

SCHOOL DIABETES ORDERS-INSULIN PUMP Healthcare Provider to Complete Annually

NAME _____ DOB: _____ GR: _____

Start Date: _____ End Date: _____ [] Last Date 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 mins 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.

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 SC or IM).

School nurse to notify provider's office of repeated hypoglycemia trends (i.e. more than 2-3 lows per week)

HIGH BLOOD GLUCOSE (BG) MANAGEMENT

1. Correction with insulin

[] If BG is over _____ for _____ hours after last bolus or carbohydrate intake, student should receive correction bolus of insulin per insulin administration orders; pump will account for insulin on board (IOB).

[] Never correct for high blood sugars other than at mealtime, unless consultation with student's Healthcare Provider.

2. Ketones: Test ketones if [] BG > 300 two times over the course of _____ hours or mins 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 (mod or lg).

4. Encourage student to drink plenty of water and provide rest if needed.

BLOOD GLUCOSE (BG) TESTING

BG to be tested: [] Before meals and for symptoms of low or high BG

Extra BG testing: [] before exercise, [] before PE, [] before going home, other _____

Blood glucose 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 Meal times/Snacks [] Apidra [] Humalog [] Novolog

Insulin to Carb Ratio: _____ unit: _____ grams of Carb

BG Correction Factor: _____ unit: _____ mg/dL _____ mg/dL

Basal Rates: basal rates adjusted by parent and HCP

Pre-meal BG target: 70-150 or [] other; _____

Insulin dosing to be given: [] before or [] after meal

[] Parent/caregiver authorized to adjust insulin within _____ percent for carbs, BG level or anticipated activity

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

[] insulin & syringe should be used for pump malfunction

[] after meal dosing when before meal BG < _____ mg/dL

STUDENTS SELF-CARE Healthcare provider and parents discuss and check box for ability level

1. Totally independent management	[]
2. Student test independently or	[]
Student needs verification of number by staff	[]
or	
Assist/testing to be done by school nurse/PDA/parent	[]
3. Student counts carbohydrates independently	[]
or	
Student consults with nurse/parent/PDA or Designated staff for carbohydrate count	[]
4. Student self-treat mild hypoglycemia	[]
5 Student tests and interprets own ketones	[]
or	
Student needs assistance with interpreting ketones	[]

6 Student administers insulin bolus independently or	[]
Student consults with nurse/parent/PDA for insulin dose or	[]
Student self-boluses with verification of the number by designated staff or	[]
Student self-boluses with nurse supervision only or	[]
Bolus to be done by school nurse/PDA/Parent	[]
7 Student needs assistance with infusion pump site change, pump programming and pump troubleshooting by nurse/parent/PDA	[]
8. Wears continuous Glucose Monitor (CGM) ; Further management per IHP. Insulin and hypoglycemia management per orders based on blood glucose reading only	[]

DIASTER 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

Healthcare Provider Signature: _____ Print Name _____ Date: _____

Parent Signature _____ Print Name _____ Date: _____

School Nurse Signature: _____ Print Name _____ Date: _____