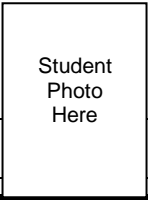


SCHOOL DIABETES MEDICATION ORDERS (Injections)

Licensed Healthcare Provider (LHP) to Complete Annually



NAME: _____ **DOB:** _____ **SCHOOL:** _____ **GRADE:** _____
Start Date: _____ **End Date:** _____ **Last day of school** **Other:** _____

LOW BLOOD GLUCOSE (BG) MANAGEMENT

1. If BG is below 70 or having symptoms, give _____ grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz. juice, or 1 tube glucose gel).
2. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic.
3. Recheck BG in 15 minutes. If BG remains <80 or student symptomatic, repeat carbohydrate treatment and call parent/guardian to come to school to pick up student. Student will not be transported on school bus with low BG <80 within 30 minutes of departure.
4. When BG is > 80, may follow with 10-15 gram carb snack, or meal if time.

If unconscious, unresponsive, difficulty swallowing, or evidence of seizure: Phone 911 immediately. Do NOT give anything by mouth. **If nurse or trained PDA is available, administer Glucagon (_____ mg SQ or IM)**

School nurse to notify provider's office of repeated hypoglycemia trends (i.e. more than 2-3 lows per week).

HIGH BLOOD GLUCOSE (BG) MANAGEMENT

1. Correction with Insulin
 - If BG is over target range (_____-_____) for _____ hours after last bolus or carbohydrate intake, student should receive correction dose of insulin by insulin injection per administration orders.
 - Never correct for high blood sugars other than at mealtime, unless consultation with student's LHP (Licensed Healthcare Provider)
2. Ketones: Test urine ketones if BG > 300 X 2, or Never. Call parent if child is having moderate or large ketones.
3. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (moderate or large).
4. Encourage student to drink plenty of water and provide rest if needed.
5. For BG > _____ parent/guardian will pick up student at school.
6. Student will not be transported on school bus with high BG > _____ within 30 minutes of departure

BLOOD GLUCOSE TESTING

BG to be tested: Before meals and for symptoms of low or high BG, or as set up by the 504 plan

Extra BG testing: before exercise, before PE, before going home, other: _____

Blood glucose at which parents should be notified: Low _____ mg/dL or High _____ mg/dL

***Student will not be transported on school bus with low BG < _____ or high BG > _____ within 30 minutes of departure*

Notify the parents if repeated low BG, abdominal pain, nausea/vomiting, fever, if abnormal BG before going home, or if student refuses care.

INSULIN ADMINISTRATION at Mealtime Apidra® Humalog® Novolog® Other _____

Insulin to Carb Ratio: _____ unit: _____ grams Carb

BG Correction Factor: _____ unit: _____ mg/dL > _____ mg/dL

Parent/caregiver authorized to adjust insulin for carbs, BG level, or anticipated activity

Licensed medical personnel authorized to adjust the insulin dose by +/- 0 to 5 units after consultation with parent/caregiver

Pre-meal BG target: 70-150, or Other: _____

Insulin dosing to be given: before, or after meal

after meal dosing when before meal BG < _____ mg/dL

STUDENT'S SELF-CARE *Healthcare Provider to Initial Ability Level*

<p>1. Totally independent management <input type="checkbox"/></p> <p>2. Student tests independently <u>or</u> <input type="checkbox"/></p> <p style="padding-left: 20px;">Student needs verification of number by staff <u>or</u> <input type="checkbox"/></p> <p style="padding-left: 20px;">Assist/Testing to be done by school nurse/PDA/parent <input type="checkbox"/></p> <p>3. Student counts carbohydrates independently or <input type="checkbox"/></p> <p style="padding-left: 20px;">Student consults with nurse/parent/PDA or designated staff for carbohydrate count <input type="checkbox"/></p> <p>4. Student self treats mild hypoglycemia <input type="checkbox"/></p> <p>5. Student tests and interprets own ketones <u>or</u> <input type="checkbox"/></p> <p style="padding-left: 20px;">Student needs assistance with interpreting ketones <input type="checkbox"/></p>	<p>6. Student administers insulin injection independently <u>or</u> <input type="checkbox"/></p> <p style="padding-left: 20px;">Student consults with nurse/parent/PDA for insulin dose <input type="checkbox"/></p> <p style="padding-left: 20px;">Student self-injects with verification of the number by designated staff <u>or</u> <input type="checkbox"/></p> <p style="padding-left: 20px;">Student self-injects with nurse supervision only <u>or</u> <input type="checkbox"/></p> <p style="padding-left: 20px;">Injection to be done by school nurse/PDA/parent <input type="checkbox"/></p> <p>7. Wears Continuous Glucose Monitor (CGM); further management per IHP. Insulin and hypoglycemia management per orders based on blood glucose reading only <input type="checkbox"/></p>
--	--

DISASTER PLAN & ORDERS

Parent is responsible for providing and maintaining "disaster kit" and to notify school nurse. In case of disaster:

Use above BG correction scale + carb ratio coverage for disaster insulin dosing every 3-4 hrs.

If Lantus or Levemir long-acting insulin is available, may administer 80% of their usual dose.

If long-acting insulin is not available, then administer rapid-acting insulin every 3-4 hrs as indicated by BG levels.

LHP Signature: _____ Print Name: _____ Date: _____
 Parent Signature: _____ Print Name: _____ Date: _____
 School Nurse Signature: _____ Print Name: _____ Date: _____

CONTACT INFORMATION

Student Name: _____

Parent or Guardian to Complete Annually

EMERGENCY CONTACTS:

Mother/Guardian

Father/Guardian

Name:	Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Other:	Other:

ADDITIONAL EMERGENCY CONTACTS:

1.	Relationship:	Phone:
2.	Relationship:	Phone:

LICENSED HEALTHCARE PROVIDER:

Name:	Phone:	Fax:
Location/Address:		

DIABETES INFORMATION AND 504 ACCOMMODATIONS

Parent/Guardian and School Nurse to Complete Annually Together

Level of Independence: _____

DAILY DIABETES ROUTINES:

Daily Snacks (time): _____ Recess Times: _____

Blood Glucose testing: Time: _____ Insulin Injections: Time: _____
 Location: _____ Location: _____

Breakfast eaten at (time): _____ PE days/times: _____

Lunch eaten at (time): _____

CLASSROOM CONSIDERATIONS:

When the student experiences either a high blood glucose reaction or a low blood glucose reaction, his/her thought processes are likely to be adversely affected. Therefore, accommodations will need to be made with regards to performance expectations during the time immediately before and for at least one hour after the episode is treated.

- **The classroom teacher will be informed** if the student has a blood glucose reading that could affect his/her functioning, i.e., blood glucose less than 80 or over 250 by: Student verbally Written note from the office Other (specify) _____
- **Field Trips:** All diabetes supplies are taken and care is provided by: By accompanying parent According to field trip procedure/diabetes care plan re: low/high blood glucose Other _____
- **Class Parties:** Food treats will be handled as follows: Student will eat treat Replace with parent supplied alternative Modify the treat _____ Schedule extra insulin per prearranged plan
- **After school activities:** List _____ Care Plan given to _____

OTHER CONSIDERATIONS:

- **Transportation:** Does your child: Take the bus (Bus # _____) Walk Picked up by parent
- **Parent Designated Adult:** Is a PDA present for your child? Yes No (If Yes, PDA Documentation Required)

EXTRA SUPPLIES STORED (including disaster supplies):

1.
2.
3.
4.

SIGNATURES:

Parent:	Date:
School Nurse:	Date: