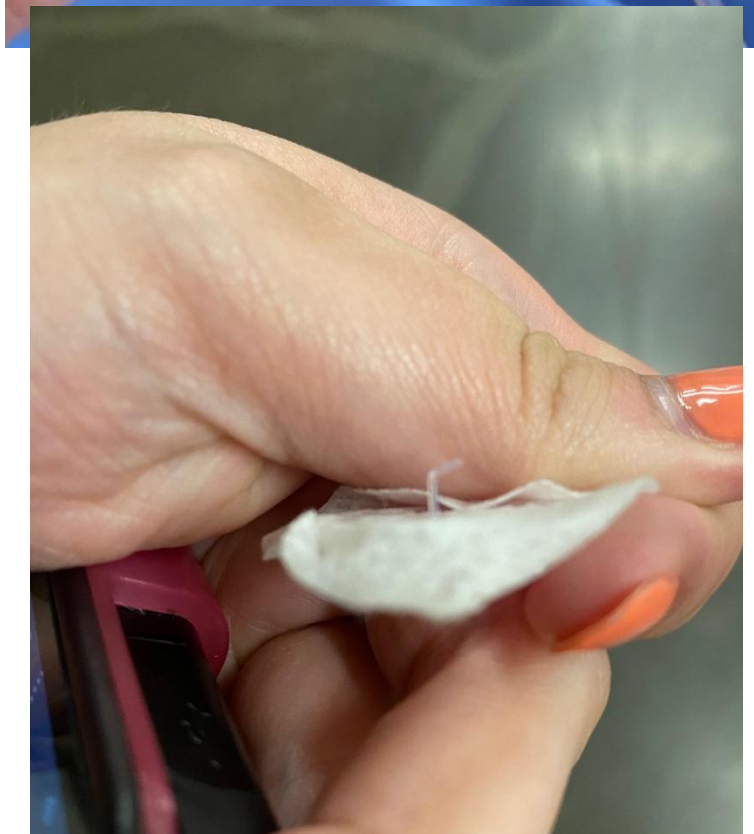












What School Nurses Need to Know

- **Risk for DKA**
- Unexplained high BG? **THINK BAD SITE**
- Should not be off pump for more than 1-2 hours at a time
- Back up insulin in case of pump failure (rapid-acting vial/pen) with plan in DMMP for what to do in event of pump/site failure
- **Lower CHO treatment for hypoglycemia on CLPs (8-10gms)**
  - **Do NOT overtreat low blood sugar**
- **No "free" CHOs on CLPs (don't lower carb amounts in bolus calc either)**
- **Do NOT enter fake carbs/meals as a way to give more insulin**
- **Bolusing late: <30 mins, 30-60 mins, >60 mins**
- NOT waterproof, only *water tight/resistant*
- Have extra pump supplies at school
  - Infusion sets, reservoirs/cartridges/pods, batteries/charger, insulin, syringes
- Call # in/on all pumps with Customer Service 24/7
- All pumps have history screens, can recall all boluses, basals given, and all pump activity

10. HIGH GLUCOSE MANAGEMENT (HYPERGLYCEMIA)

Symptoms of High Glucose May Include: ☐ **USE DEFAULTS in this section.**

None, thirsty, frequent urination, fatigued/tired, drowsy, headache, blurred vision, warm/dry/flushed skin, anger, mood swings, inability to concentrate or recall information.

Symptoms associated with ketones include: abdominal discomfort, nausea, vomiting, fruity breath. **Symptoms of DKA include deep rapid breathing, coma, and seizures.**

Management of High Glucose over _____ mg/dL (default is 300 mg/dL MDI OR 250 mg/dl if on an insulin pump) for _____ minutes (default 90 minutes following last insulin bolus/meal), >400 mg/dL at any time or with physical complaints of not feeling well regardless of glucose level.

1. Provide and encourage consumption of water or sugar-free fluids. Give 4–8 ounces of water every 30 minutes.
2. Check for ketones (before giving insulin correction)

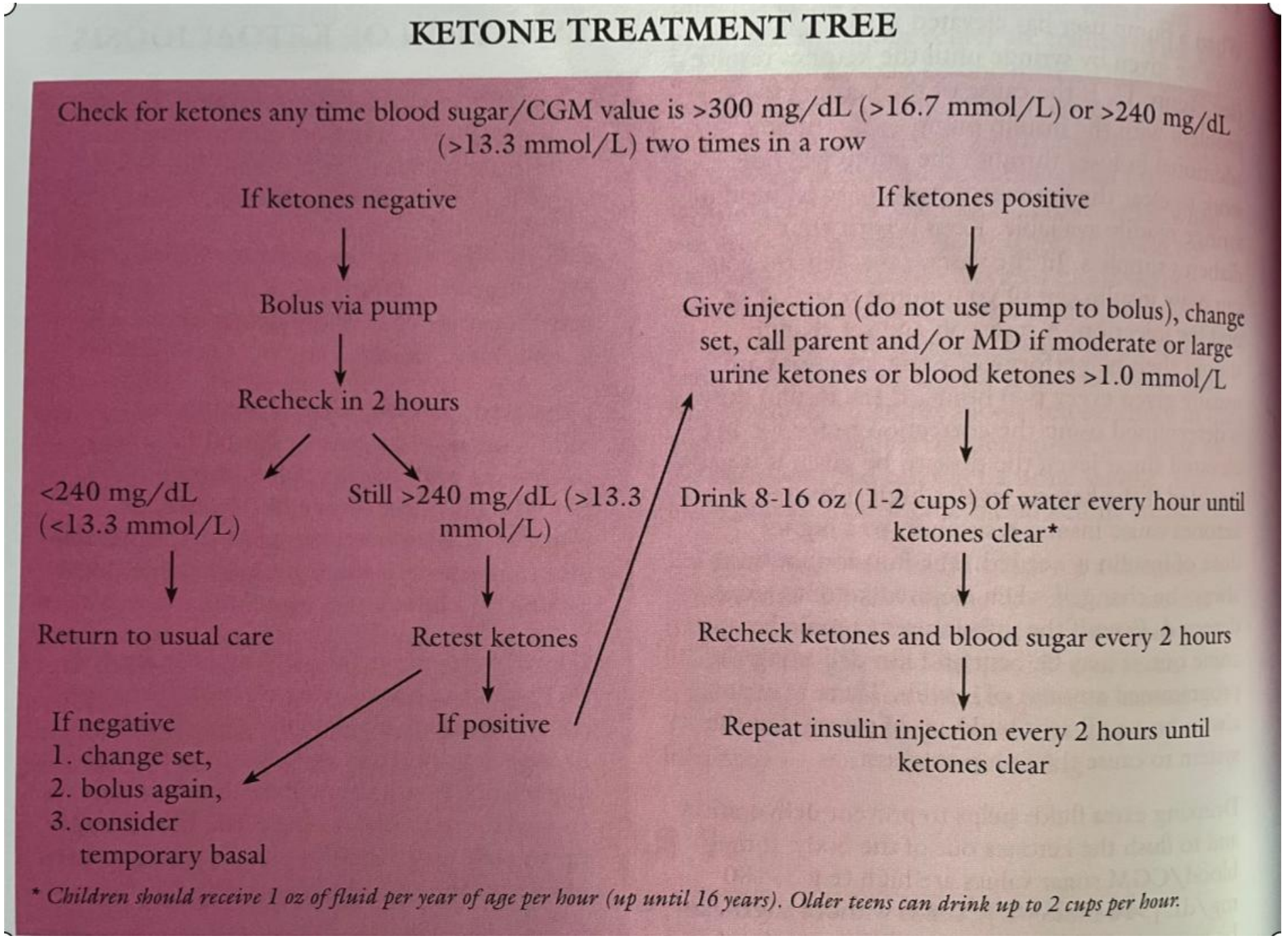
   a. If **trace or small** urine ketones (blood: 0.1–0.5 mmol/L)

   - Consider insulin correction dose, refer to the Dosing Table in Section 8. for designated times correction insulin may be given. (Correction dosing via the iLet pump is fully automated, additional correction dose is not possible).
   - *Can return to class and PE unless symptomatic. Avoid intense exercise if glucose level is >350 mg/dL.*
   - Recheck glucose and ketones in two hours

   b. If **Moderate or large** urine ketones (blood 0.6–1.5 mmol/L or >1.5 mmol/L, respectively). This may be serious and requires action.

   - **Contact parents/guardian or, if unavailable, health care provider**
   - **Administer correction dose via injection for all students.**
     - **For insulin pump users:** Change infusion site/cartridge or use injections until dismissal.
       - If injecting while using an AID system, turn off automation for three to four hours following injections. For iLet users **discontinue insulin pump** for 90 minutes following injection.
       - No physical activity until ketones are less than moderate.
   - Call 911 if changes in mental status and labored breathing are present.

KETONE TREATMENT TREE



MiniMed: 780G

MiniMed 780G

Components and apps

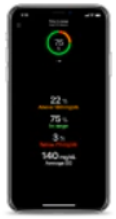
MiniMed™ 780G system

1. MiniMed™ 780G insulin pump with advanced SmartGuard™ technology

2. Guardian™ 4 sensor and transmitter with no fingersticks with SmartGuard™ automation§

3. Medtronic Extended infusion set for wear up to 7 days‖

4. MiniMed™ Mobile App* View glucose levels, pump information, and insulin data on their phone or Apple Watch. View this reference chart for a list of compatible smartphones.



MiniMed™ Mobile app

For patients

- Displays pump and CGM data with customizable alerts
- Time in range viewed on demand

CareLink™ Connect app

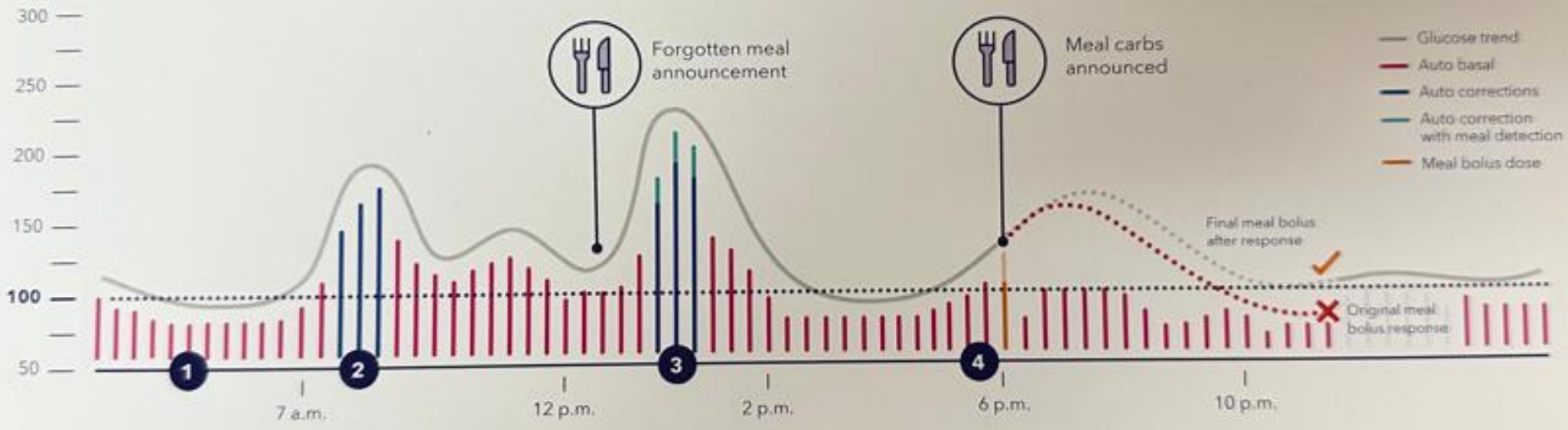
For care partners

- All-in-one viewing and customizable alerts of patient's pump and CGM data

- New algorithm (3 algorithms)—fights to keep in **SmartGuard** more (less kickouts)
  - Automated Basal
  - Auto corrections
  - Meal Detection Technology
- Learned & predictive algorithm (4 hours)
  - Safe meal bolus
- Fewer alarms, simpler operation (extended periods for all kickout features)
- Adjustable target glucose as low as 100 mg/dL
- CGMs: Simplera Sync, Abbott Instinct
- 7-day wear infusion set
- 1 calibration on first day to enter SmartGuard, then 0 calibrations after (except in Manual Mode)
- Replaces fingersticks and can dose off CGM (in SmartGuard only)
- Automatic corrections when parameters met (auto corrections q 5 mins, 12 per hour)
- Software update capability
- Mobile app (view data, upload wirelessly)
- CareLink Connect app – share with 5 people

Take the guesswork out of mealtimes with adaptive control

The MiniMed 780G is the only system with Meal Detection™ technology† that anticipates, adjusts, and corrects‡ every 5 minutes - continuously adapting to changing insulin needs even when carb counting isn't exact.§



Treat to Target
as low as 100 mg/dL

Auto corrections
These can be delivered as frequently as every 5 minutes, to mitigate hyperglycemia, to help keep blood glucose in tighter control

Meal detection
If a pattern of rising glucose indicates that a meal has been eaten, the system can automatically deliver stronger correction doses, bringing glucose levels safely back into range

Safe meal bolus
This is a safety feature that will reduce the amount of meal bolus insulin if the system predicts hypoglycemia would occur if the full bolus was given

minimed

The MiniMed™ 780G system

School nurse guide

Medtronic

https://www.minimed.com/content/dam/documents/en-us/School-Nurse-Guide-MiniMed-780G-System.pdf.coredownload.inline.pdf

