

# OXNARD UNION HIGH SCHOOL DISTRICT

|                  |                  |                 |                 |                 |                 |                  |                  |
|------------------|------------------|-----------------|-----------------|-----------------|-----------------|------------------|------------------|
| ACHS<br>389-6402 | CIHS<br>484-6321 | FHS<br>394-4760 | HHS<br>385-2753 | OHS<br>278-2929 | PHS<br>278-5008 | RCHS<br>394-4752 | RMHS<br>278-5519 |
|------------------|------------------|-----------------|-----------------|-----------------|-----------------|------------------|------------------|

## PHYSICIAN AUTHORIZATION FOR DIABETIC HEALTH CARE SERVICES AT SCHOOL

### Student Information

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHYSICAL CONDITION:  Diabetes Type 1     Diabetes Type 2     Secondary Diabetes

PATIENT IS CAPABLE OF independent self-management (Ind), self-management with supervision (Supr) or total care (Total) for the following:

|                         |   |                              |   |
|-------------------------|---|------------------------------|---|
| Blood Glucose testing   | <input type="checkbox"/> Ind <input type="checkbox"/> Supr <input type="checkbox"/> Total | Give insulin by injection    | <input type="checkbox"/> Ind <input type="checkbox"/> Supr <input type="checkbox"/> Total |
| Carbohydrate management | <input type="checkbox"/> Ind <input type="checkbox"/> Supr <input type="checkbox"/> Total | Give insulin by insulin pen  | <input type="checkbox"/> Ind <input type="checkbox"/> Supr <input type="checkbox"/> Total |
| Carbohydrate counting   | <input type="checkbox"/> Ind <input type="checkbox"/> Supr <input type="checkbox"/> Total | Give insulin by insulin pump | <input type="checkbox"/> Ind <input type="checkbox"/> Supr <input type="checkbox"/> Total |

### Blood Glucose Monitoring

Target Range of blood glucose     70-100     70-120     70-150     70-180     100-200     Other: \_\_\_\_\_

Check Blood Glucose with meter brought from home or additional meter left at school.

If independent, student may carry meter and test as necessary

If supervised or total care is required, student should have blood glucose tested before lunch and when exhibiting signs/symptoms of low blood glucose. Student should also be checked at the following times:

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Before Snacks | <input type="checkbox"/> Before Exercise | <input type="checkbox"/> Before getting on bus |
| <input type="checkbox"/> Other         | <input type="checkbox"/> After Exercise  |  |

### Hypoglycemia (Treatment of low blood glucose)

1. Treatment is given for low blood glucose less than 70mg/dL.
2. Treat with one of the following: 4 ounces any type of juice, 4 ounces regular soda, 3 glucose tablets, 15 grams glucose gel, 1 tablespoon sugar in water.
3. If initial blood glucose is less than 60mg/dL, retest in 15 minutes and **repeat step 2 if blood sugar is still below 70**. Also repeat step 2 if symptoms persist.
4. If lunch or snack is more than one hour away give one of the following 10 minutes after the juice:
  - 15 gram CHO choice per parent or student
  - 7-8 gram CHO choice per parent or student
5. The school nurse or trained personnel should administer glucagon if child begins to lose consciousness, is having a seizure or is unable to swallow. This is called a severe low blood glucose event and it is a medical emergency. Call 911 and parent.

**Dosage of Glucagon-**     1 mg = 1 cc if ten years or older     Other (dose) \_\_\_\_\_     3 mg (nasal)  
 Route-     subcutaneous (SC)     intramuscular (IM)     nasal

### Hyperglycemia (Treatment of high blood glucose) See Insulin Pump section

1. Send notification of blood glucose levels to parents weekly unless patient is capable of self-management.
2. Call Parents to inform if blood sugar is greater than 450mg/dL.
3. Have child wash and dry hands thoroughly and repeat blood sugar test if blood sugar is greater than 300 mg/dL.
4. Check urine for ketones if blood sugar is greater than \_\_\_\_\_. Do not allow student to exercise if ketones are present. Encourage water. Call Parent and Physician if ketones are moderate to large.
5. Insulin correction can be given:     Before AM snack     Before Lunch     Other \_\_\_\_\_
6. Do not give correction more frequently than every 2 hours or if food was eaten within 2 hours.
7. Insulin for correction     Humalog     Novalog     Apidra

