

# SCHOOL DIABETES ORDERS - INJECTOR

Licensed Healthcare Provider (LHP) to Complete Annually

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

Start date: \_\_\_\_\_ for 2020-2021 school year  Through last day of school  Other: \_\_\_\_\_

## LOW BLOOD GLUCOSE (BG) MANAGEMENT

1. If BG is below 70 or having symptoms, give \_\_\_\_\_ grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice).
2. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic.
3. Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time. Do not include low treatment in meal carbs.

If unconscious, unresponsive, difficulty swallowing, or evidence of seizure: **Phone 911 immediately. Do NOT give anything by mouth.**

If nurse or trained PDA is available, administer Glucagon \_\_\_\_\_ mg SQ or IM -or- Baqsimi 3mg/nasal spray.

## HIGH BLOOD GLUCOSE (BG) MANAGEMENT

1. Correction with Insulin
  - If BG is over target range \_\_\_\_\_ for \_\_\_\_\_ hours after last bolus or carbohydrate intake, student should receive correction dose of insulin per orders, but only cover with carb ratio at the next meal time.
  - Never correct for high blood sugars other than at mealtime, unless consultation with student's LHP (Licensed Healthcare Provider) or as set up by 504 plan.
2. Ketones: Test urine/blood ketones if  BG > 300 X 2hrs, or  Never. Call parent if child is having moderate or large ketones.
3. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (moderate or large).
4. Encourage student to drink plenty of water and provide rest if needed.

## BLOOD GLUCOSE (BG) TESTING / SENSOR GLUCOSE (SG) VIA CONTINUOUS GLUCOSE MONITOR (CGM)

BG to be tested:  Before meals and for symptoms of low or high BG, or as set up by the 504 plan.

Extra BG testing:  before PE,  before going home,  Use of SG allowed for CGM users for extra testing.

**Blood glucose at which parents should be notified:** Low < 70 mg/dL after 2 treatments, or High >300 mg/dL X 2 hours.

Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if there is a refusal of care by the student. Hyperglycemia alone is not medically justified for sending home this student in absence of symptoms.

## INSULIN ADMINISTRATION at Mealtime/Snacks Apidra® Humalog® Novolog® FIASP®

**Insulin to Carb Ratio:** 1 unit per \_\_\_\_\_ grams Carb

**Pre-meal BG target:**  70- \_\_\_\_\_, or  Other: \_\_\_\_\_

**BG Correction Factor:** 1 unit per \_\_\_\_\_ mg/dL > \_\_\_\_\_

Insulin dosing to be given:  before, or  after meal

Parent/caregiver authorized to adjust insulin for carbs, BG level, or anticipated activity

after meal dosing when before meal BG < 80 mg/dL

Licensed medical personnel authorized to adjust the insulin dose by +/- 0 to 5 units after consultation with parent/caregiver

## STUDENT'S SELF-CARE

<p>1. Totally independent diabetes management <input type="checkbox"/></p>	<p>2. Student needs supervision. Specific supervision determined by school nurse and parent as identified in IHP or 504 <input type="checkbox"/></p>
<p>If patient wears <b>Dexcom G5 or G6</b> CGM insulin dose per orders based on SG reading per FDA. Test BG if no number, no arrow trend, or if symptoms/expectations do not correlate with SG reading.</p>	<p>If patient wears <b>Medtronic Guardian Connect</b> CGM; Insulin per orders based on BG reading only per FDA.</p>

## DISASTER PLAN ORDERS

**Parent is responsible for providing and maintaining "disaster kit" and to notify school nurse.** In case of disaster: Use above BG correction scale + carb ratio coverage for disaster insulin dosing every 3-4 hrs as indicated by BG levels.

Electronically signed by: \_\_\_\_\_ Date: \_\_\_\_\_ Fax: \_\_\_\_\_

I authorize the exchange of medical information about my child's diabetes management between the LHP and the school nurse

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 School Nurse Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_