

HEALTH CARE PROVIDER ORDERS FOR STUDENTS WITH DIABETES IN WASHINGTON STATE SCHOOLS

STUDENT'S NAME _____ Student's birthdate ____/____/____ School _____ Grade ____
 Emergency numbers for parents (phone) _____ - _____ - _____ (Cell contact 2) _____ - _____ - _____ (//Cell) _____ - _____ - _____
 Doctor's phone number _____ - _____ - _____ Other contacts _____, _____ - _____ - _____

HYPOGLYCEMIA (fill in individualized instructions on line or use those in parenthesis)

Unconscious-- _____ **(phone 911)** (Other orders) _____
 Blood sugar < 60 and symptomatic _____ (juice, pop, candy) _____
 Blood sugar < 100 and symptomatic _____ (crackers/cheese) _____
 Blood sugar < 80 and asymptomatic _____ (feed partial meal) _____
 Blood sugar > 100 and symptomatic _____ (feed partial meal) _____
 Blood sugar at which parent should be notified--low _____ high _____

BLOOD SUGAR AND INSULIN DOSAGE prior to lunch (R is regular and H is lis-pro.) _____ any other insulin requested

Blood sugar < 100 _____ units R - H - other _____ (see hypoglycemia above)
 Blood sugar 100-149 _____ units R - H - other _____
 Blood sugar 150-199 _____ units R - H - other _____
 Blood sugar 200-249 _____ units R - H - other _____
 Blood sugar 250-299 _____ units R - H - other _____ (check ketones)
 Blood sugar 300-349 _____ units R - H - other _____ (check ketones)
 Blood sugar 350-399 _____ units R - H - other _____ (check ketones)
 Blood sugar > 400 _____ units R - H - other _____ (check ketones)

- Licensed medical personnel allowed to give _____ units (minimum) of insulin to _____ units (maximum) of R, H, other _____ insulin after consultation with the parent/guardian.
- Other insulin instructions (i.e., CHO counting): _____
- If urine ketones (trace, small, moderate, large) call parents (circle one or more)

DISASTER INSULIN DOSAGE -in case of disaster how much insulin should be given? Recommend 80% of usual dose.										
A.M.	_____	units	R - H - other	_____	units	Lente	NPH	Ultralente	Lantus	other
Noon	_____	units	R - H - other	_____	units	Lente	NPH	Ultralente	Lantus	other
P.M.	_____	units	R - H - other	_____	units	Lente	NPH	Ultralente	Lantus	other
Bedtime	_____	units	R - H - other	_____	units	Lente	NPH	Ultralente	Lantus	other

STUDENT'S SELF-CARE (ability level) Initials of: Parent HCP School Nurse

Totally independent management or

1. Student tests independently or student needs verification of number by staff or assist/testing to be done by school nurse	_____	_____	_____	_____
2. Student administers insulin independently or student self-injects with verification of number or student self-injects with nurse supervision or injection to be done by school nurse	_____	_____	_____	_____
3. Student self-treats mild hypoglycemia	_____	_____	_____	_____
4. Student monitors own snacks and meals	_____	_____	_____	_____
5. Student tests and interprets own urine ketones	_____	_____	_____	_____
6. Student tests and interprets own blood ketones	_____	_____	_____	_____
7. Student carries own supplies	_____	_____	_____	_____

HCP _____ (print/type) _____ signature ____/____/____ date

Parent _____ (print/type) _____ signature ____/____/____ date

School Nurse _____ (print/type) _____ signature ____/____/____ date

Start date: ____ day ____ mo. ____ yr. **Termination date:** ____ day ____ mo. ____ yr. **or End of school year:** ____
 Must be renewed at beginning of each school year.