MiniMed Flex

Tandem: t:slim x2 Control IQ+ & Mobi

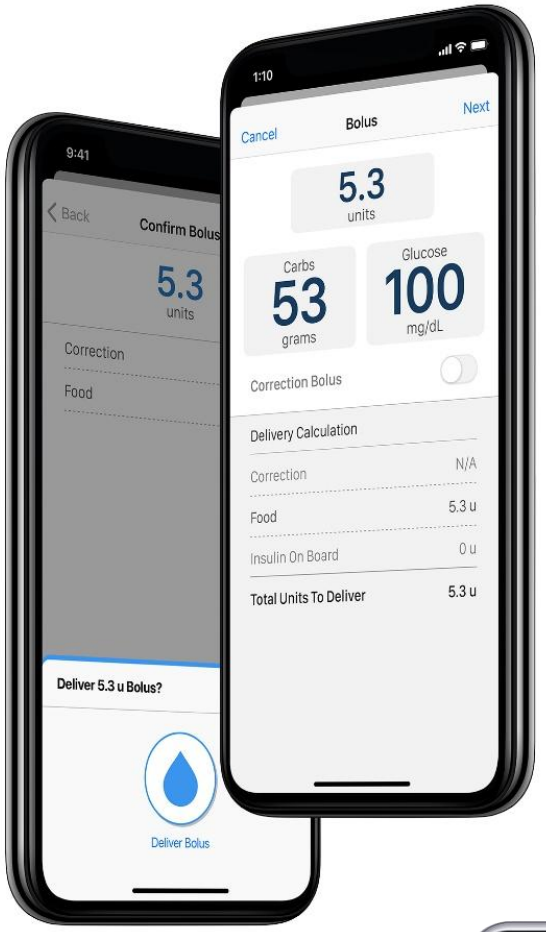
How Does Control-IQ Technology Work?

Control-IQ™ technology is designed to help increase time in range (70—180 mg/dL)* using Dexcom G6 continuous glucose monitoring (CGM) values to predict glucose levels 30 minutes ahead and adjust insulin delivery accordingly, including delivery of automatic correction boluses (up to one per hour).

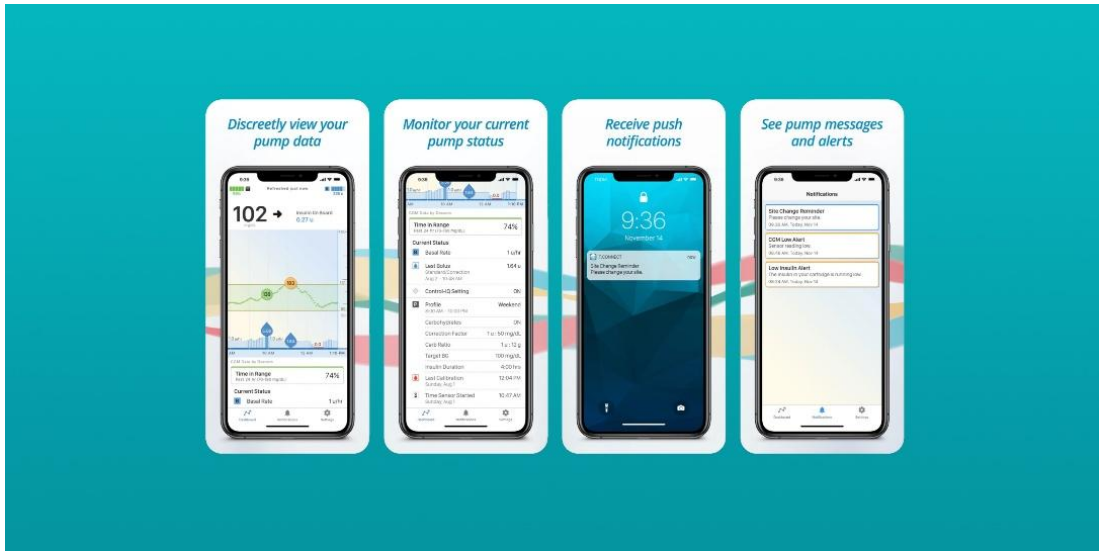
		Control-IQ	Sleep Activity	Exercise Activity
Delivers	Delivers an automatic correction bolus if sensor glucose is predicted to be above ____ mg/dL	180	--	180
Increases	Increases basal insulin delivery if sensor glucose is predicted to be above ____ mg/dL	160	120	160
Maintains	Maintains active Personal Profile settings when sensor glucose is between ____ - ____ mg/dL	112.5 - 160	112.5 - 120	140 - 160
Decreases	Decreases basal insulin delivery if sensor glucose is predicted to be below ____ mg/dL	112.5	112.5	140
Stops	Stops basal insulin delivery if sensor glucose is predicted to be below ____ mg/dL	70	70	80

*As measured by CGM.

t:slim x2



- Touch screen, chargeable
- Software updates
- Holds 300 units of insulin via cartridge
- Integrated with Dexcom G7, Libre 2+ OR Libre 3+
  - **Can't follow Libre users**
- Control IQ + algorithm (future 30-minute prediction)
  - Exercise & Sleep Modes
- t:slim app
  - Mirror image of pump screen
  - Uploads wirelessly to HCP office
  - Pump alerts/alarms sent as notifications on phone
  - **Can bolus from phone app!**



Mobi

Tandem Mobi

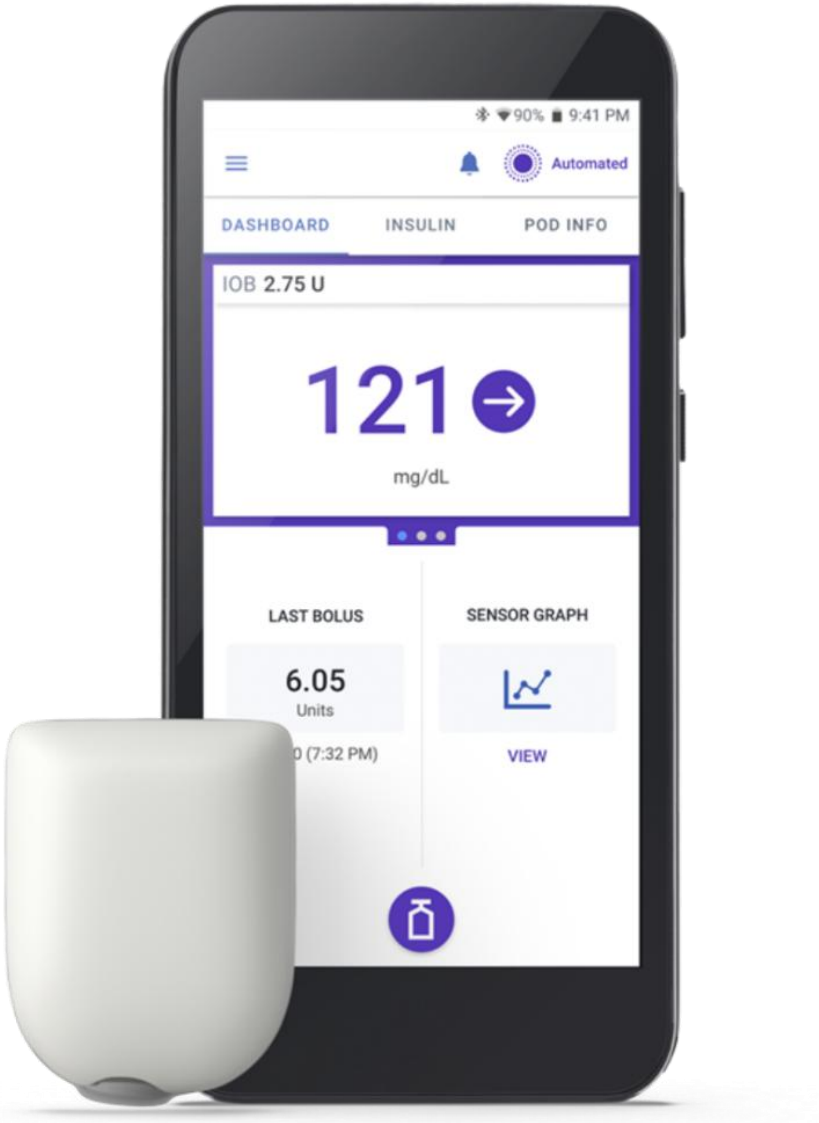
- ~50% Of t:slim X2's Size
- 200-unit Cartridge
- Embedded AID Algorithm
- User's Smartphone Control
- Wireless Charging
- Bolus Button
- Waterproof
- iCGM Compatible
- Compatible with current and new 4" infusion set

