DIABETES - PHYSICIAN AUTHORIZATION HEALTH CARE SERVICES AT SCHOOL

(DIABETES – AUTORIZACIÓN DEL MÉDICO PARA EL CUIDADO DE SALUD EN LA ESCUELA)

Simi Valley Unified School District Student Support Services 875 East Cochran Street, Simi Valley, CA 93065

School Nurse:_____ **School:**_____
(Enfermera) (Escuela)
Phone:_____ **Fax:**_____
(Teléfono de la escuela) (No. de fax)

Student Information

STUDENT'S NAME: _____ **DATE OF BIRTH:** _____
(Nombre del estudiante) (Fecha de nacimiento)

PHYSICAL CONDITION: ❑ Diabetes Type 1 ❑ Diabetes Type 2 ❑ Secondary Diabetes

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

Blood glucose testing:	❑ Ind	❑ Supv	❑ Total	Give insulin by injection:	❑ Ind	❑ Supv	❑ Total
Carbohydrate management:	❑ Ind	❑ Supv	❑ Total	Give insulin by insulin pen:	❑ Ind	❑ Supv	❑ Total
Carbohydrate counting:	❑ Ind	❑ Supv	❑ Total	Give insulin by insulin pump:	❑ Ind	❑ Supv	❑ 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 if exhibiting signs/symptoms of high or low blood glucose. Student should also be checked at the following times:

❑ before snacks ❑ before exercise ❑ before getting on bus
❑ other ❑ after exercise

Mild Hypoglycemia: ❑ BG <70mg/dl or ❑ BG<_____mg/dl

Student must never be alone when hypoglycemia is suspected and should be treated in classroom when possible.
Best sources of 15 grams of fast acting glucose: 4oz of 100% fruit juice, 3-4 glucose tablets (4-5 gm each).

❑ Student needs age appropriate assistance for management of ALL mild hypoglycemia.

1. Give ❑ 15 grams or ❑ _____ grams of fast acting glucose.
2. Recheck BG in ❑ 15 minutes or ❑ 10 minutes (not longer than specified)
3. If still hypoglycemic, treat again with same dose of glucose and recheck at the same interval until normal.
   Note: If still hypoglycemic after 3 treatments, notify parents for pick up and treat again.
4. Once BG is ❑ >70 mg/dl or ❑ > _____ mg/dl, and student feels well, send IMMEDIATELY to lunch.
5. **ONLY** if next meal/snack is >90 min later, provide extra protein/carbohydrate snack (provided by parent).
   ❑ 7-8gm ❑ 15gm
6. **NOTE**: Good control of diabetes usually requires 1-2 episodes of hypoglycemia in school per week.

Moderate – Severe Hypoglycemia:

Student begins to lose consciousness, is having a seizure, or is unable to swallow.
This is a **SEVERE GLUCOSE EVENT** and it is a MEDICAL EMERGENCY.

1. Call 911 and ensure open airway
   ❑ Give Glucagon ❑ 0.5mg IM x 1
   ❑ 1.0mg IM x 1
2. Contact parent and school nurse
3. Once student regains consciousness and is able to swallow, recheck BG and treat per above guidelines.

Exercise and Sports:

The student may participate in sports: ❑ Yes ❑ No
Activity Restrictions: ❑ None ❑ Other: _____
Fast-acting carbohydrate should be readily available at all times for low blood glucose symptoms.
Student should not exercise if urine ketones are present and/or if blood glucose is less than _____ or greater than _____.

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Insulin Therapy for food / hyperglycemia

Insulin delivery device: ❑ syringe ❑ insulin pen ❑ insulin pump

Type of insulin therapy at school: ❑ Adjustable Insulin Therapy ❑ Fixed Insulin Therapy ❑ No insulin

Adjustable Insulin Therapy

- **Carbohydrate Coverage / Correction Dose:**

Name of insulin: _____

- Carbohydrate Coverage:

Insulin-to-Carbohydrate Ratio:
Lunch: 1 unit of insulin per _____ grams of carbohydrate
Snack: 1 unit of insulin per _____ grams of carbohydrate

Correction Dose / Bolus by calculation
Give _____ units _____ for every _____ mg/dl above _____ mg/dl. **OR**

Correction Dose Scale
BG from _____ - _____ give _____ units
BG from _____ - _____ give _____ units
BG from _____ - _____ give _____ units
BG from _____ - _____ give _____ units

Hyperglycemia (High Blood Glucose)

Retest if: BG is > _____ for accuracy
1. Call parent if BG is > _____
2. Check urine for ketones if BG is > _____
   Do not allow student to exercise if ketones are present. Encourage water.
3. Insulin correction to be given: ❑ before a snack ❑ before lunch ❑ other _____
4. Do not give correction more frequently:
   than every _____ hours or if food was eaten within _____ hours.

In case of a disaster the following regimen can be safely used:

(Insulin) by SC injection: _____ at _____ am and _____ at _____ pm.
Carbohydrate to insulin ratio: _____ carbs to _____ units of _____ insulin.
Correction for elevated blood glucose levels: _____
Other: _____

This form is also an authorization to transfer medical information between school and the physician relating to the care of this student's diabetes at school.
This form is valid for one year unless you update instructions.

Parent signature: _____ **Date:** _____
(Firma del padre de familia) (Fecha)

Physician: _____
Address: _____
Phone: _____ Fax: _____

Physician's Signature: _____ **Date:** _____