

## HEALTHCARE PROVIDER ORDER FOR STUDENT WITH DIABETES

Student \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Parents Name \_\_\_\_\_ Phone \_\_\_\_\_

Test Blood Sugar:  Before lunch  After lunch  Before Exercise  After Exercise  Before snack  Before getting on bus  
 As needed for signs/symptoms of low or high blood sugar  
 > Blood sugar at which parent should be notified: Low < \_\_\_\_\_ mg/dl and High > \_\_\_\_\_ mg/dl.  
 > Target range for blood sugar > \_\_\_\_\_ mg/dl to < \_\_\_\_\_ mg/dl.  
 Type of Meter: \_\_\_\_\_

**Hypoglycemia:** Student should be sent to office accompanied by an adult if symptomatic or BS < 80 mg/dl.  
 > Test blood sugar - if blood glucose meter not available, treat symptoms.  
 > Blood sugar < 80 mg/dl and symptomatic: Treat with 10 to 15 gram carbohydrate snack. Recheck BS in 15 minutes.  
 > Mild symptoms: Treat with juice, glucose tabs, etc. Recheck and retreat every 15 min. until BS > 80mg/dl, then snack/lunch.  
 > Moderate symptoms - if unable to drink juice: Administer glucose gel. Recheck and retreat every 15 min. until BS >80 mg/dl, then snack/lunch.  
 > Severe symptoms (which may include seizures or unconsciousness) or unable/unwilling to take gel or juice: Administer Glucagon \_\_\_\_\_ mg(s) IM by trained staff and call 911. Contact parent/guardian.

**Hyperglycemia:**  
 > Check urine ketones if blood sugar is over 250 mg/dl or with symptoms of nausea/vomiting. If ketostix not available, treat with sliding scale insulin and give water. Recheck in 1 hour.  
 > If ketones present, call parents, provide water and **STUDENT SHOULD NOT EXERCISE.**  
 > It is recommended that student be released from school when having symptoms of nausea and vomiting in order to be treated and monitored more closely by parent /guardian  
 > Use sliding scale insulin orders when blood glucose is \_\_\_\_\_ mg/dl. No exercise if BS > 300mg/dl without ketones.

**Medication:**  
 > Student takes  oral diabetes medication(s) Dose: \_\_\_\_\_ Times to be given: \_\_\_\_\_  
 > Student takes  insulin Type: \_\_\_\_\_ Dose: \_\_\_\_\_ Times to be given: \_\_\_\_\_  
 > **Sliding Scale:** Blood sugar correction and insulin dosage (may be used every 2 hours) Insulin: \_\_\_\_\_  
 >  Parent/guardian authorized to increase or decrease sliding scale within the following range: +/- 2 units of insulin.  
 Blood Sugar Range \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units  
 Blood Sugar Range \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units  
 Blood Sugar Range \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units  
 Blood Sugar Range \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units and check ketones  
 Blood Sugar Range \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units and check ketones  
 Blood Sugar Range \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units and check ketones

**Carbohydrate counting:**  
 > \_\_\_\_\_ unit(s) of insulin per \_\_\_\_\_ grams of carbohydrate with lunch.  
 >  Parent/guardian authorized to increase or decrease insulin to carbohydrate ratio within the following range: 1 unit per prescribed grams of carbohydrates +/- 5 grams of carbohydrates.

**Student's Self Care: (ability level)**

Totally independent management.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self injects with trained staff supervision.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tests independently.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Injections to be done by trained staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Needs verification of blood sugar by staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self treats mild hypoglycemia.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assist/testing to be done by trained staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monitors own snacks and meals.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administers insulin independently.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Independently counts carbohydrates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self injects with verification of dose.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tests and interprets urine/blood ketones.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SIGNATURES**  
 My signature below provides authorization for the above written orders and will assist the school nurse in developing an Individualized Health Plan. I understand that all procedures will be implemented in accordance with state laws and regulations and may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This order is for a maximum of one year.  
 Physician \_\_\_\_\_ Date \_\_\_\_\_  
 Parent \_\_\_\_\_ Date \_\_\_\_\_  
 School Nurse \_\_\_\_\_ Date \_\_\_\_\_

## HEALTHCARE PROVIDER ORDER FOR STUDENT WITH DIABETES ON PUMP

Student \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Parents Name \_\_\_\_\_ Phone \_\_\_\_\_

**Test Blood Sugar:**  Before lunch  After lunch  Before Exercise  After Exercise  Before snack  Before getting on bus  
 As needed for signs/symptoms of low or high blood sugar

- Blood sugar at which parent should be notified: Low < \_\_\_\_\_ mg/dl and High > \_\_\_\_\_ mg/dl.
- Target range for blood sugar > \_\_\_\_\_ mg/dl to < \_\_\_\_\_ mg/dl.