- ½ the size of x2
- Holds 200 units
- Wireless charging pad
- 4-5-inch tubing
- No screen, **100% controlled on phone app**
  - ***iPhone AND Android***
- On pump bolus button and suspend
- CIQ+ software
- Dexcom G7 (Libre 3+ & G7 15-day this year?)
- Tobi coming in Fall 2026!


U-100 INSULIN
FCC ID: 2AAGB05
IC: 12208A-05
1004000
AW-1004982_D
Rx only
IP28
Tandem Diabetes Care, Inc.
San Diego, CA 92121 • USA

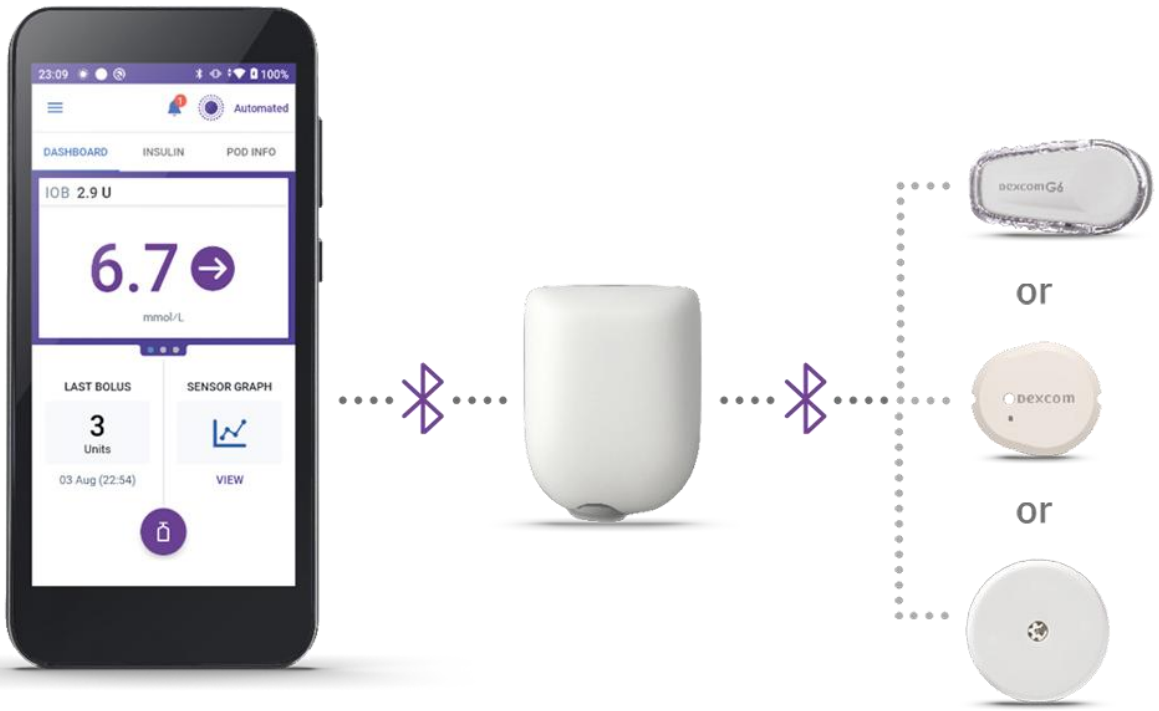

DEMO: NOT FOR HUMAN USE

TANDEM'S NEW TECH


90% 9:41 PM
Automated
DASHBOARD
INSULIN
POD INFO
IOB 2.75 U
121
mg/dL
LAST BOLUS
SENSOR GRAPH
6.05
Units
VIEW

Omnipod: OP5

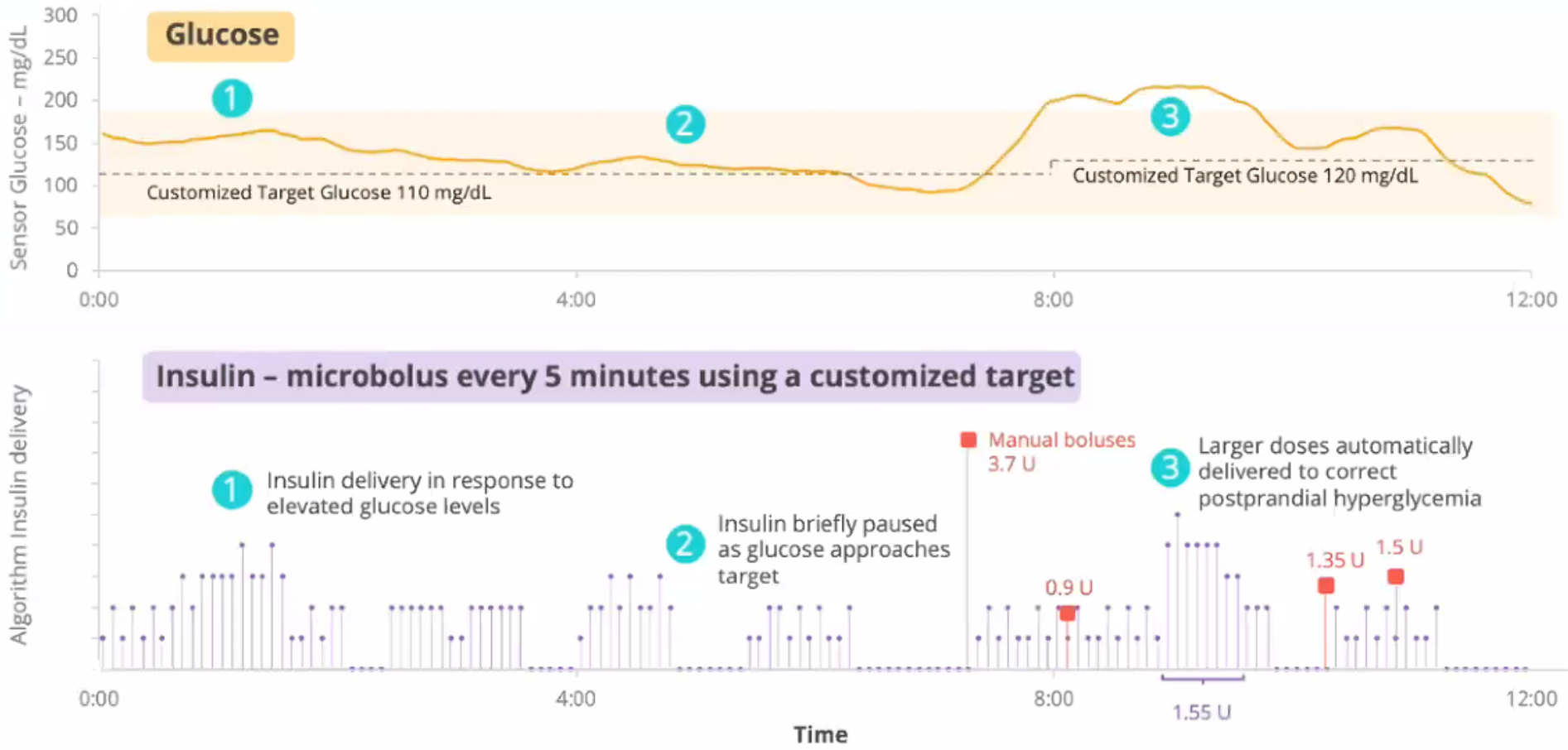
Omnipod 5 (OP5)



