



DORCHESTER SCHOOL DISTRICT TWO

2024-2025 Diabetes Insulin Management Order Form

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

Student: _____ Date of Birth: _____
 School: _____ County: _____ Fax Number: _____
 Diagnosis: () Type 1 Diabetes () Type 2 Diabetes () MODY () Other : _____

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				

() May carry supplies on school bus, for extracurricular activities, on trips, and is independent for conscious hypoglycemia.

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
- Before Dismissal to Bus Home

** CGM reading may be used for all instances of BG monitoring between 70-300 mg/dL (if approved by district), except for symptoms that are not consistent with CGM value and/or suspected CGM failure. Dexcom and Freestyle Libre CGM systems are considered interchangeable*

Perform finger stick if:

- CGM is still reading < 70 mg/dL 15 minutes following low treatment
- CGM reading unavailable, or readings are trending up/down emergently
- Dexcom does not have both number and arrow present
- Libre Displays Check Blood Glucose Symbol

Low Blood Glucose Orders:

- Blood glucose < 70 mg/dL: give 15 grams carbohydrates (4 glucose tablets, 1 glucose gel packet, or 4 oz of juice).
- Recheck BG in 15 minutes with finger stick. If BG still < 70, repeat treatment every 15 minutes until BG is >70.
- **For UNCONSCIOUS HYPOGLYCEMIA or SEIZURE:** Give ___mg Glucagon IM, or 3mg nasal Baqsimi glucagon, or Gvoke 0.5mg for ages 2-11 years and 1mg for ages 12 years and older, subcutaneous, or 0.6 mg of Zegalogue subcutaneous. Turn to side and call 911. (Medications for hypoglycemia can be considered interchangeable and any are accepted for school use).

** If on insulin pump and severe low BG occurs, stop insulin by either placing pump in suspend/stop mode OR disconnect pump from body. ALWAYS send pump with EMS to hospital.

High Blood Glucose Orders:

- Correction for high BG should be given before eating.
- **FOR INJECTIONS:** Sliding Scale/Correction Factor: Should not be given more frequently than every 3 hrs from last insulin dose.
- **INSULIN PUMP:** Give correction as calculated by insulin pump. Correction should not be given more frequently than every 2 hrs from last insulin bolus.
 - For BG >300 that has not decreased in 2 hrs after correction, consider pump failure. Immediately call parents and give insulin through **INJECTION ONLY**. Give corrections every 3 hours and give insulin for carb coverage with 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, the 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 before sending home with parent.**
 - If on insulin pump, use the pump to calculate the correction dose and give insulin by **INJECTION ONLY**. Nurse should alert parents the pump site needs to be changed.
- **CALL EMS FOR SHORTNESS OF BREATH (KUSSMAUL 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 >240 mg/dL **with** moderate/large ketones, do not allow student to exercise. See high blood glucose orders.

Before Dismissal to School Bus:

- If BG < 70 mg/dL before getting onto school bus, treat using hypoglycemia guidelines.

Insulin Injections

Carbohydrate Coverage: Administer short-acting insulin - Novolog, Humalog, Admelog, Apidra, or Fiasp as ordered below. (All short-acting Insulin brand/generic are considered interchangeable, and any can be accepted for school use. Confirm insulin pen or vial is short-acting insulin and **not** long-acting insulin.)

BREAKFAST: Insulin/Carbohydrate ratio 1 unit for every _____ grams of carbohydrates
 LUNCH: Insulin/Carbohydrate ratio 1 unit for every _____ grams of carbohydrates
 SNACK: Insulin/Carbohydrate ratio 1 unit for every _____ grams of carbohydrates

**Rounding Rules for pens/syringes: Whole unit: (round down if 0.1-0.4, round up if 0.5-0.9)

Half unit (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

Correction Factor**OR**Sliding Scale

Correction Dose = $\frac{\text{Current Blood Glucose} - \text{Target Glucose}}{\text{Correction Factor}}$

Target Glucose: _____

Correction Factor: _____

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 short-acting insulin brand/generic - Novolog, Humalog, Admelog, or Fiasp via the insulin pump. Follow pump instructions. School may confirm model of insulin pump with parent/caregiver.

Insulin Pump Settings:

Time	Carbohydrate Ratio	Correction Factor	Target Glucose

****If the student switches back to insulin injections or in case of pump failure, follow the orders noted under insulin injections****

If the student is using a continuous glucose monitor and/or insulin pump, the diabetes technology device and/or cell phone will need to be in close proximity to the student at all times in order to receive insulin and/or monitor glucose as prescribed. These prescriptions and/or cell phones may require access to Wi-Fi and Bluetooth to work as a medical device.

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

 Date

 Phone Number of Parent/Legal Guardian

 School Nurse (print name and title)

 Signature of School Nurse

 Date