

HEALTH CARE PROVIDER (HCP) ORDERS FOR STUDENTS WITH DIABETES IN SCHOOL STUDENTS WITH INSULIN PUMPS

OVERVIEW

This form is intended to help standardize information for student with diabetes. It has been designed to cover as many situations that may apply to the student while at school. In most cases, the majority of the blank space will not need to be filled or the answer may be similar to the previous space. Generally, the plan should be worked out between the parent and the school nurse and then submitted to the HCP to authorize.

The following is a brief description of each section:

HYPOGLYCEMIA (LOW BLOOD SUGAR)

The blank lines are for treatment plans for various situations. The information in parenthesis is some guidelines that can either be used or crossed out if another treatment is desired.

PUMP INSTRUCTIONS

This section is intended to provide school personnel with the basic information needed for safe management during the school day. This includes information about the pump and information regarding bolus administration.

DISASTER INSULIN DOSAGE

This includes doses of insulin that are normally not given at school, but that during a disaster situation may be needed. Since the food supply may be limited, it is recommended that the usual dosage be reduced to 80%. A copy of this order form should be included in the Disaster Kit. Disaster dosages must be reviewed and updated anytime the student's insulin requirements change.

STUDENT'S SELF CARE

This is intended to have agreement as to the extent to which the student can manage her or his own care and to clarify to what degree the school is responsible for care. If the student is totally independent the first statement only needs to be initialed. The blank at the bottom of this section allows for other situations which might arise regarding the student's diabetes management.

SIGNATURES AND START/TERMINATION DATES

Each person involved in verifying the student's ability to participate in self-care should sign and date the form. Start and review termination dates must be noted.

**HEALTH CARE PROVIDER (HCP) ORDERS FOR STUDENTS WITH DIABETES IN SCHOOL
FOR STUDENTS WITH INSULIN PUMPS**

STUDENT'S NAME _____ Student=s Birthdate ___ / ___ / ___ School _____ Grade _____

Emergency numbers for parents (phone) _____ (cellular) _____ (pager) _____

Doctor=s Phone Number _____ Other contacts _____

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

Unconscious _____ **(Phone 911)** (Other orders) _____

Blood sugar < 60 and symptomatic _____ (Juice, pop, candy) _____

Blood sugar < 100 and symptomatic _____ (Crackers/cheese) _____

Blood sugar < 80 and asymptomatic _____ (Feed partial meal) _____

Blood sugar > 100 and symptomatic _____ (Feed partial meal) _____

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

Target range for blood glucose is: 70-150 70-180 Other _____

Type of pump: _____ **Basal rates:** _____ 12:00 am to _____
 _____ to _____
 _____ to _____

Type of insulin in pump: _____ **Type of infusion set:** _____

Insulin/carbohydrate ratio: _____ **Correction factor:** _____

Blood sugar check with Insulin Bolus: Before lunch Before snack Other: _____

Check urine ketones: ≥ 250 blood sugar ≥ _____ blood sugar never

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

DISASTER INSULIN DOSAGE - in case of disaster how much insulin should be given? Recommend **80%** of usual dose.

Basal rates: _____ 12:00 am to _____
 _____ to _____
 _____ to _____

Insulin/carbohydrate ration: _____ Correction factor: _____

Student=s Self Care - (ability level)	Initials of:	Parent	Doctor	School Nurse
Totally independent management or		_____	_____	_____
1. Student tests independently or		_____	_____	_____
Student needs verification of number by staff or		_____	_____	_____
Assist/Testing to be done by school nurse		_____	_____	_____
2. Student counts carbohydrates independently or		_____	_____	_____
Student consults with parent for carb count		_____	_____	_____
3. Student calculates corrective bolus independently or		_____	_____	_____
Student needs assistance calculating corrective bolus		_____	_____	_____
4. Student gives bolus independently or		_____	_____	_____
Student gives bolus with verification of number or		_____	_____	_____
Bolus to be done by school nurse		_____	_____	_____
5. Student self treats mild hypoglycemia		_____	_____	_____
6. Student monitors own snacks and meals		_____	_____	_____
7. 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 ___ mo. ___ yr. **Termination date:** ___ day ___ mo. ___ yr. **Or** ___ end of school year

Must be renewed at beginning of each school year.