

SPECIALIZED PHYSICAL HEALTH CARE SERVICES DIABETES MELLITUS

Students Name _____ DOB _____
Parents Name _____ Phone _____

PARENT REQUEST/AUTHORIZATION FOR SERVICES

Specialized physical health services mean those services prescribed by the student's licensed physician requiring medically related training for the individual who performs the services and which are necessary during the school day to enable the student to attend school. These services include catheterization, gastric tube feeding, suctioning, or other services that require medically related training. (Education Code 49423.5)

I request that my child receive specialized physical health care in as ordered with the instructions of his/her physician in accordance with state laws and regulations. This is to be in effect for one calendar year, unless I request in writing that it be discontinued. The school is authorized to secure emergency medical services for my child whenever the need for such services are deemed necessary by the principal, school nurse, or designated school staff member. I give consent for the school nurse to communicate with the authorized healthcare provider as necessary.

Parent will provide medication, supplies, and equipment needed for treatment. Parent will notify the school nurse if there is a change in child's health status or attending authorized health care provider and notify the school nurse immediately and provide new written consent/authorization for any changes in this authorization.

Signature of Parent/Guardian

Date

PHYSICIAN'S ORDER FOR TREATMENT

Medical Condition: DIABETES MELLITUS

☐ Type 1

☐ Type 2

Target Range of Blood Sugar:

☐ 70 – 150

☐ 80 – 180

☐ Other: _____

1 Blood glucose (BG) monitoring (with recording of numbers)

☐ Within ½ hr or less before lunch

☐ Prior to AM snack

☐ Prior to P.E.

☐ After P.E.

☐ As needed for signs/symptoms of hypo/hyperglycemia

☐ Student can perform testing independently

☐ Student must have adult supervision with testing

☐ Student is able to monitor own blood sugars

☐ Trained personnel must monitor blood sugar testing

☐ Student should be allowed to carry meter and test blood sugar as needed

2 Treatment of low blood sugar: ☐ <70 ☐ <80 ☐ Other: _____

If hypoglycemic symptoms are present, student must be supervised AT ALL TIMES!

Following treatment for hypoglycemia, no P.E. participation until blood sugar is at least above 80 and carbohydrate /protein snack has been given.

Step 1: Give student one of the following carbohydrate selections:

4 ounces (1/2 cup) any type of fruit juice

1 cup of milk

1 small tube of Cake Mate gel

2 – 3 glucose tablets

5 Lifesavers

4 ounces (1/2 cup) regular soda – NOT DIET SODA!

Step 2: Wait 10 minutes for symptoms to subside – Do not give food yet!

Step 3: Recheck blood sugar

If BG level is < low blood sugar value checked above:

Repeat Steps 1 and 2 again. If blood sugar does not rise above hypoglycemia level after 3 attempts then notify parents. If student's symptoms have subsided after 5 – 10 minutes proceed to snack or lunch meal.

If BG level is > low blood sugar value checked above:

Send to lunch but if lunch or snack is more than one hour away, give a carbohydrate and protein combination snack 10 minutes after the juice, such as: cheese & crackers, peanut butter & crackers, ½ of a meat or cheese sandwich.

Student may return to scheduled class assignment now, but may have difficulty concentrating for up to 1 hour following hypoglycemic event.

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3 Glucagon (intramuscular injection: if on insulin): Dosage: _____

If student begins to lose consciousness or is having a seizure DO NOT put anything in the child's mouth! School nurse or trained personnel should immediately administer dosage listed above of glucagon intramuscularly and have someone call 911.

Turn student to side to avoid risk of aspiration due to nausea/vomiting occasionally caused by glucagon administration.

4 4. Treatment of high blood sugar (> 250 mg/dL):

☐ Student should drink 8 oz. of water or DIET soda every hour or carry water bottle ad lib
☐ Student should be allowed to carry water bottle and snacks with them to class
☐ Student should be excused to use restroom as often as needed
☐ Check urine ketones if sugar is > 250
☐ If urine ketones are moderate or large, DO NOT allow student to exercise
☐ If student has nausea, vomiting, stomachache or is lethargic, call parents ASAP
☐ Send student back to class if none of the above physical symptoms are present

5 Juice / snacks / glucagon MUST be available to student on all field trips or bus trips in case student requires treatment of hypoglycemia and driver / chaperone should know of child with diabetes in their care in the event of an emergency.

6 Medication to be given during school hours:

☐ Insulin ☐ subcutaneous injection OR ☐ Insulin Pump
 Using: ☐ Humalog ☐ Novolog ☐ Apidra
Intermediate or Long-lasting Insulin used at home: ☐ NPH ☐ Lantus/Levemir

<u>Meal Bolus</u> *If on Lantus insulin regimen student must take Humalog or Novolog at lunchtime to cover carbohydrates. Use base meal dose of _____ Unit(s) OR _____ Unit(s) per _____ gms of carbohydrates PLUS Correction Bolus to the Right *If on NPH only use Correction Bolus scale	<u>Correction Bolus</u> *Subtract 1 Unit if pre lunch blood sugar is 70 to 100 0 unit(s) if pre lunch blood sugar > _____ to _____ +1 unit(s) if pre lunch blood sugar > _____ to _____ +2 unit(s) if pre lunch blood sugar > _____ to _____ +3 unit(s) if pre lunch blood sugar > _____ to _____ +4 unit(s) if pre lunch blood sugar > _____ to _____ +5 unit(s) if pre lunch blood sugar > _____ to _____ +6 unit(s) if pre lunch blood sugar > _____ to _____ AND continue with additional 1 unit for every _____ above _____ starting with _____
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NOTE: Pre lunch or prior to lunch means within 15 minutes or less before lunch time. If blood sugar is > 250 with moderate to large ketones at other times in the school day contact parent or health care provider for additional instructions including additional insulin if indicated. Correction insulin doses can be given every 2 hours for treatment of hyperglycemia if the child is spilling moderate to large ketones, or is having signs/symptoms of illness (see scale above).

☐ **Student can draw up & inject own injection**
☐ Under trained adult supervision

☐ **Student cannot draw up/inject**

☐ **Glucophage (Metformin)**
 _____ mg with lunch meal daily

7 Exercise / Sport Guidelines:

☐ Blood sugar testing as needed for symptoms of hypoglycemia
☐ Treatment of hypoglycemia, including snack, as needed following guidelines
☐ No sports / activity restrictions

Licensed Physician's Name, Address, and Phone	Signature: _____ NPI Number: _____ Date: _____
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