

HEALTH CARE PROVIDER ORDERS

Student's Name _____

Grade _____

School Year _____

Date _____

TASK Blood Glucose Testing

ACTION(S)

_____ for signs/symptoms of low blood sugar
_____ for signs/symptoms of high blood sugar
_____ times/week before lunch (specify days) Mon Tues Wed Thurs Fri
_____ other (specify) _____
_____ not applicable
_____ notify parents immediately for blood sugar < _____ mg/dl and/or > _____ mg/dl
_____ notify parents (specify) Daily Weekly Monthly of any results done at school
_____ for blood sugar > _____ mg/dl
_____ for acute illness, i.e. vomiting, fever, etc.

Urine Ketone Testing

_____ student must have unlimited access to restroom and drinking fountain/water bottle
_____ notify parents immediately for _____ ketones (NOTE: if parents cannot
be reached and the student has _____ ketones and is vomiting, contact
paramedics for transport to E.R.)
_____ notify parents (specify) Daily Weekly Monthly of any results done at school
_____ other (specify) _____
_____ not applicable
_____ restrict gym/sports/etc for _____ ketones

Meal Planning

_____ mid-morning snack at _____ a.m.
_____ mid-afternoon snack at _____ p.m.
_____ other (specify) _____
_____ snacks should be taken (specify); _____ Classroom _____ Nurse's Office _____ Other _____
_____ no restrictions
_____ restrict gym/sports/etc for _____ ketones
_____ Medical ID must be worn at all times including during gym/sports/etc.
_____ may attend class trips/field trips/etc
_____ other (specify) _____

Activity

HEALTH CARE PROVIDER ORDERS (Page 2)

Student's Name _____ Grade _____ School Year _____ Date _____

TASK _____ ACTION(S) _____

INSULIN _____ Administer _____ units of _____ insulin subcutaneously for blood sugar > _____ mg/dl

Above dose may be repeated every _____ hours

Students with insulin infusion pumps shall be permitted to wear and attend to the pump

not applicable

other (specify) _____

Hypoglycemia/Glucagon

NOTE: all doses must be supervised or administered by school nurse

Treat all blood sugar < _____ mg/dl with _____ grams of rapid-acting carbohydrate followed by meal/snack.

For severe hypoglycemia (or suspected severe hypoglycemia) when the student is unconscious or unable to swallow, give _____ mg Glucagon I.M. or S.Q.

AND _____ contact parents _____ contact paramedics immediately.

other (specify) _____

for diabetes visits approximately every _____ months

other (specify) _____

Absences

Name (Please Print) _____

Phone Number _____

Doctor's Stamp _____

Signature _____