



SCHOOL DIABETES ORDERS-INSULIN (PEN/SYRINGE)

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.

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	Pre-meal BG target: [] 70-150 or [] other; _____ Insulin dosing to be given: [] before or [] after meal [] after meal dosing when before meal BG < _____ mg/dL
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[] 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.

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

1. Totally independent management []	6. Student administers insulin injection independently []
2. Student test independently or [] Student needs verification of number by staff or [] Assist/Testing to be done by school nurse/PDA/parent []	or [] Student consults with nurse/parent/PDA for insulin dose [] or [] Student self-injects with verification of the number by designated staff or []
3. Student counts carbohydrates independently or [] Student consults with nurse/parent/PDA or designated staff for carbohydrate count. []	Student self-injects with nurse supervision only or [] Injection to be done by school nurse/PDA/parent []
4. Student self-treats mild hypoglycemia []	7. Wears Continuous Glucose Monitor (CGM); further management per IHP. Insulin and hypoglycemia management per orders based on blood glucose reading only []
5. Student tests and interprets own ketones or [] Student needs assistance with interpreting ketones []	

DISASTER PLAN & ORDERS

Parent is responsible for providing and maintaining "disaster kit". In case of disaster:

Use above BG correction scale + Carb ratio coverage for disaster insulin dosing every 3-4 hours.

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 hours as indicated by BG levels.

Healthcare Provider signature: _____ Print name: _____ Date: _____

School Nurse Signature: _____ Print name: _____ Date: _____

Parent signature: _____ Print name: _____ Date: _____