

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

Urine Ketone Testing

- ___ for blood sugar > ___ mg/dl
- ___ for acute illness, i.e. vomiting, fever, etc.
- ___ 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 _____

Activity

- ___ 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) _____

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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) _____

Absences

_____ for diabetes visits approximately every _____ months
_____ other (specify) _____

Name (Please Print) _____

Doctor's Stamp _____

Phone Number _____

Signature _____