

SCHOOL DIABETES ORDERS - INJECTOR

Licensed Healthcare Provider (LHP) to Complete Annually

NAME: _____ SCHOOL: _____ GRADE: _____

Start date: _____ for 2020-2021 school year ☒ Through last day of school ☐ Other: _____

LOW BLOOD GLUCOSE (BG) MANAGEMENT

1. If BG is below 70 or having symptoms, give _____ grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice).
2. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic.
3. Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time. Do not include low treatment in meal carbs.

If unconscious, unresponsive, difficulty swallowing, or evidence of seizure: **Phone 911 immediately. Do NOT give anything by mouth.**

☒ If nurse or trained PDA is available, administer Glucagon _____ mg SQ or IM -or- Baqsimi 3mg/nasal spray.

HIGH BLOOD GLUCOSE (BG) MANAGEMENT

1. Correction with Insulin
 - ☐ If BG is over target range _____ for _____ hours after last bolus or carbohydrate intake, student should receive correction dose of insulin per orders, but only cover with carb ratio at the next meal time.
 - ☒ Never correct for high blood sugars other than at mealtime, unless consultation with student's LHP (Licensed Healthcare Provider) or as set up by 504 plan.
2. Ketones: Test urine/blood ketones if ☐ BG > 300 X 2hrs, or ☐ Never. Call parent if child is having moderate or large ketones.
3. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (moderate or large).
4. Encourage student to drink plenty of water and provide rest if needed.

BLOOD GLUCOSE (BG) TESTING / SENSOR GLUCOSE (SG) VIA CONTINUOUS GLUCOSE MONITOR (CGM)

BG to be tested: ☒ Before meals and for symptoms of low or high BG, or as set up by the 504 plan.

Extra BG testing: ☐ before PE, ☒ before going home, ☒ Use of SG allowed for CGM users for extra testing.

Blood glucose at which parents should be notified: Low < 70 mg/dL after 2 treatments, or High >300 mg/dL X 2 hours.

Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if there is a refusal of care by the student. Hyperglycemia alone is not medically justified for sending home this student in absence of symptoms.

INSULIN ADMINISTRATION at Mealtime/Snacks ☐ Apidra® ☐ Humalog® ☐ Novolog® ☐ FIASP®

Insulin to Carb Ratio: 1 unit per _____ grams Carb

Pre-meal BG target: ☒ 70-_____, or ☐ Other: _____

BG Correction Factor: 1 unit per _____ mg/dL > _____

Insulin dosing to be given: ☐ before, or ☐ after meal

☒ Parent/caregiver authorized to adjust insulin for carbs, BG level, or anticipated activity

☒ after meal dosing when before meal BG < 80 mg/dL

☒ Licensed medical personnel authorized to adjust the insulin dose by +/- 0 to 5 units after consultation with parent/caregiver

STUDENT'S SELF-CARE

1. Totally independent diabetes management ☐	2. Student needs supervision. Specific supervision determined by school nurse and parent as identified in IHP or 504 ☐
If patient wears Dexcom G5 or G6 CGM insulin dose per orders based on SG reading per FDA. Test BG if no number, no arrow trend, or if symptoms/expectations do not correlate with SG reading.	If patient wears Medtronic Guardian Connect CGM; Insulin per orders based on BG reading only per FDA.

DISASTER PLAN ORDERS

Parent is responsible for providing and maintaining "disaster kit" and to notify school nurse. In case of disaster: Use above BG correction scale + carb ratio coverage for disaster insulin dosing every 3-4 hrs as indicated by BG levels.

Electronically signed by: _____ Date: _____ Fax: _____

☐ I authorize the exchange of medical information about my child's diabetes management between the LHP and the school nurse

Parent Signature: _____ Print Name: _____ Date: _____

School Nurse Signature: _____ Print Name: _____ Date: _____

SCHOOL DIABETES ORDERS – INSULIN PUMP

Licensed Healthcare Provider (LHP) to Complete Annually

NAME: _____ SCHOOL: _____ GRADE: _____

Start date: _____ for 2020-2021 school year ☒ Through last day of school ☐ Other: _____

LOW BLOOD GLUCOSE (BG) MANAGEMENT

1. If BG is below 70 or having symptoms, give _____ grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice).
2. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic.
3. Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time. Do not include low treatment in meal carbs.