	Omnipod 5 System with Dexcom G6	Omnipod 5 System with Dexcom G7	Omnipod 5 System with FreeStyle Libre 2 Plus Sensor
Insulet provided Controller	✓	✓	✓
Compatible Android smartphone	✓	✓	
Compatible iPhone	✓	✓	

- Specific pods and controller
  - G6/G7, G6 & Libre 2+
- Mobile control on Android & iPhone
  - **L2+ must use controller—Cannot follow**
- Approved for 15-day Dexcom—can use Dexcom receiver with this (no phone needed)
- 2 modes: Automated Mode and Manual Mode
- SmartAdjust™ technology receives a CGM value and predicts where the BG will be in **60 minutes into the future**
  - Increases, decreases, or pauses automated insulin delivery (60 mg/dL) based on target set in pump (**basal only; NO automatic corrections**)
- Adjustable target 110-150, can adjust by time of day
- Activity feature—allows temp target set at 150 and reduces basal insulin delivery
- Built in SMART Bolus calculator that is informed by BG **and** trends
  - **ALWAYS tap 'Use Sensor'**
- **Summer 2026—improvements to algorithm (target 100 and d/c Manual Mode)**

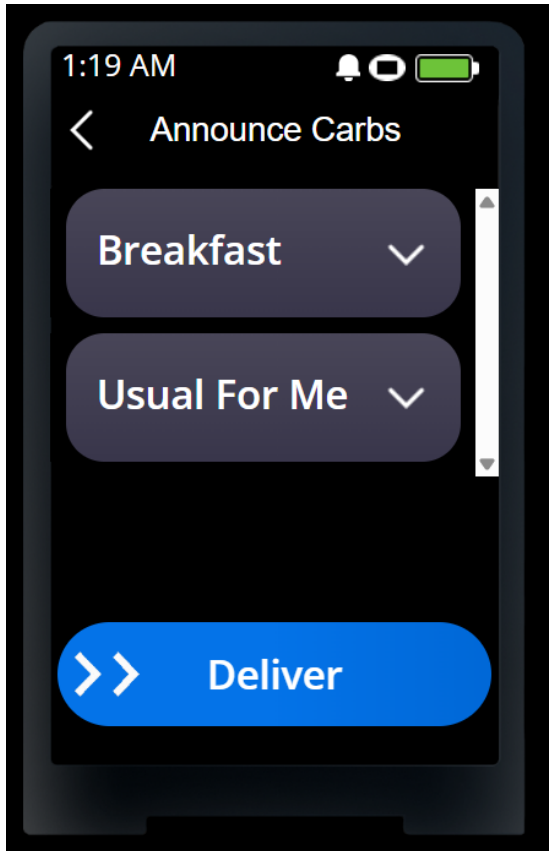
SmartAdjust™ Technology in Action

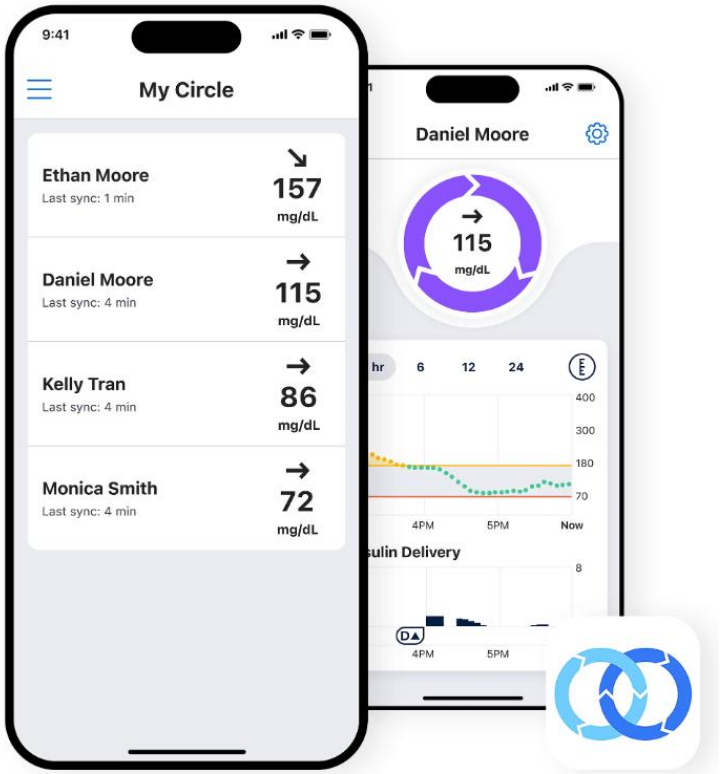


Beta Bionics: iLet

iLet Bionic Pancreas Pump

- 3 algorithms (basal, correction, meals)
  - Constant/continuous learning algorithm
  - Basal rate is every 5 minutes
  - Automated corrections q5 minutes
- Learned & predictive algorithm
- Integrated with Dexcom G7, Libre 3+
- Only pump to have pre-filled cartridges (Fiasp)
- Holds 160-180 units
- No insulin settings--only need to enter body weight to start
- NO carb counting! ***Must be carb aware**
- **Determines 100% of all insulin doses**
  - *No corrections, no calculating boluses*
- 1 setting—target (lower, usual, higher); **aims for 80-130**
- Meal announcements: users select meal type (breakfast, lunch, dinner) and then carb size (Usual, More, Less)
- No exercise mode (Pause feature)
- iLet app: software updates, mirror image (cannot bolus), invite followers (***how to follow Libre users)**
- Bionic Circle app: invite 10 people to follow (see BG, insulin delivery, and CGM alerts)





iLet Bionic Pancreas System: School Diabetes Care Plan

1. INTENDED USE OF THIS FORM

This plan is intended solely for the use of school nurses or other qualified personnel caring for the student wearing the iLet Bionic Pancreas. This plan may be used to supplement the current 504 or school care plan. Beta Bionics recommends that the school nurse or other qualified personnel be familiar with the use of the iLet and refer to the User Guide, product label and or instructions for use before providing diabetes care to students using the iLet.

