EASTCHESTER UFSD DIABETES MEDICATION ADMINISTRATION FORM

Form must be completely filled out in order to be accepted:

Student Name	Sex ❒ Female ❒ Male	Date of Birth ____/____/____ Month Day Year
School	Grade	Counselor/Teacher

EMERGENCY SITUATIONS

Diagnosis ❒ Type 1 Diabetes ❒ Type 2 Diabetes ❒ Other

Severe Hypoglycemia

❒ Give Glucagon and Call 911 PRN for unconsciousness, unresponsiveness, seizure, or inability to swallow EVEN if the bG is unknown. Turn onto left side to prevent aspiration.
- ❒ 1 mg SC/IM
- ❒ _____ mg SC/IM

Risk for Diabetic Ketoacidosis (DKA)

❒ **Ketones**: Test ketones if hyperglycemic*, vomiting, or fever ≥ 100.5. If initial or retest ketones are moderate or large, give water and:
- ❒ Call parent and/or MD ❒ No PE
- ❒ If vomiting, unable to take PO, and MD not available, CALL 911
- ❒ Give insulin, if ordered below

Blood Glucose Monitoring & Insulin Orders

Student
- ❒ May check bG without supervision
- ❒ May check bG with supervision
- ❒ Must have school personnel check bG
- ❒ May give insulin without supervision
- ❒ May give insulin with supervision
- ❒ Must have school nurse give insulin

	❒ Lunch	❒ Snack	❒ PE	❒ PRN
Hypoglycemia	**For bG <_____mg/dL** Give_____ oz juice, or_____ glucose tabs, or_____ gm carbs Recheck in_____minutes; If bG <_____, repeat carbs and recheck until bG >_____. THEN ❒ Give insulin BEFORE lunch ❒ Give insulin AFTER lunch	**For bG <_____mg/dL** Give_____ oz juice, or_____ glucose tabs, or_____ gm carbs Recheck in_____minutes; If bG <_____, repeat carbs and recheck until bG >_____. THEN ❒ Give insulin BEFORE snack ❒ Give insulin AFTER snack	**For bG <_____mg/dL** Give_____ oz juice, or_____ glucose tabs, or_____ gm carbs Recheck in_____minutes; If bG <_____, repeat carbs and recheck until bG >_____. ❒ If initial bG <_____, No PE ❒ Give snack AFTER treatment THEN send student to PE	**For bG <_____mg/dL** Give_____ oz juice, or_____ glucose tabs, or gm carbs Recheck in_____minutes; If bG <_____, repeat carbs and Recheck until bG >_____. ❒ Give snack after treating hypoglycemia
Between Hypo-and Hyperglycemia	❒ Give insulin BEFORE lunch ❒ Give insulin AFTER lunch	❒ Give insulin BEFORE snack ❒ Give insulin AFTER snack	❒ Give snack BEFORE PE ❒ Send to PE	
Hyperglycemia * bG > _____	❒ Test ketones if bG >_____ mgdL Treat as per Risk for DKA above ❒ Give insulin BEFORE lunch ❒ Give insulin AFTER lunch	❒ Test ketones if bG >_____ mgdL Treat as per Risk for DKA above ❒ Give insulin BEFORE snack ❒ Give insulin AFTER snack	❒ Test ketones if bG >_____ mgdL Treat as per Risk for DKA above For bG >_____ mg/dL, no PE For bG >_____ mg/dL, AND at least _____ hours since last insulin, give insulin according to: ❒ Correction Dose, OR ❒ Sliding Scale (orders below)	❒ Test ketones if bG >_____ mgdL Treat as per Risk for DKA above For bG >_____ mg/dL, no PE For bG >_____ mg/dL, AND at least_____hours since last insulin, give insulin according to: ❒ Correction Dose, OR ❒ Sliding Scale (orders below)
Carb Coverage Insulin Instructions	❒ Carb coverage only ❒ Carb coverage PLUS Correction Dose when bG > Target bG	❒ Carb coverage only ❒ Carb coverage PLUS Correction Dose when bG > Target bG		

INSULIN ORDERS (CHECK ONE BOX ONLY) ❒ Carb Coverage (plus Correction Dose if ordered above) ❒ Sliding Scale ❒ Carb Coverage plus Sliding Scale for Correction ❒ No Insulin at School Glucose Monitoring ONLY

❒ Syringe / ❒ Pen	Name of Insulin	❒ Insulin Pump (Brand & Model)		
Target (Single #) bG =_____mg/dL	**Sensitivity Factor (Correction)** 1 unit will decrease bG by_____mg/dL	**Insulin:Carb Ratio: (I:C)**	For LUNCH **1:_____gms**	For SNACK **1:_____gms**
		Basal Rate	In School _____units/hour	❒ Disconnect pump for PE

Round DOWN the insulin dose to the closest 0.5 units for syringe/pen

Carb Coverage = $\frac{\text{\# gms carb in meal}}{\text{\# gms carb in I:C}}$ = # units insulin Correction Coverage = $\frac{\text{bG — Target bG}}{\text{Sensitivity Factor}}$ = # units insulin

Example: ***Current bG = 250 Target bG = 150 Sensitivity Factor = 100 Insulin:Carb ratio = 1:20 Lunch carbs = 60 gms***

Carb Coverage Plus Correction Dose: Carb Coverage: $\frac{60 \text{ gms carb}}{20}$ = 3 units PLUS Correction Dose: $\frac{250 — 150}{100}$ = 1 unit

TOTAL DOSE: 3 + 1 = 4 UNITS

For Pump:
- ❒ Follow Pump recommendation for bolus dose [If not using Pump recommendation, round DOWN the dose down to the nearest 0.1 unit]
- ❒ For bG >_____ mg/dL that has not decreased_____hours after correction, consider pump failure. Notify parent.
- ❒ For suspected pump failure: DISCONNECT pump and give insulin by syringe or pen.

SLIDING SCALE

Name of Insulin

_____

Please do NOT overlap ranges (e.g. 100-200, 200-300, etc.). If ranges overlap, the lower dose will be given.

❒ Pre lunch	bG Range	Insulin Units	❒ Other time	bG Range	Insulin Units
	_____ To _____	_____		_____ To _____	_____
	_____ To _____	_____		_____ To _____	_____
	_____ To _____	_____		_____ To _____	_____
	_____ To _____	_____		_____ To _____	_____

SNACK:

Time of day: _____

Type & Amount:

❒ Student may carry and self administer snacks

HOME MEDICATIONS:	**OTHER DIABETES ORDERS:**
Insulin (Dose, Frequency and Time):	
Oral Medications (Dose, Frequency, and Time):	

Health Care Practitioner Name (Please Print)	Tel No.	Parent Signature❖
Health Care Practitioner Signature	Fax No.	Date
Address	Date	❖ Parent signature denotes permission to share the above student's medical information with staff on a need-to-know basis and also gives permission to speak to child's physician/practitioner as needed.
PLACE OFFICE STAMP HERE		