



DORCHESTER SCHOOL DISTRICT TWO

2023-2024 Diabetes Insulin Management Order Form



*this form is to be used for all non-MUSC Diabetic Students

Name of Student: _____ DOB: _____ Grade _____

Diagnosis: Type 1 diabetes Type 2 diabetes MODY

Task	By Nurse	With Nurse Supervision	Independent: Nurse does not need to monitor student	Independent: Nurse to monitor student _____ times per week
Blood glucose monitoring				
Carb counting				
Calculating insulin dose				
Drawing up Insulin				
Administering insulin				
Changing pump site				

Monitor Blood Glucose: Before Meals Before PE/activity Before dismissal to bus home
 Before snack if it has been more than 3 hours since last insulin dose
 For symptoms of hypoglycemia/hyperglycemia

If this box is checked, CGM reading may be used for all instances of blood glucose monitoring checked off above, **with the exception of symptoms and/or suspected CGM failure**

Additional Orders: may carry supplies while at school but is NOT independent for all tasks (see Level of Care above)
 may carry supplies while in school and is independent for hypoglycemia on and off school campus
 may carry supplies while outside of school for sports/ trips and is independent for hypoglycemia

Low Blood Glucose Orders:

- Blood glucose below 70: give 15 grams carbohydrates (4 glucose tablets, 1 glucose gel packet or 4 oz of juice)
- Recheck blood glucose in 15 mins. If BG is still below 70, repeat treatment every 15 minutes until BG is >70
- If before transportation (bus rider or student driver), bring BG >70 and do not transport until asymptomatic and >70
- If unable to chew tabs, use glucose gel in cheek
- **For UNCONSCIOUS HYPOGLYCEMIA or SEIZURE: administer emergency medication below, turn to side, and call 911.**
 - Give _____mg Glucagon IM Gvoke 0.5mg (age 2-11) or 1mg (age 12+) subcutaneous
 - 3mg nasal Baqsimi glucagon Zegalogue 0.6mg subcutaneous

If this box is checked, medications above for hypoglycemia can be considered interchangeable and any can be accepted for school use

High Blood Glucose Orders:

- Correction for high BG should be given before eating or immediately after eating.
- **FOR INJECTIONS:** Sliding Scale/Correction Factor should not be given more frequently than every 3 hrs from last Insulin.
- **INSULIN PUMP:** Give correction as calculated by Insulin Pump
 - For BG >300 that has not decreased in 2hrs after correction, consider pump failure. Immediately call parents & give Insulin through **injection only**. Give corrections every 3hrs and give Insulin for carb coverage with all meals/snacks.
- **KETONES:** for BG >240, check urine ketones. For moderate to large ketones, add _____ unit(s) to correction and give extra water to drink. Even with positive ketones, child should remain at school if clinically well (i.e. not vomiting, able to concentrate). **If ketones are moderate to large with vomiting, give correction and send home with parent.**
 - If on Insulin Pump, use the pump to calculate the correction and give Insulin by **injection only**. Nurse should alert parents that the pump site needs to be changed.
- **CALL EMS FOR SHORTNESS OF BREATH (KUSSMAL BREATHING) AND/OR LETHARGY.**

PE/Exercise:

- If BG before PE < 70 mg/dL, treat using hypoglycemia guidelines. Student may participate once BG is >100 mg/dL.
- If BG 70 - 100 mg/dL, give 15 gram uncovered snack before activity. Student may immediately participate in PE.
- If BG >300 mg/dL with moderate/large ketones, do not allow student to exercise. See high blood glucose orders.



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Insulin Injections

Carbohydrate Coverage: Administer Novolog, Humalog, Admelog, Apdira, or Fiasp as ordered below.

If this box is checked, all Insulin types listed above can be considered interchangeable and any can be accepted for school use

BREAKFAST: Insulin/carbohydrate ratio 1 unit for every _____ grams carbohydrates

LUNCH: Insulin/carbohydrate ratio 1 unit for every _____ grams carbohydrates

SNACK: Insulin/carbohydrate ratio 1 unit for every _____ grams carbohydrates

**Rounding Rules – Round down if 0.1-0.3, round to half unit if 0.4-0.6, round up if 0.7-0.9

**If the student eats a snack, they may receive carb coverage even if it has been less than 3 hours since last injection

Insulin can be dosed off Continuous Glucose Monitor (CGM) for glucose readings between 70 and 240 **if approved by the District.

Correction Factor
Blood Glucose – Target Glucose
 Correction Factor
 Target Glucose: _____
 Correction Factor: _____

Sliding Scale
 Blood Glucose >120, give _____ units
 Blood Glucose >150, give _____ units
 Blood Glucose >200, give _____ units
 Blood Glucose >250, give _____ units
 Blood Glucose >300, give _____ units
 Blood Glucose >350, give _____ units

Insulin Pump

Carbohydrate Coverage: Administer Novolog, Humalog, Admelog, or Fiasp via the insulin pump. Follow pump instructions.

If this box is checked, all Insulin types listed above can be considered interchangeable and any can be accepted for school use

Insulin Pump Settings:

Time	Carbohydrate Ratio	Correction Factor	Target Glucose

*if the student switches back to insulin injections, follow the orders noted on this form under “Insulin Injections”

Additional notes:

Printed Name of Legal Prescriber

Signature of Legal Prescriber

Date

I give permission for my child to receive the above medication/procedure as directed. I understand that the school nurse and my child’s diabetes team may exchange my child’s health information in order to meet my child’s care needs at school.

Signature of Parent/Legal Guardian

Phone Number

Date