The following documents should be provided to and reviewed by the school nurse and other qualified personnel:

- iLet Bionic Pancreas User Guide https://www.betabionics.com/resources/user-guides/
- iLet Bionic Pancreas User Educational Resource Guide
- Beta Bionics Standard Ketone Action Plan (if applicable)

School nurses and other qualified personnel may request training and support from Beta Bionics: 1-855-745-3800

Sections 2 and 3 may be completed by the student's parent/guardian

2. STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

School Year: _____ Plan valid until: _____

This plan should be updated as needed by the parent/guardian and the student's healthcare provider to ensure accuracy

3. STUDENT'S SELF-CARE SKILLS ON THE iLet

Skill	Full Support	Supervision	Independent
Select meal type and size for carbohydrates to be consumed and deliver the meal announcement	☐	☐	☐
Manage the iLet related to exercise/physical activity	☐	☐	☐
Recognize and treat hypoglycemia	☐	☐	☐
Manage hyperglycemia/ketones using the prescribed Ketone Action Plan	☐	☐	☐
Change insulin cartridge, cartridge connector, tubing, and prime the tubing	☐	☐	☐
Insert a new infusion set (includes removing the old infusion set and inserting a new one)	☐	☐	☐
Disconnect/reconnect the iLet tubing from infusion set	☐	☐	☐
Troubleshoot alarms	☐	☐	☐
Insert a new CGM sensor and connect to the iLet	☐	☐	☐
Charge the iLet	☐	☐	☐
For any self-care skill that the student is not able to perform independently the school nurse or other qualified personnel must assist or provide supervision to ensure the task is completed safely and correctly.			

Sections 4 and 5 should be reviewed and completed by the student's healthcare provider with input from the parent/guardian

4. INSULIN, GLUCOSE TARGET, AND CGM ALERTS

Insulin Type

☐ insulin lispro (Humalog) ☐ insulin aspart (Novolog) ☐ Fiasp prefilled PumpCart ☐ Other: _____

Infusion Set ** Only use supplies compatible with the iLet**

☐ Contact Detach (change at least every 2 days or as needed) ☐ Inset (change at least every 3 days or as needed)

iLet CGM Glucose Target Settings ** Do not change these settings without consulting the parent/guardian and/or HCP**

Default CGM glucose target: ☐ Lower ☐ Usual ☐ Higher

Secondary glucose target enabled: ☐ Yes ☐ No
Secondary CGM glucose target: ☐ Lower ☐ Usual ☐ Higher
Starts at: _____ Ends at: _____ ☐ N/A

iLet CGM Glucose Alerts (checked if set to on) ** It is strongly recommended to keep AT LEAST the High Glucose and Urgent Low Soon Alerts on**

☐ High Glucose (CGM glucose > 300 mg/dl for more than 90 minutes)
☐ Low Glucose (CGM glucose < 75 mg/dl)
Urgent low (CGM glucose < 54 mg/dl) cannot be turned off

☐ Urgent Low Soon (CGM glucose will be < 54 mg/dl in 20 minutes)
☐ Fall Rate (CGM glucose < 100 mg/dl and falling 2 mg/dl/min)

Limited Access

Limited access passcode required to access meal announcements, cartridge menus and settings? ☐ Yes ☐ No
Passcode: _____ ☐ N/A

mint
PATCH PUMP

mint by Beta Bionics

Patch Change Process

1. Peel the pump off
2. Separate controller & cartridge
3. Fill up new cartridge
4. Attach controller & cartridge
5. Apply pump & insert cannula

When Changing a Mint

No phone or mobile app required

No Bluetooth pairing required

No charging required

Beta Bionics

Note: Commercialization of the mint patch pump in development is subject to regulatory clearance, and the device is not available for sale. The images shown are for illustrative purposes only. Actual product specifications may vary.

Sequel: twiist

- Tidepool algorithm (approved January 2023)
- Approved 6 years and older
- **Target range 87-180, 6-hour prediction**
- Work out mode: pick the target range up to 250
- iPhone only right now (Android this year?)
- Libre 3+ and Eversense 365
  - In talks with Dexcom
- First AID system that can be controlled directly from an Apple Watch
- System precisely measures both the volume amount and speed/flow of each micro-dose of insulin (19 mins to detect blockage)
- Uses different food emojis to indicate different amounts of carbohydrates
  - Lollipop emoji for a small amount of fast-acting carbs for a 30-minute bolus of insulin, a taco for most meals for a 3-hour bolus, or a pizza for a high fat/high CHO meal with a longer extended 5-hour bolus
- Can change dose AFTER the meal (ex: under eating or over eating carbs entered)
- Reservoir holds 300 units, easy insertion, disposable; pump good for 2 years
- Battery operated


NOT FOR HUMAN USE
DEMO: NOT FOR HUMAN USE


U-100
Insulin
Insulet Corp
DASH™ Pod

colorado
Kids with Diabetes

Nurse Files: includes Individualized Health Plans

Contains Instructions, Individualized Health Plans, Standards of Care, Provider Order forms, Documentation records/logs & resources

Pump Addendum 2024-100C: To be used for students on insulin pump

https://www.coloradokidswithdiabetes.org/nurse-files/

Confidential Pump Addendum School: **Student Name:** _____ **DOB:** _____ **Grade:** _____

Insulin Pump Info:

Type of pump: Click or tap here to enter text.	**Insulin in Pump:** Click or tap here to enter text.
Insulin to Carb ratio: Click or tap here to enter text.	

Time to Bolus:

Before meal____	After the meal____	½ before and remaining after____	Other: Click or tap here to enter text.

- Beta Bionic Pump - Follow Provider orders
- Check blood glucose level before the meal or snack
- Enter the blood glucose value into the pump
- Count the grams of Carbohydrates in the food to be eaten
- Enter the grams of carbohydrates into the pump
- The pump will calculate the prescribed amount of insulin
- Deliver the bolus by pressing the designated button(s) on the pump
- If bolus given prior to the meal, do not administer more than 10 minutes before eating
- If blood glucose is less than ____ mg/dl, wait to give meal bolus until after meal
- If blood glucose is greater than ____ mg/dl, deliver a correction bolus prior to eating

The settings on the pump are established by the student's healthcare provider & are not to be changed by school personnel.

Contact Parent/Guardians if symptoms of: Soreness, redness or bleeding at infusion site; dislodged infusion set; repeated alarms; leakage at connection to pump or infusion site; pump malfunction.

If Pump or Set Malfunctions: NOTIFY SCHOOL NURSE AND PARENT IMMEDIATELY

- **Insulin should be given by Injection:**
- **Calculating insulin dose when pump malfunctions: *Use pump calculator or School Nurse and/or Parent will do calculation (School nurse may contact provider for one-time order).***

If pump is operational than the insulin dosing can be calculated as noted above using pump calculator. If pump is not operational: Communicate with School Nurse Consultant and parent.
School Nurse should reference "Standards of Care".

