

WILLIAM S. HART UNION HIGH SCHOOL DISTRICT

21380 Centre Pointe Parkway, Santa Clarita, CA 91350-2948

Physician Orders for Authorization of Diabetes Health Care Services at School

Diabetic Management Plan

School _____ Phone Number _____ School Fax Number _____

Last Name of Pupil _____ First Name _____ Grade _____ Date of Birth _____

Authorized California Healthcare Provider to complete the following: (California Licensed Physicians, Surgeons, Dentists, Optometrists, Podiatrists, Nurse Practitioners, Nurse Midwives, and Physician Assistants-California Code of Regulations, Title 5, Sections 601[a]).

Type of Diabetes: Type 1 Type 2 A1C _____
Target Range: 70-100 70-120 70-150 70-180 100-200 Other _____

Student's Blood Glucose testing times: Before Snack Before Lunch Before PE Other times _____

Student is Capable of (check which one applies):

- | | |
|--|---|
| <input type="checkbox"/> Independent self-management | <input type="checkbox"/> <u>Supervised Management of:</u> |
| <input type="checkbox"/> Student needs total diabetic care | <input type="checkbox"/> Blood Glucose Testing |
| | <input type="checkbox"/> Carbohydrate Counting |
| | <input type="checkbox"/> Correction Scale Calculations |
| | <input type="checkbox"/> Self-Administration of Insulin |

Insulin Type: Novolog Humalog

Treatment for Hypoglycemia (Blood Glucose less than 70mg/dl):

1. Treat with one of the following: 4 oz. Any type of juice, 4 oz. Regular soda, 3 glucose tablets, 15 gms glucose gel, 1 tablespoon sugar in water.
2. If blood sugar is less than 50, retest in 15 minutes. If blood sugar is still below 70, repeat step 1.
3. If lunch or snack is more than an hour away give a snack sent to school by parent in addition to juice.
4. Administer Glucagon: 0.5mg = ½ cc 1.0mg = 1cc. Call 911 after administering Glucagon. If child has a severe low blood glucose event and is unable to swallow, loses consciousness or has a seizure. Glucagon can be administered subcutaneously or intramuscularly in the arm or thigh.
5. Student should not exercise if blood glucose is less than 70mg/dl or if positive for ketones.

Treatment of Hyperglycemia/Correction (Blood glucose higher than 150 mg/dl):

1. Insulin Sensitivity Factor: _____. Sensitivity Correction Calculation is: Blood Glucose Minus End Target Range Divided by Insulin Sensitivity Factor = Units of Insulin to Be Given.

OR

2. Insulin correction can be given: before am snack before lunch OR Other _____

Insulin correction sliding scale:

_____ unit Regular/Novolog/Humalog if blood glucose 151-200

_____ unit Regular/Novolog/Humalog if blood glucose 201-250

- _____ unit Regular/Novolog/Humalog if blood glucose 251-300
- _____ unit Regular/Novolog/Humalog if blood glucose 301-350
- _____ unit Regular/Novolog/Humalog if blood glucose 351-400
- _____ unit Regular/Novolog/Humalog if blood glucose 401-450

3. Test Ketones at: 300mg/dl. 350mg/dl. Other _____

4. Student is to be sent home with moderate to large ketones unless otherwise directed below:

Treatment for Coverage of Insulin:

Insulin/carbohydrate Ratio (coverage) **Brunch:** _____ units per _____ grams CHO

Insulin/carbohydrate Ratio (coverage) **Lunch:** _____ units per _____ grams CHO

Additional Instructions:

Authorized Health Care Provider Name (print)

Signature of Provider

Date

Phone Number

Fax Number

NPI# Number

Parent/Guardian Authorization to complete the following:

I authorize the credentialed school nurse or other licensed healthcare provider (RN, LVN), trained Health Technician, or trained unlicensed volunteer school employee to administer the medication as directed by the authorized health care provider. I understand that the school nurse has my permission to communicate with the prescribing licensed health care provider on matters related to this medication.

Parent/Guardian Name (print)

Signature

Date
