

# HEALTH CARE PROVIDER ORDERS

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School Year: \_\_\_\_\_

## TASK

## ACTION(S)

### *Blood Glucose Testing*

- for signs/symptoms of low blood sugar
- for signs/symptoms of high blood sugar
- times/week before lunch (specify days)  
Mon Tues Wed Thurs Fri
- other (specify) \_\_\_\_\_
- not applicable
- notify parents immediately for blood sugar < \_\_\_\_\_ mg/dl  
and/or > \_\_\_\_\_ mg/dl
- notify parents (specify) daily weekly monthly  
of any results done at school

### *Urine Ketone Testing*

- for blood sugar > \_\_\_\_\_ mg/dl
- for acute illness, i.e. vomiting, fever, etc.
- student must have unlimited access to restroom and  
drinking fountain/water bottle
- notify parents immediately for \_\_\_\_\_ ketones  
(note: if parents cannot be reached and the student has  
\_\_\_\_\_ ketones and is vomiting, contact  
parents for transport to E.R.)
- notify parents (specify) daily weekly monthly of any  
results done at school
- other (specify) \_\_\_\_\_
- not applicable
- restrict gym/sports/etc. for \_\_\_\_\_ ketones

### *Meal Planning*

- mid-morning snack at \_\_\_\_\_ a.m.
- mid-afternoon snack at \_\_\_\_\_ p.m.
- other (specify) \_\_\_\_\_
- snacks should be taken (specify) :  
Classroom Nurses Office Other \_\_\_\_\_

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*Activity*

- no restrictions
- restrict gym/sports/etc. for \_\_\_\_\_ ketones
- medical ID must be worn at all times including during gym/sports/etc.
- may attend class trips/field trips/etc.
- other (specify) \_\_\_\_\_

*Insulin*

- administer \_\_\_\_\_ units of \_\_\_\_\_ insulin subcutaneously for blood sugar > \_\_\_\_\_ mg/dl
- above dose may be repeated every \_\_\_\_\_ hours
- students with insulin infusion pumps shall be permitted to wear and attend to the pump
- not applicable
- other (specify) \_\_\_\_\_

*Hypoglycemia/Glucagon*

NOTE: all doses must be supervised or administered by school nurse

- treat all blood sugar < \_\_\_\_\_ mg/dl with \_\_\_\_\_ grams of rapid-acting carbohydrate followed by meal/snack.
- for severe hypoglycemia (or suspected severe hypoglycemia) when the student is unconscious or unable to swallow, give \_\_\_\_\_ mg Glucagon I.M. or S.Q. AND \_\_\_\_\_ contact parents
- \_\_\_\_\_ contact paramedics immediately
- other (specify) \_\_\_\_\_

*Absences*

- for diabetes visits approximately every \_\_\_\_\_ months
- other (specify) \_\_\_\_\_

Name (please print) \_\_\_\_\_ Doctor's Stamp \_\_\_\_\_

Phone number \_\_\_\_\_

Signature \_\_\_\_\_