

# SCHOOL DIABETES MEDICATION ORDERS (Injections)

Licensed Healthcare Provider (LHP) to Complete Annually



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

Start date: \_\_\_\_\_ End date: (not to exceed current school year)  Last day of school  Other: \_\_\_\_\_

## LOW BLOOD GLUCOSE (BG) MANAGEMENT

- If BG is below 70, give \_\_\_\_\_ grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice, 1 tube glucose gel).
- Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic.  
*School nurse to notify provider's office of repeated hypoglycemia trends (i.e. more than 2-3 lows per week).*
- Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time.  
**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, may administer Glucagon (\_\_\_\_\_mg SQ or IM)

## HIGH BLOOD GLUCOSE (BG) MANAGEMENT

- Correction with Insulin  
 If BG is over target range ( \_\_\_\_\_ - \_\_\_\_\_) for \_\_\_\_\_ hours after last bolus or carbohydrate intake, student should receive correction bolus of insulin per insulin administration orders  
 Never correct for high blood sugars other than at mealtime, unless consultation with student's LHP (Licensed Healthcare Provider)
- Ketones: Test urine ketones if  BG > 300 X 2, or  Never. Call parent if child is having moderate or large ketones.
- No exercise with positive ketones or BG > than \_\_\_\_\_.
- Encourage student to drink plenty of water and provide rest if needed.

## BLOOD GLUCOSE TESTING

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 exercise,  before PE,  before going home,  other: \_\_\_\_\_

**Blood sugar at which parents should be notified:** Low \_\_\_\_\_ mg/dL or High \_\_\_\_\_ mg/dL

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 child.

**INSULIN ADMINISTRATION at Mealtime**  Apidra®  Humalog®  Novolog®  Other \_\_\_\_\_

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

**Pre-meal BG target:**  70-150, or  \_\_\_\_\_

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

Insulin dosing to be given:  before meal  after meal

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

after meal dosing when before meal BG < \_\_\_\_\_

Licensed medical personnel authorized to adjust the insulin dose by +/- 0 to 2 units after consultation with parent/caregiver

## STUDENT'S SELF-CARE *Healthcare Provider to Initial Ability Level*

1. Totally independent management _____	5. Student tests and interprets own ketones <b>or</b> _____
2. Student tests independently <b>or</b> _____	Student needs assistance with interpreting ketones _____
Student needs verification of number by staff <b>or</b> _____	6. Student administers insulin injection independently <b>or</b> _____
Assist/Testing to be done by school nurse/PDA/parent _____	Student consults with nurse/parent/PDA for insulin dose _____
3. Student counts carbohydrates independently or _____	Student self-injects with verification of the number <b>or</b> _____
Student consults with nurse/parent/PDA for carbohydrate count _____	Student self-injects with nurse supervision <b>or</b> _____
4. Student self treats mild hypoglycemia _____	Injection to be done by school nurse/PDA/parent _____

## 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

If Lantus or Levemir long-acting insulin is available, may administer 80% of their usual dose (\_\_\_\_\_)

If long-acting insulin is not available, then administer rapid-acting insulin every 3-4 hrs as indicated by BG levels.

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

# CONTACT INFORMATION

Student: \_\_\_\_\_

Parent or Guardian to Complete Annually

## EMERGENCY CONTACTS:

Mother/Guardian		Father/Guardian	
Name:		Name:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Other:		Other:	
ADDITIONAL EMERGENCY CONTACTS:			
1.	Relationship:	Phone:	
2.	Relationship:	Phone:	
LICENSED HEALTHCARE PROVIDER:			
Name:		Phone:	Fax:
Location/Address:			

## DIABETES INFORMATION AND ACCOMMODATIONS

Parent/Guardian, School Nurse, and/or 504 Team to Complete Annually Together

Level of Independence: \_\_\_\_\_

### DAILY DIABETES ROUTINES:

Daily Snacks (time): \_\_\_\_\_ Recess Times: \_\_\_\_\_  
 Blood Glucose testing: Time: \_\_\_\_\_ Insulin Injections: Time: \_\_\_\_\_  
 Location: \_\_\_\_\_ Location: \_\_\_\_\_  
 Breakfast eaten at (time): \_\_\_\_\_ PE days/times: \_\_\_\_\_  
 Lunch eaten at (time): \_\_\_\_\_

### CLASSROOM CONSIDERATIONS:

When the student experiences either a high blood glucose reaction or a low blood glucose reaction, his/her thought processes are likely to be adversely affected. Therefore, accommodations will need to be made with regards to performance expectations during the time immediately before and for at least one hour after the episode is treated.

- **The classroom teacher will be informed** if the student has a blood glucose reading that could affect his/her functioning, i.e., blood glucose less than 80 or over 250 by:  Student verbally  Written note from the office  Other (specify) \_\_\_\_\_
- **Field Trips:** All diabetes supplies are taken and care is provided by:  By accompanying parent  According to field trip procedure/diabetes care plan re: low/high blood glucose  Other \_\_\_\_\_
- **Class Parties:** Food treats will be handled as follows:  Student will eat treat  Replace with parent supplied alternative  Modify the treat \_\_\_\_\_  Schedule extra insulin per prearranged plan  Call Parent

### OTHER CONSIDERATIONS:

- **Transportation:** Does your child:  Take the bus (Bus # \_\_\_\_\_)  Walk  Picked up by parent
- **Parent Designated Adult:** Is a PDA present for your child?  Yes  No (If Yes, PDA Documentation Required)
- **Extracurricular school activities:** List \_\_\_\_\_ Parents are responsible to alert other school programs that their child has a health condition and/or a care plan in place. Such programs may include, express child care, after school activities, etc.

### EXTRA SUPPLIES STORED (including disaster supplies):

1.
2.
3.
4.

### SIGNATURES:

Parent:	Date:
School Nurse:	Date: