

**MUSC Pediatric Endocrinology and Diabetes
Multiple Daily Insulin Injections Order Form**

Student: _____ Date of Birth: _____ School: _____

Diagnosis: () Type 1 diabetes () Type 2 diabetes () MODY County: _____ Fax: _____

Level of Self Care

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				

Monitor Blood Glucose: () Before meals () For symptoms of hypoglycemia/hyperglycemia

() Before PE/activity () Before snack if it has been more than 3 hours since last insulin dose

PE/Exercise: () If BG 70-100, give 10 gram uncovered snack () If **BG > 300 with moderate/large ketones**, do not allow student to exercise. Give correction insulin if indicated and drink extra water (1 cup every 30 minutes).

Carbohydrate Coverage: Administer Novolog, Humalog, Admelog, or Apidra as ordered below. (Round off to half units if needed)

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

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

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

**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 of Continuous Glucose Monitoring (CGM) for blood sugar between 70 and 240 if approved by the district.

Low Blood Glucose Orders:

- Blood glucose below 70: give 16 grams carbohydrates (4 glucose tablets, 1 glucose gel packet, or 4 oz of juice)
- Recheck blood glucose in 15 minutes. If glucose is still below 70, repeat, treatment every 15 minutes until blood glucose is >70
- If before lunch, bring blood glucose to >70 and then cover all carbs for lunch
- If >1 hour before next meal, give a 15 gram uncovered snack
- If unable to chew tabs, use glucose gel in cheek.
- **For UNCONSCIOUS HYPOGLYCEMIA or SEIZURE: Give _____ mg Glucagon IM, or 3mg nasal Glucagon, turn to side and call 911.**

Blood Glucose Reading	Sliding Scale	Additional Orders/Comments
>120	units	
>150	units	
>200	units	
>250	units	() Patient may carry supplies while in school
>300	units	() Patient is independent for hypoglycemia if off school campus
>350	units	() Patient may carry supplies while outside of school for sports/school trips

High Blood Glucose Orders:

- Meal or snack time correction for high blood glucose should be given before eating meal or snack, unless otherwise indicated
- Sliding Scale: Sliding scale insulin should not be given more frequently than every 3 hours from last insulin dose
- For blood glucose >240, check urine ketones. For moderate to large ketones, add ___ unit(s) to correction scale and give extra water to drink. **If ketones are moderate to large with nausea and/or vomiting, give correction before sending home with parent.** If moderate to large ketones without nausea and/or vomiting, treat as indicated above and may return to class.
- **CALL EMS FOR SHORTNESS OF BREATH (KUSSMAL BREATHING) AND/OR LETHARGY**

Legal prescriber (print name and title)

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

Date

Parent phone number