

INDIVIDUALIZED HEALTHCARE PLAN – DIABETES WITH INJECTION HEALTHCARE PROVIDER ORDERS

EFFECTIVE DATE:		End Date:																					
STUDENT'S NAME:		Date of Birth:																					
DIABETES HEALTHCARE PROVIDER INFORMATION Name:																							
Phone #:		Fax #:	Email																				
SCHOOL:		School Fax:																					
STUDENTS WITH DIABETES TREATED BY INJECTION	Monitor Blood Glucose – test ...																						
	<input checked="" type="checkbox"/> If student has symptoms of high or, without moving student , low blood glucose																						
	<input type="checkbox"/> Before breakfast <input type="checkbox"/> Before mid-morning snack <input type="checkbox"/> Before lunch	<input type="checkbox"/> After lunch <input type="checkbox"/> Before afternoon snack <input type="checkbox"/> Before leaving school	<input type="checkbox"/> Before exercise/PE <input type="checkbox"/> After exercise/PE <input type="checkbox"/> Other:																				
	Where to test: <input type="checkbox"/> Classroom <input type="checkbox"/> Health office <input type="checkbox"/> Other: _____																						
	<input checked="" type="checkbox"/> Without moving student if has low blood glucose symptoms																						
	Routine Daily Insulin Injection:	Correction insulin dose for high blood glucose:	Check ketones if nausea, vomiting or abdominal pain OR if blood glucose >300 twice when tested 2 hours apart. • Give _____ of rapid-acting insulin for moderate ketones, or _____ for large. • Repeat ketone test in 2 hours, and repeat additional insulin as above if moderate or large ketones are still present.																				
	Insulin Delivery: <input type="checkbox"/> Syringe/vial <input type="checkbox"/> Pen	Time to be given: <input type="checkbox"/> Before lunch <input type="checkbox"/> Other: _____																					
	Type: <input type="checkbox"/> rapid acting (Humalog / NovoLog / Apidra) <input type="checkbox"/> regular or <input type="checkbox"/> other: _____	Do not give insulin correction dose more than once every 2 to 3 hours.																					
	<input type="checkbox"/> Calculate insulin dose for carbohydrate intake: Give ____ unit(s) of rapid-acting insulin for ____ grams of carbohydrate. Give at: <input type="checkbox"/> breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> lunch <input type="checkbox"/> PM snack <input type="checkbox"/> parties.	<input type="checkbox"/> Use correction scale <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Blood glucose range</th> <th>Insulin units</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>			Blood glucose range	Insulin units																	
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OR	<input type="checkbox"/> Use Formula to calculate correction dose (Blood glucose- _____ ÷ _____) = _____ units of insulin.																						
<input type="checkbox"/> Standard daily insulin injection: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>Dose</th> <th>Time</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Type	Dose	Time										<input type="checkbox"/> Carbohydrate coverage and pre-meal correction doses may be combined. <input type="checkbox"/> If BG <70 before a meal treat with carbohydrate per algorithm.										
Type	Dose	Time																					
Exercise and Sports <input type="checkbox"/> Student should monitor blood glucose hourly.																							
Parent/Guardian Authority to Adjust Insulin Dose																							
Dose adjustment allowed up to 20% higher or lower <input type="checkbox"/> Yes <input type="checkbox"/> No																							
Other Health Concerns and Medications																							
Other health concerns:		Allergies:																					
<input type="checkbox"/> Glucagon Dose: _____ IM or SC per thigh or arm <input type="checkbox"/> Oral diabetes medication(s)/dose: _____ Times to be given: _____ <input type="checkbox"/> Other medication(s)/dose: _____ Times to be given: _____																							
HCP Assessment of Student's Diabetes Management Skills:			Note																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Skill</th> <th>Independent</th> <th>Needs supervision</th> <th>Cannot do</th> </tr> </thead> <tbody> <tr><td>Check blood glucose</td><td> </td><td> </td><td> </td></tr> <tr><td>Count carbohydrates</td><td> </td><td> </td><td> </td></tr> <tr><td>Calculate insulin dose</td><td> </td><td> </td><td> </td></tr> <tr><td>Injection</td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Skill	Independent		Needs supervision	Cannot do	Check blood glucose				Count carbohydrates				Calculate insulin dose				Injection					
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UPDATED Change	Date		Initials																				