

SCHOOL DIABETES ORDERS – INSULIN PUMP

Healthcare Provider to Complete Annually

NAME: _____ DOB: _____ SCHOOL: _____ GRADE: _____
 Start date: _____ End date: _____ school year Last day of school Other: _____

LOW BLOOD GLUCOSE (BG) MANAGEMENT

- If BG is below 70 or having symptoms, give _____ grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice).
- Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic.
- Once 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 SC 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

- Correction with Insulin
 - If BG is over _____ for _____ hours after last bolus or carbohydrate intake, student should receive correction bolus of insulin per insulin administration orders; pump will account for insulin on board (IOB).
 - Never correct for high blood sugars other than at mealtime, unless consultation with student's Healthcare Provider or as set up by 504 plan.
- Ketones: Test urine ketones if BG > 300 two times over the course of _____ hrs or mins, or Never. Call parent if child is having moderate or large ketones.
- No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (mod or lg).
- Encourage student to drink plenty of water and provide rest if needed.

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

Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if there is a refusal of care by the child.

INSULIN ADMINISTRATION at Mealtime/Snacks Apidra® Humalog® Novolog® Pump Brand: _____

Insulin to Carb Ratio: _____ unit: _____ grams Carb
 BG Correction Factor: _____ unit: _____ mg/dL > _____ mg/dL
 Basal Rates: basal rates adjusted by parent and HCP

Pre-meal BG target: 70-150 or Other: _____
 Insulin dosing to be given: before, or after meal
 insulin & syringe should be used for pump malfunction
 after meal dosing when before meal BG < _____ mg/dL

- Parent/caregiver authorized to adjust insulin within _____ percent 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.

STUDENT'S SELF-CARE *Healthcare provider and parents discuss and check box for ability level*

1. Totally independent management <input type="checkbox"/>	6. Student administers insulin bolus independently or <input type="checkbox"/> Student consults with nurse/parent/PDA for insulin dose <input type="checkbox"/> or Student self-boluses with verification of the number by designated staff or <input type="checkbox"/> Student self-boluses with nurse supervision only or <input type="checkbox"/> Bolus to be done by school nurse/PDA/parent <input type="checkbox"/>
2. Student tests independently or <input type="checkbox"/> Student needs verification of number by staff or <input type="checkbox"/> Assist/Testing to be done by school nurse/PDA/parent <input type="checkbox"/>	7. Student needs assistance with infusion pump site change, pump programming and pump troubleshooting by nurse/parent/PDA <input type="checkbox"/>
3. Student counts carbohydrates independently or <input type="checkbox"/> Student consults with nurse/parent/PDA or designated staff for carbohydrate count <input type="checkbox"/>	8. Wears Continuous Glucose Monitor (CGM); further management per IHP. Insulin and hypoglycemia management per orders based on blood glucose reading only <input type="checkbox"/>
4. Student self-treats mild hypoglycemia <input type="checkbox"/>	
5. Student tests and interprets own ketones or <input type="checkbox"/> Student needs assistance with interpreting ketones <input type="checkbox"/>	

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.

Healthcare Provider Signature: _____ Print Name: _____ Date: _____
 Parent Signature: _____ Print Name: _____ Date: _____
 School Nurse Signature: _____ Print Name: _____ Date: _____