INDIVIDUALIZED HEALTHCARE PLAN - DIABETES WITH PUMP HEALTHCARE PROVIDER ORDERS

E	FECTIVE DATE:	/ *	End Date:	
S	TUDENT'S NAME:		Date of Birth:	
DIABETES HEALTHCARE PROVIDER INFORMATION Name:				
	one #: Fax #:			
S	CHOOL:	56	School Fax:	
ITH DIABETES TREATED BY PUMP	Monitor Blood Glucose – test ☐ If student has symptoms of high or low bloo ☐ Before breakfast ☐ Before mid-morning snack ☐ Before lunch ☐ All test results should be entered into pump ☐ Where to test: ☐ Classroom ☐ H	After lunch Before afternoon snack Before leaving school to determine need for bolus corr Health office Other:		
	Basal rates during school:	Trainalog of NovoLog of April	та ву ратр	
	Place pump on suspend when blood glucose is less thanmg/dl and re-activate it when blood glucose is at least			
		gs should not be changed by		
	Carbohydrate Bolus	Time to be given: Before	J. 9 <u>J</u>	
	Give 1 unit of insulin per		of insulin more than once every 2 to 3	hre
	gm carbohydrate at breakfast	_	eachmg/dl of blood glucose with a tal	
	gm carbohydrate at AM snack	blood glucose ofmg/	9	. got
	gm carbohydrate at lunch		vomiting or abdominal pain OR if blood gluc	ose
	gm carbohydrate at PM snack	>300 twice when tested 2 hours apart. • <u>Via syringe</u> , giverapid-acting insulin for		for
	Bolus should occur: before eating, or other:	moderate ketones, or Repeat blood glucose test in if moderate or large ketones	for lar 2 hours, and repeat additional insulin as ab are still present.	rge.
	If infusion set comes out or poods to be changed		eat with carbohydrate per algorithm.	
	If infusion set comes out or needs to be changed: Change set at school Insulin via syringe every 3 hours Exercise and Sports with Pump			
S WIT	Temporary Basal Decrease: ☐ No ☐ Yes (% or units for minutes or ☐ duration of exercise) ✓ Student should monitor blood glucose hourly.			
ENTS	HCP Assessment of Student's Diabe	etes Management Skills	: Note	
UDE.	Skill Indepe	ndent Needs supervision	Cannot do	
ı ⊢	Check blood glucose Count carbohydrates			
S	Calculate insulin dose			
	Change infusion set			
	Injection			
	Trouble shoot alarms, malfunctions Notes:			
-				
	Parent/Guardian Authority to Adjust Insulin Dose Dose adjustment allowed up to 20% higher or lower ☐ Yes ☐ No			
	Other health concerns: Allergies:			
	Glucagon Dose: IM c Oral diabetes medication(s)/dose: Other medication(s)/dose:		imes to be given:	_
Other medication(s)/dose: Times to be given: HEALTHCARE PROVIDER Date:				
SIGNATURE/STAMP:				
SIGNATURE/ STAMP:				
UPDATED Change Date Initials				