



# BONNIE CONE CLASSICAL ACADEMY

## DIABETES MEDICAL ORDERS

CAMPUS: \_\_\_\_\_ SCHOOL YEAR: 20\_\_\_\_

STUDENT: \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

**BLOOD GLUCOSE TARGET RANGE:** \_\_\_\_\_ mg/dl to \_\_\_\_\_ mg/dl

**Blood Glucose Testing:**

independent

needs assistance

\_\_\_\_\_ before AM snack  
\_\_\_\_\_ before after-school sports  
\_\_\_\_\_ other times \_\_\_\_\_  
\_\_\_\_\_ before lunch  
\_\_\_\_\_ when student feels low/high or ill  
\_\_\_\_\_ if BG is less than \_\_\_\_\_ mg/dl or BG is greater than \_\_\_\_\_, call parent.

Comments: \_\_\_\_\_

For BG, lower than \_\_\_\_\_ or over \_\_\_\_\_ see Hypoglycemia Emergency Care Plan or DMMP

**Urine Ketones Testing:** \_\_\_\_\_ For BG greater than \_\_\_\_\_ mg/dl, do ketone testing.

If ketones are positive, contact parent and encourage sugar-free fluids.

**Insulin Injection or Pump Bolus:**

independent

needs assistance

Type of Insulin \_\_\_\_\_  
\_\_\_\_\_ Always call parent for dose.  
\_\_\_\_\_ Bolus for meal, based on carbohydrate count.  
\_\_\_\_\_ Correction or supplemental bolus for high BG

Comments: \_\_\_\_\_

**For Students with Insulin Pump:**

Type of pump: \_\_\_\_\_

Does student need assistance with pump skills?

Yes

No

Comments: \_\_\_\_\_

**Seizure, Unable to Swallow and/or Loss of Consciousness:**

\_\_\_\_\_ Glucose gel and call 911.  
\_\_\_\_\_ Glucose gel, 1 mg of Glucagon IM or SQ and call 911.

I give my permission for the school to contact my health care provider, \_\_\_\_\_, at (\_\_\_\_) \_\_\_\_\_ (phone#) regarding the treatment of my child's diabetes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_