Additional Information:

1. Parents should notify the school nurse *(at or before the beginning of the school day)* of any adjustments made to basal and/or bolus rates on the insulin pump so the school staff can be on alert to any reactions to insulin dosage change.

2. School staff will not adjust pump settings. School staff will use the pump bolus calculator program for the recommended dosage.

7. MEALTIME INSULIN TIMING GUIDELINES (SELECT ALL THAT APPLY)

Insulin Administration Guidelines

Insulin Delivery Timing:

Ensure substitution carbohydrates are consumed when student does not complete their meal.

- ☐ **Prior to Meal:** Recommended 10–15 minutes for rapid-acting insulin.
- ☐ **At the Time of the Meal:** Recommended for students using ultra-rapid insulin or the iLet insulin pump.
- ☐ **May Advance:** Administer insulin prior to meal when student demonstrates consistent eating patterns.
- ☐ **Partial Dose Prior to Meal:** Recommended for unpredictable eating, using pumps. Calculate pre-meal dose using _____ grams of carbohydrates Follow pre-meal dose for additional grams of carbohydrate consumed, within 20 minutes (active AID: additional carbs N/A if ≥ 30 minutes late)
- ☐ **After Meal as Soon as Possible:** Recommended for students that refuse food on pumps or unpredictable eating, using MDI. For MDI calculate dose based on pre-meal glucose, carbs consumed, and administer dose following meal. Pumps give correction before eating and enter grams of carbs consumed within 30 minutes of start of meal.

8. DOSING TABLE—HEALTHCARE PROVIDER TO COMPLETE – SINGLE PAGE UPDATE ORDER FORM

Add Food Dose (Table A) + Correction Dose (Table B) = Meal Dose

Food Dose (Table A)

Start Time End Time (HR:MIN)	Carb Ratio (Formula) ☐ N/A (Grams of Carbohydrate ÷ Carb Ratio = Food Dose)	Fixed Meal Dose ☐ Units ☐ Grams	
N/A		☐ N/A ☐ N/A ☐ N/A	☐ Dosing to be determined by bolus calculator using insulin pump or smart device.
	1 unit per _____ grams of carbohydrate	50% LESS / USUAL MEAL / 50% MORE	**Check for KETONES** before administering insulin if glucose > _____ mg/dL (default > 250 mg/dL insulin pump or ≥ 300 mg/dL MDI) for > _____ min (default 90) following a meal and/or bolus) or > 400 mg/dL at any time and/or if student complains of physical symptoms (abdominal pain, nausea, vomiting). Refer to section 10 for high blood glucose management guidance.
☐	1 unit per _____ grams of carbohydrate	50% LESS / USUAL MEAL / 50% MORE	☐ **School nurse is authorized to adjust** insulin dose to maintain glucose in normal ranges during physical actvity. Insulin dose subtract _____ units from total dose; Insulin dose subtract _____ % from total dose; Carbohydrate grams subtract _____ grams from total; Carbohydrate grams subtract _____ % from total
☐	1 unit per _____ grams of carbohydrate	50% LESS / USUAL MEAL / 50% MORE	
☐	1 unit per _____ grams of carbohydrate	50% LESS / USUAL MEAL / 50% MORE	☐ **Parents/guardians are authorized to adjust insulin dose:** Insulin dose +/- _____ units; Insulin dose +/- _____ %; Carb Ratio +/- _____ grams/units; Correction Factor +/- _____ mg/dL/unit
☐	1 unit per _____ grams of carbohydrate	50% LESS / USUAL MEAL / 50% MORE	

Correction Dose (Table B) May correct every _____ hours (default three hours)

Note: iLet pump corrections are fully automated, no manual corrections are possible via the pump.

Start Time End Time (HR:MIN)	Correction Formula ((Actual Glucose - Target Glucose) ÷ Correction Factor = Correction Dose) ☐ N/A	Sliding Scale Correction Dose ☐ N/A
	Target Glucose: _____ mg/dL; Correction Factor: _____ mg/dL/unit	_____ to _____ mg/dL = _____ units; _____ to _____ mg/dL = _____ units; _____ to _____ mg/dL = _____ units; _____ to _____ mg/dL = _____ units; _____ to _____ mg/dL = _____ units; _____ to _____ mg/dL = _____ units
☐ N/A	Target Glucose: _____ mg/dL; Correction Factor: _____ mg/dL/unit	_____ to _____ mg/dL = _____ units; _____ to _____ mg/dL = _____ units; _____ to _____ mg/dL = _____ units; _____ to _____ mg/dL = _____ units; _____ to _____ mg/dL = _____ units; _____ to _____ mg/dL = _____ units

https://diabetes.org/advocacy/safe-at-school-state-laws/diabetes-medical-management-plan

OFFICIAL SITE OF THE STATE OF NEW JERSEY

Governor Phil Murphy • Lt. Governor Tahesha Way

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Department of Education

Keeping Our Students Safe, Healthy & In School

OSSS Home | School Health Services | Safe & Positive Learning Environments | Student Wellness | Out of School Time Programs | NJTSS

Home / Keeping Our Students Safe, Healthy & In School / School Health Services / School Health Professionals / Guidelines for the Care of Students with Diabetes in the School Setting

Guidelines for the Care of Students with Diabetes in the School Setting

- PowerPoint: Care of Student with Diabetes in New Jersey's Public Schools
- Frequently Asked Questions
- PowerPoint: Diabetes Care Tasks
- Administering Glucagon
- FDA Approves Nasal Glucagon Baqsimi – A Radical Improvement for Severe Hypoglycemia
- Quick Reference Emergency Plan for a Student with Diabetes
- Quick Reference (General)
- Action Steps
- Sample Diabetes Medical Management Plan and IHP

https://www.nj.gov/education/edsupport/diabetes/

Care of Students with Diabetes in Schools: Frequently Asked Questions (nj.gov)

22. **Can a school nurse accept changes in a child's insulin dosage from the parent/guardian?**
No. Changes to a student's dosage should be included in the IHP/IEHP and changes must be authorized by the child's physician or advanced practice nurse.

Supplemental Insulin Orders:

☐ Check for **KETONES** before administering insulin dose if BG > _____ mg/dL (DEFAULT >300 mg/dL or >250 mg/dL on insulin pump) or if student complains of physical symptoms. Refer to section 9. for high blood glucose management information.