|            |   |  |                                |
|------------|---|--|--------------------------------|
|            | <input type="checkbox"/> Low Dose Scale | <input type="checkbox"/> High Dose Scale | <input type="checkbox"/> Other |
| BG 150-200 | 0.5 units                               | 1.0 units                                | _____                          |
| BG 201-250 | 1.0 units                               | 2.0 units                                | _____                          |
| BG 251-300 | 1.5 units                               | 3.0 units                                | _____                          |
| BG 301-350 | 2.0 units                               | 4.0 units                                | _____                          |
| BG 351-400 | 2.5 units                               | 5.0 units                                | _____                          |
| BG 401-450 | 3.0 units                               | 6.0 units                                | _____                          |
| BG 451-500 | 3.5 units                               | 7.0 units                                | _____                          |
| BG 501-550 | 4.0 units                               | 8.0 units                                | _____                          |
| BG >550    | 4.5 units                               | 9.0 units                                | _____                          |

*\*If using Freestyle meter, Hi is 500 and over, use correction dose for 501-550 mg/dL*

PHYSICIAN AUTHORIZATION FOR DIABETIC HEALTH CARE SERVICES AT SCHOOL

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Student on Fixed Regimen**       N/A

Student is on a fixed meal plan with the following amount of carbohydrates during school:

AM snack \_\_\_\_\_ Lunch \_\_\_\_\_ PM snack \_\_\_\_\_

Student can take insulin for additional carbohydrate: \_\_\_\_\_ units per \_\_\_\_\_ grams CHO

**Insulin therapy in case of disaster: For all students other than those on an insulin pump, check blood glucose every 4 hours and give insulin using scale in #7 keep child from developing ketoacidosis**

**Students on Basal Bolus Insulin Regimen with Multiple Daily Injections (MDI)**       N/A

On this regimen, students need to take insulin every time carbohydrates are eaten!

Type of basal insulin: \_\_\_\_\_ dose: \_\_\_\_\_ time: \_\_\_\_\_ (usually given at home by parent)

Type of bolus insulin:      Novalog      Humalog      Other: \_\_\_\_\_

Insulin/carbohydrate ratio: \_\_\_\_\_ units per \_\_\_\_\_ grams of CHO. Correction insulin: See Hyperglycemia

**Insulin therapy in case of disaster for student on MDI: Check blood glucose every 4 hours and give correction according to the hyperglycemia protocol (#7) in addition to insulin for carbohydrates.**

**Students with Insulin Pump**       N/A

(Technical support: call pump company number on back of pump)

Basal rates can change often. These can be reviewed in the pump or written down by parents.

Insulin/Carbohydrate ratio. One unit of insulin will cover \_\_\_\_\_ grams CHO

Correction/Sensitivity factor: one unit of insulin will decrease blood glucose \_\_\_\_\_ mg/dL.

**Insulin therapy in case of disaster for students on pump: Maintain basal rates as above with meal and corrections boluses as needed.**

**If unable to administer insulin by the pump check blood sugar every 4 hours and give correction according to the correction protocol above in addition to insulin for carbohydrates.**

**Exercise and Sports**

The student may participate in sports       Yes       No

Activity Restrictions       None       Other: \_\_\_\_\_

Fast Acting carbohydrates should be readily available at all times for low blood glucose symptoms.

Student should not exercise if urine ketones are present or if blood glucose is less than 70 mg/dL

Supplies to be Kept at School: A blood glucose meter and strips along with back-up insulin (vial with syringes or pen) should be available for all students. Other items that should be brought in by parents include urine ketone strips, fast acting source of glucose, carbohydrate containing snacks, Glucagon emergency kit and back-up insulin pump supplies.

Other Instructions: \_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name (print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Solicito que miembros del personal escolar designados asisten a mi hijo/hija a tomar estas instrucciones de Servicio de Salud. Consiento en y por este medico deo a salvo al Distrito y sus empleados de cualquier y todas las reclamaciones, demandas, causes de acción, responsabilidad or pérdida de cualquier tipo debido o como resultado de actos u omisiones con respeto a estos instrucciones. Entiendo que mi hijo/hija no puede ni tener ni tomar medicamentos en la escuela si no se llenen todos los requisitos. Por este medio otorgo mi consentimiento a que se comunice un/una enfermera escolar con el/la Médico de mi hijo/hija, y a que se aconseja el personal escolar tocante estas instrucciones como sea necesario.**

x \_\_\_\_\_ Fecha: \_\_\_\_\_  
Firma de el Padre, la Madre o el/la Guardiá