Charlotte-Mecklenburg Schools

Mecklenburg County North Carolina Public Health

Important Information about Diabetes Care in CMS Schools

Mecklenburg County Public Health

School Name	School Phone #	Fax:	For School Use Only
			Date Received/Receiver's Signature: Medication Received? ❒yes ❒ no
Student's Name (Please print.)	Student's Date of Birth		Date Approved/Nurse's Signature Entered in EHR? ❒yes ❒no
			❒Student Self Carries ❒Medication in Health Room ❒Medication in Classroom

Parent/Guardian: Please read both pages of the medication order. Sign and date the bottom of both pages to show your agreement.

- When possible, medications should be taken before or after school. Administration of non-prescription medications at school is discouraged. Written parent/guardian consent and an order from a healthcare provider licensed in North Carolina are required for administering prescription and over-the-counter medications at school (CMS Policy JLCD/Regulation JLCD-R). Contact the school nurse for help if relocating from another state with orders from an out-of-state provider. Some medications may not be suitable for a school setting. Additional documentation may be required for some medications (examples: research medications, medications with potential for immediate serious side effects). Contact the school nurse if you have questions.
- Unless changed in writing, this plan will be used for the entire school year within which it was written. Medications are given by a nurse or trained CMS staff.
- No medication will be given at school until this authorization has been approved by a school nurse.
- New authorization forms are required at the beginning of every school year, when the dose or directions change, and when a new medication is prescribed. Parents/guardians must supply the medications.
- Each medication must be in the original labeled container from the pharmacy or healthcare provider's office. Some pharmacies will provide an extra container for school use.
- Information about this medication and the student's health may be shared with other school staff or agents of the school to help assure the student's safety and success at school.
- The school nurse may contact the healthcare provider who prescribed the medication and the pharmacy where the prescription was filled to discuss this medication and the student's health.

Healthcare Provider's Name / Address / Phone / Fax (please print or use stamp)	Parent/Guardian Contact Information (please print)	
	Parent/Guardian	
	Phone:	Phone:
	Parent/Guardian	
	Phone:	Phone:

I have read and understand the "Important Information about Medication Administration in CMS Schools" in this medication order. I give permission for my child to receive the medications noted in this plan during school hours. I give permission for the healthcare provider, pharmacist, and their staff to provide information to the school nurse about this medication and my child's health. On behalf of my child, I release the Charlotte-Mecklenburg Board of Education, their agents, and employees from any and all liability whatsoever that may result from my child taking this medication at school.

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Parent's/Guardian's Name (print) Signature Date

Patient Name: DOB Type 1 Diabetes School year:	Insulin Delivery Method: CGM: GLUCAGON DOSE:

Blood Sugar Monitoring: BEFORE MEALS, BEFORE GETTING ON BUS, as needed for HYPOGLYCEMIA/HYPERGLYCEMIA signs and symptoms

*If applicable, the student should be dosed at the time of BG being checked. If they have hypoglycemia, hyperglycemia, or ketones then follow the office protocols below.

*All continuous glucose monitors are FDA-approved to use for insulin dosing and treatment decisions. Check a fingerstick ONLY if symptoms do not match blood sugar reading.

Insulin pumps: Use insulin pump for all dose calculations

If student does not have an insulin pump, the pump is not being used or has malfunctioned, please use the dosing table below.

Dosing Units	**Target Glucose**	**Correction Factor**
	__	__
Carbohydrate Ratio		
Breakfast	Lunch	Snacks
__g	__g	__g
Correction dose = (Current glucose - target glucose) divided by Correction Factor **Food dose = Total carbohydrate grams divided by carbohydrate ratio** **Mealtime dose = correction dose (if needed) plus food dose**		
Insulin Dose rounding: Round to the nearest ½ unit Round to the nearest whole unit if ½ unit not available		

Parent/guardian authorized to increase or decrease the above correction factor and/or carbohydrate ratio as follows:

- If the correction factor is >50, by 10
- If the correction factor is ≤ 50, by 5
- If the carbohydrate ratio is >10, by 2
- If the carbohydrate ratio is ≤ 10, by 1

HYPOGLYCEMIA TREATMENT (BG<80)	HYPERGLYCEMIA TREATMENT (BG >250)
1. Confirm with fingerstick glucose 2. Provide 15g of fast-acting carbohydrate (juice, candy, glucose tab/gel) without insulin coverage 3. Recheck glucose in 15 minutes and repeat process until BG is >80. 4. Once >80, provide complex carbohydrate snack OR meal, if applicable i. Additional snack if less than carbohydrate ratio above, should not receive insulin ii. If large snack (greater than carb ratio above) or meal is being	1. Confirm BG with fingerstick if CGM is >300 2. If BG is >250 and it has been 3 hours since last BG correction, give a correction via correction formula or bolus via pump. 3. Check ketones and follow **KETONE** instructions below. 4. Recheck BG in 2 hours and repeat as needed.

provided, use insulin dosing above to cover carbohydrates. 5. *Provide emergency glucagon if student seizes, has a loss of consciousness, or is unable to swallow due to a low blood sugar.	
If student has ketones: 1. Give 8-16 oz. of water per hr. 2. Recheck blood sugar in 2 hours and treat with correction formula, as needed. 3. When student is having symptoms of nausea and vomiting, student will be released from school to parent/guardian.	

Exercise/Physical activity:

15 grams of carbohydrates may be provided without insulin coverage to offset the blood glucose lowering effect of physical activity. Examples of this include but are not limited to:

1. Providing a snack with 15g of carbohydrates prior to recess or PE, without insulin coverage
2. If activity is following a mealtime, 15g of carbohydrates may be deducted from the total meal carbohydrate calculation. If student is consuming 60g of carbohydrate, they may only be dosed for 45g.

Additional orders:

- Unlimited access to bathroom
- Unlimited access to water (i.e. water bottle at desk)
- Once opened, rapid acting and long-acting insulin pens and vials last 28 days.

Student's Ability to Self-Manage Diabetes Care	
Independent in all aspects of care	YES/NO
Student needs assistance with the following:	
Testing Blood sugar	YES/NO
Verification of blood sugar reading	YES/NO
Treating mild hypoglycemia	YES/NO
Administering insulin	YES/NO
Verification of insulin dose	YES/NO
Changing pump site	YES/NO
Testing urine ketones	YES/NO
Changing CGM	YES/NO

Provider Signature/Date:_____

Parent Signature/Date:

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RN Signature after review/Date:_____

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