☐ Parents/guardians are authorized to adjust insulin dose +/- _____ units

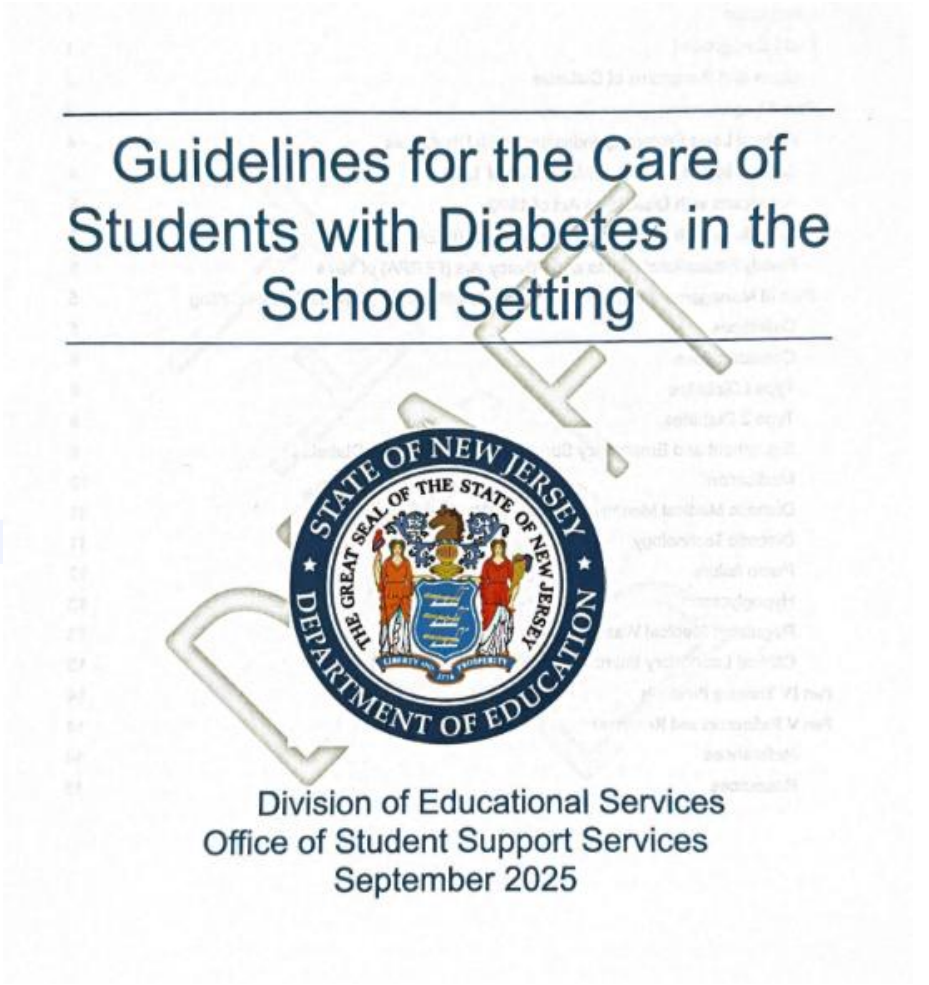
- ☐ Insulin dose +/- _____ units
- ☐ Insulin dose +/- _____ %
- ☐ Insulin to Carb Ratio +/- _____ grams/units
- ☐ Insulin Factor +/- _____ mg/dL/unit

Additional guidance on parent adjustments:

☐ Parent/guardian authorized to increase or decrease sliding scale +/- 2 units of insulin *if noted on DMMP. If ongoing changes to the insulin dosing is a total of +/- 3 units per dose outside the current orders on file, new orders/DMMP are needed to reflect these changes. Per Standards of Care*

☐ Parent/guardian authorized to increase or decrease insulin to carb ratio 1 unit +/- 5 grams of carbohydrates

The settings on the pump are established by the student's healthcare provider & are not to be changed by school personnel.

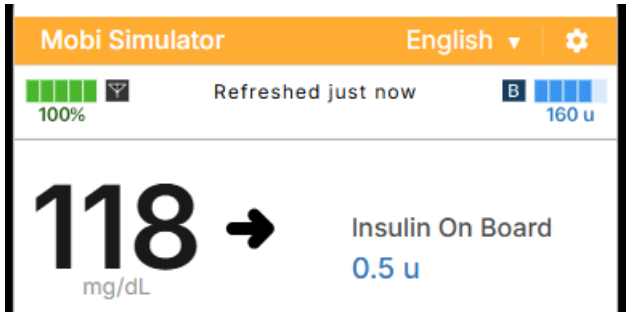


There's an App For That...Demos!

Omnipod 5 Simulator

TANDEM Simulator

t:simulator



Tandem Mobi website: https://www.tandemdiabetes.com/products/software-apps/virtual-pump-demos/tandem-mobi-simulator

minimed

MiniMed™ 780G system virtual pump

To access the MiniMed™ 780G virtual pump, scan here

Or visit:
https://www.medtronicdiabetes.com/minimed-virtual-pump

iLet simulator website: http://deploy-react-simapp.s3-website.us-east-2.amazonaws.com/SimulatorEntry

twiist™

twiist simulator website:
https://demo.mytwiistportal.com/?id=z6e9x7&p=twiist_emulator

Check Out Company Websites!

- All manufacturer websites have:
  - Full User Guides as PDFs
  - Quick Reference Sheets/Guides
  - YouTube videos
  - Tutorials
  - FAQs
  - Plus, 24/7 Tech Support phone #s!

  - MiniMed: https://www.minimed.com/en-us/support/download-library/
  - Tandem: https://www.tandemdiabetes.com/providers/education-and-resources/training
  - Omnipod: https://www.omnipod.com/current-podders/resources
  - Beta Bionics: https://www.betabionics.com/user-resources/
  - Sequel: https://www.twiist.com/twiist-on-support
  - Dexcom: https://www.dexcom.com/en-us/guides
  - Libre: https://www.freestyle.abbott/us-en/support.html

- Other:
  - Panther Program: https://www.pantherprogram.org/
  - DiabetesWisePro: https://pro.diabeteswise.org/devices/device-library
  - ADA Consumer Guide: https://consumerguide.diabetes.org/
  - Integrated Diabetes Services: https://integrateddiabetes.com/2026-in-depth-insulin-pump-comparisons/
  - Dana Tech: https://www.adces.org/danatech/home

Camp Nejeda

2026 PROGRAMS CALENDAR

MAY / JUNE

SU	M	T	W	TH	F	S
					29	30
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

JULY

SU	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST

SU	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

- **May 29 - 31:** Survive & Thrive Weekend
- **June 6 :** Mini Family Camp
- **June 12 - 14 :** June Family Camp
- **June 17 - 19 :** Senior Staff Training & Certs
- **June 20 - 26 :** Staff Training Week
- **June 28 - July 3 :** BFF Week
- **July 5 - 17 :** Session 1 (Ages 9-13)
- **July 6 - 10 & 13 - 17** : Day Camp
- **July 19 - 31 :** Session 2 (Ages 12-16)
- **August 2 - 7 :** Session 3 (Ages 7-12)
- **August 8 :** Stay-over for Combined S3&4
- **August 9 - 14 :** Session 4 (Ages 7-15)
- **August 16 - 18 :** BFF Weekend
- **August 20 - 22 :** August Family Camp 1
- **August 23 - 25 :** August Family Camp 2

Additional Events & Programs

May 2: Open House

September 20: Nejeda-Thon

WHERE CHILDREN WITH TYPE 1 DIABETES CAN BE THEMSELVES

CAMP NEJEDA

Est. 1958

- Nurses
- Counselors (age 17+)
- Campers (age 7-16)

https://www.campnejeda.org/summer-staff

https://www.campnejeda.org/future-campers


thank you
рахмат
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спасибо
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তোমাকে ধন্যবাদ
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merci