

Health Care Providers Orders for Students with Diabetes

Student's name _____ Birth date _____ School _____ Grade _____

Emergency number's for parent (phone) _____ (cellular) _____ (pager) _____

Doctor's Phone number _____ other contacts _____

HYPOGLYCEMIA-(fill in individualized instructions on line or use those in parenthesis)

Unconscious- roll to side maintain open airway and give _____ (phone 911) (other orders) _____

Blood sugar < 70 give 4 oz juice or 2-3 glucose tabs, recheck 15 minutes, repeat as needed, F/U with sack if >1/2 hour to meal.

Blood sugar > 70 and < 100 and symptomatic _____ grams CHO snack _____

Blood sugar > 100 and symptomatic _____ grams CHO snack _____

Blood sugar at which parent should be notified-low _____ high _____

BLOOD SUGAR AND INSULIN CORRECTION DOSAGE

Blood sugar level	#units for correcting blood sugar	Type of Insulin
0-150		
151-200		
201-250		
251-300		
301-350		
351-400		
>400		

If high blood sugar and following symptoms _____ call 911

Carbohydrate (CHO) counting: _____ units of _____ insulin per _____ grams of carbohydrate with lunch (meals or snacks)

Parent/caregiver allowed to adjust insulin dosage\carb count throughout school year as dosages changes.

Nurse may give _____ units (minimum) of insulin to _____ units (maximum) of R, H, _____ insulin after consultation with the parent/guardian/Physician.

Other instructions: If urine ketones (trace, small, moderate, large, call parents (circle one or more) _____

Insulin Pump Instructions if applicable: _____

DISASTER INSULIN DOSAGE: *in case of disaster how much insulin should be given? Example 16gms CHO= 1 unit of insulin*

Breakfast, lunch and dinner: use Carbohydrate counting: _____ units of _____ insulin per _____ grams of carbohydrate plus blood correction ratio insulin scale as above

Bedtime: _____ Insulin to cover carbohydrate count for snack of _____ gms CHO plus _____ units Lantus (Glargine) or other insulin

STUDENTS SELF CARE (ability level) Initials of

Parent

HCP

School Nurse

Totally independent Or	Parent	HCP	School Nurse
1. Student test independently or Assist/Testing to be verified by school nurse or staff			
2. Student administers insulin independently or Student self injects with verification of number or Student self-injects with nurse supervision or Injection to be done by school nurse			
3. Student self treats mild hypoglycemia			
4. Student monitors own snacks and meals			
5. Student tests and interprets own urine ketones			

HCP _____ (print/type) _____ signature _____ date _____

Parent _____ (print/type) _____ signature _____ date _____

School Nurse _____ (print/type) _____ signature _____ date _____

Start date: _____ day of _____ Termination date _____ day of _____ Or end of school year _____

Month

Year

Month

Year

year

Must be renewed at beginning of each school year.