Type of Pump: \_\_\_\_\_  Type of Meter: \_\_\_\_\_

*Note: Pump settings are established by the student's healthcare provider and should not be changed by school staff.*

**Hypoglycemia:** Student should be sent to office accompanied by an adult if symptomatic or BS < 80 mg/dl.

- Test blood sugar - if blood glucose meter not available, treat symptoms.
- For BS < 80 mg/dl and symptomatic: Treat with 10 to 15 gram carbohydrate snack. Recheck BS in 15 minutes.
- Mild symptoms: Treat with juice, glucose tabs, etc. Recheck and retreat every 15 minutes until BS > 80mg/dl, then snack/lunch.
- Moderate symptoms - if unable to drink juice: Administer glucose gel. Recheck and retreat every 15 minutes until BS > 80 mg/dl, then snack/lunch.
- Severe symptoms (which may include seizures or unconsciousness) or unable/unwilling to take gel or juice: Administer Glucagon \_\_\_\_\_ mg(s) IM by trained staff and call 911. Disconnect pump and contact parent/guardian.
- **Do not bolus for carbohydrates given to treat low blood sugar until BS is > 80 mg/dl.**

**Hyperglycemia:**

- **BS > 300 mg/dl with ketones or 2 consecutive unexplained BS > 250 mg/dl (with or without ketones), may indicate a malfunctioning pump. Student may require insulin via injection and/or new infusion site/set.**
- Contact parent, then healthcare provider if necessary, for bolus instructions. An order for insulin specific to the incident may be faxed from the healthcare provider. Verbal orders may be taken only by the RN and only in the event a fax is unavailable.
- Check ketones if BS > \_\_\_\_\_ mg/dl. If ketostix not available, bolus according to pump and give water. Recheck in 1 hour.
- If ketones, call parents, provide water and **STUDENT SHOULD NOT EXERCISE**. No exercise for BS > 300mg/dl without ketones.
- It is recommended that student be released from school when having symptoms of nausea and vomiting in order to be treated and monitored more closely by parent /guardian

**Medication: Sliding Scale:** Blood sugar correction and insulin dosage for pump malfunction (may be used every 2 hours)

Type of Insulin \_\_\_\_\_  
 Blood Sugar Range \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units  
 Blood Sugar Range \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units  
 Blood Sugar Range \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units  
 Blood Sugar Range \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units and check ketones  
 Blood Sugar Range \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units and check ketones  
 Blood Sugar Range \_\_\_\_\_ mg/dl Administer \_\_\_\_\_ units and check ketones

**Carbohydrate counting:**

- \_\_\_\_\_ units of insulin per \_\_\_\_\_ grams of carbohydrate.
- Bolus for carbs eaten (or to be eaten) should occur immediately  Before lunch  After lunch  ½ bolus before & ½ bolus after

**Student's Self Care:** (ability level)

Independently tests blood sugar.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Troubleshoots all alarms.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Independently counts carbohydrates.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Administers insulin independently.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Needs assistance with pump management.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self injects with verification of dosage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Independently manages pump boluses.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Injection to be done by trained staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inserts new infusion set.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self treats mild hypoglycemia.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Tests and interprets urine/blood ketones.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SIGNATURES**

My signature below provides authorization for the above written orders and will assist the school nurse in developing an Individualized Health Plan. I understand that all procedures will be implemented in accordance with state laws and regulations and may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This order is for a maximum of one year.

Physician \_\_\_\_\_ Date \_\_\_\_\_  
 Parent \_\_\_\_\_ Date \_\_\_\_\_  
 School Nurse \_\_\_\_\_ Date \_\_\_\_\_

**Please fax to School Health at 828-695-5104**