If unconscious, unresponsive, difficulty swallowing, or evidence of seizure: **Phone 911 immediately. Do NOT give anything by mouth.**

☒ If nurse or trained PDA is available, administer Glucagon _____ mg SQ or IM -or- Baqsimi 3mg/nasal spray.

HIGH BLOOD GLUCOSE (BG) MANAGEMENT

1. Correction with Insulin
 - ☒ If BG is over 250 for 2 hours after last bolus or carbohydrate intake, student should receive correction bolus of insulin per insulin orders; pump will account for insulin on board (IOB).
 - ☐ Never correct for high blood sugars other than at mealtime, unless consultation with student's LHP (Licensed Healthcare Provider) or as set up by 504 plan.
2. Ketones: Test urine/blood ketones if ☐ BG > 300 X 2hrs, or ☐ Never. Call parent if child is having moderate or large ketones.
3. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (moderate or large).
4. Encourage student to drink plenty of water and provide rest if needed.

BLOOD GLUCOSE (BG) TESTING / SENSOR GLUCOSE (SG) VIA CONTINUOUS GLUCOSE MONITOR (CGM)

BG to be tested: ☒ Before meals and for symptoms of low or high BG, or as set up by the 504 plan.

Extra BG testing: ☐ before PE, ☒ before going home, ☒ Use of SG allowed for CGM users for extra testing.

Blood glucose at which parents should be notified: Low < 70 mg/dL after 2 treatments, or High >300 mg/dL X 2 hours.

Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if there is a refusal of care by the student. Hyperglycemia alone is not medically justified for sending home this student in absence of symptoms.

INSULIN ADMINISTRATION at Mealtime/Snacks ☐ Apidra® ☐ Humalog® ☐ Novolog® ☐ FIASP® Pump Brand: _____

Insulin to Carb Ratio: 1 unit per _____ grams Carb

BG Correction Factor: 1 unit per _____ mg/dL > _____

Basal rates adjusted per parents and HCP

☒ Parent/caregiver authorized to adjust insulin for carbs, BG level, or anticipated activity

Pre-meal BG target: ☒ 70-_____, or ☐ Other: _____

Insulin dosing to be given: ☐ before, or ☐ after meal

☒ insulin & syringe should be used for pump malfunction

☒ after meal dosing when before meal BG < 80 mg/dL

☒ Licensed medical personnel authorized to adjust the insulin dose by +/- 0 to 5 units after consultation with parent/caregiver

STUDENT'S SELF-CARE

1. Totally independent diabetes management ☐	2. Student needs supervision. Specific supervision determined by school nurse and parent as identified in IHP or 504 ☐
If patient wears Dexcom G5 or G6 CGM insulin dose per orders based on SG reading per FDA. Test BG if no number, no arrow trend, or if symptoms/expectations do not correlate with SG reading.	If patient wears Medtronic Guardian Connect CGM; Insulin per orders based on BG reading only per FDA.

DISASTER PLAN & ORDERS

Parent is responsible for providing and maintaining "disaster kit" and to notify school nurse. In case of disaster: Use above BG correction scale + carb ratio coverage for disaster insulin dosing every 3-4 hrs as indicated by BG levels.

Electronically signed by: _____ Date: _____ Fax: _____

☐ I authorize the exchange of medical information about my child's diabetes management between the LHP and the school nurse

Parent Signature: _____ Print Name: _____ Date: _____

School Nurse Signature: _____ Print Name: _____ Date: _____

SCHOOL DIABETES ORDERS – HYBRID CLOSED LOOP INSULIN PUMP

Licensed Healthcare Provider (LHP) to Complete Annually

NAME: _____ SCHOOL: _____ GRADE: _____

Start date: _____ for 2020-2021 school year ☒ Through last day of school ☐ Other: _____

LOW BLOOD GLUCOSE (BG) MANAGEMENT

1. If BG is below 70 or having symptoms, give _____ grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice).
2. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic.
3. Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time. Do not include low treatment in meal carbs.

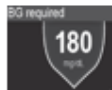
If unconscious, unresponsive, difficulty swallowing, or evidence of seizure: **Phone 911 immediately.** Do NOT give anything by mouth. ☒ If nurse or trained PDA is available, administer Glucagon _____ mg SQ or IM -or- Baqsimi 3mg/nasal spray.

