

Diabetes Management - Physician Orders
Nazareth Academy

Student's Name _____ **Date** _____

Self Care:

Student may manage/troubleshoot pump, test own blood glucose, count carbohydrates and determine and adjust insulin dose. YES NO (*please circle*)

Type of insulin _____ Target blood glucose range _____

Insulin to carbohydrate ratio (I:C) _____

Correction factor (CF) _____

(CF formula: student's BG minus target BG divided by CF equals insulin dose)

Hypoglycemia Protocol

Symptoms: *Sweating *Hunger *Headache *Dizziness *Trembling *Drowsiness
*Confusion *Palpitations *Speech Impairment *Blurred Vision

-Call the nurse's office ext. 177

If BG is < _____ mg/dl or symptomatic:

-Give quick acting glucose product equal to _____ grams of carbohydrates.

-Recheck blood glucose in 15 minutes and repeat treatment if BG < _____ mg/dl.

-Call parents.

Additional instructions: _____

If the student becomes unconscious, unable to cooperate, or has a seizure: Give Glucagon, call 911, call parents, turn on side, and don't force eating or drinking.

Hyperglycemia Protocol

Symptoms: * Extreme thirst * Nausea * Vomiting * Abdominal pain * Lethargy

-Call the nurse's office ext. 177

If BG is above _____ mg/dl, wash hands and recheck. If still above _____ mg/dl and at least _____ hrs. since the last insulin dose, give correction bolus per physician orders.

Additional instructions: _____

-Check pump, tubing and insertion site, change site if needed.

-Check for Ketones, drink _____ oz. of no calorie liquid.

-Call parents

Physical/Class Activities:

PE Class: Blood glucose needs to be between _____ mg/dl and _____ mg/dl to participate.

Testing: Blood glucose needs to be between _____ mg/dl and _____ mg/dl to take.

Physician Signature

Phone

Date