HIGH BLOOD GLUCOSE (BG) MANAGEMENT

AUTO MODE (Blue Shield)



SAFE BASAL (Grey Shield)



MANUAL MODE



☐ If BG is over 150 and pump
Recommends Corrective insulin dosing.
Administer Recommended Dose.
(Pump will account for insulin on board)

☐ If BG is over 150 and pump
Recommends Corrective insulin dosing.
Administer Recommended Dose
(Pump will account for insulin on board)

☐ If BG is over 250 for 2 hours after last
bolus or carbohydrate intake, administer
recommended dose.
(Pump will account for insulin on board)

1. Ketones: Test urine/blood ketones if ☒ BG > 300 X 2hrs, or ☐ Never. Call parent if child is having moderate or large ketones.
2. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (moderate or large).
3. Encourage student to drink plenty of water and provide rest if needed.

BLOOD GLUCOSE (BG) TESTING / SENSOR GLUCOSE (SG) VIA CONTINUOUS GLUCOSE MONITOR (CGM)

BG to be tested: ☒ Before meals and for symptoms of low or high BG, or as set up by the 504 plan.

Extra BG testing: ☒ When the pump requested a blood glucose check to stay in Auto Mode.

☐ before PE, ☒ before going home, ☒ Use of SG allowed for CGM users for extra testing.

Blood glucose at which parents should be notified: Low < 70 mg/dL after 2 treatments, or High >300 mg/dL X 2 hours.

Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if there is a refusal of care by the student. Hyperglycemia alone is not medically justified for sending home this student in absence of symptoms.

SENSOR CALIBRATIONS

☒ Calibrate before lunch daily – Do not calibrate if there are double or triple arrow up or down

☒ When the pump requests a calibration (this is required to stay in Auto Mode)

*The Medtronic CGM sensor is required for the pump to function in Auto Mode.

*The Medtronic 670G pump can be used without the sensor as a Manual Mode pump (traditional pump, like previous pump systems)

INSULIN ADMINISTRATION at *Mealtime/Snacks* ☐ Apidra® ☐ Humalog® ☐ Novolog® ☐ FIASP®

Pump Brand: Medtronic 670G

AUTO MODE

Insulin dosing to be given: ☒ before meal (mandatory)

Insulin to Carb Ratio: 1 unit per _____ grams Carb (In auto mode you *cannot* override recommended bolus)

BG Correction Factor: Automatically adjusted by pump

Basal rates are automatically adjusted by pump every 5 minutes

MANUAL MODE

Insulin to Carb Ratio: 1 unit per _____ grams Carb

BG Correction Factor: 1 unit per _____ mg/dL > _____

Basal rates adjusted per parents and HCP

☒ Parent/caregiver authorized to adjust insulin for carbs, BG level, or anticipated activity

☒ Licensed medical personnel authorized to adjust the insulin dose by +/- 0 to 5 units after consultation with parent/caregiver

Pre-meal BG target: ☒ 70-_____, or ☐ Other:

Insulin dosing to be given: ☐ before, or ☐ after meal

☒ insulin & syringe should be used for pump malfunction

☒ after meal dosing when before meal BG < 80 mg/dL

STUDENT'S SELF-CARE

1.	Totally independent diabetes management	☐	2.	Student needs supervision. Specific supervision determined by school nurse and parent as identified in IHP or 504	☐
If patient wears Dexcom G5 or G6 CGM insulin dose per orders based on SG reading per FDA. Test BG if no number, no arrow trend, or if symptoms/expectations do not correlate with SG reading.			If patient wears Medtronic Guardian Connect CGM; Insulin per orders based on BG reading only per FDA.		

DISASTER PLAN & ORDERS

Parent is responsible for providing and maintaining “disaster kit” and to notify school nurse. In case of disaster:
Use above BG correction scale + carb ratio coverage for disaster insulin dosing every 3-4 hrs as indicated by BG levels.

Electronically signed by: _____ Date: _____ Fax: _____

☐ I authorize the exchange of medical information about my child's diabetes management between the LHP and the school nurse

Parent Signature: _____ Print Name: _____ Date: _____
School Nurse Signature: _____ Print Name: _____ Date: _____

Rev 5.2020