Student photo here

SCHOOL DIABETES ORDERS – INJECTION (PEN/SYRINGE)

Heali NAI	hcare Provider to Complete Annually	DOB:	SCHOOL:	GRADE:					
Start		school year	Last day of school	Other:					
	BLOOD GLUCOSE (BG) MANAGE		Last day of school	Guier.					
	If BG is below 70 or having symptoms, g		st-acting carbohydrate (i.e. gl	ucose tabs. juice).					
	Recheck BG in 15 minutes and repeat car	-		- ·					
	•	•		nore than 2-3 lows per week).					
3.	Once BG is > 80, may follow with 10-15								
If	unconscious, unresponsive, difficulty s	wallowing, or evide	ence of seizure: Phone 911 in	mmediately. Do NOT give anyth	ing				
	by mouth. 🗌 If nurse or t	trained PDA is ava	ilable, administer Glucagon	(mg SQ or IM)					
HIG	H_BLOOD GLUCOSE (BG) MANAG	EMENT							
1.	Correction with Insulin								
	If BG is over target range for dose of insulin per insulin orders, but	only cover with carl	b ratio at the next meal time.						
	Never correct for high blood sugars of up by 504 plan.								
	Ketones: Test urine ketones if \square BG > 300 two times over the course ofhrs or mins, or \square Never. Call parent if child is having moderate or large ketones.								
	No exercise if having nausea or abdominate			te or large.					
4.	Encourage student to drink plenty of wat	er and provide rest i	if needed.						
BLO	OD GLUCOSE TESTING								
	be tested: Before meals and for syn	•		•					
	BG testing: before exercise, befo		-						
	d glucose at which parents should be no		-	_					
	y the parents if repeated hypoglycemia, a	abdominal pain, nau	sea/vomiting, fever, if hypog	lycemic before going home, or if t	there				
	efusal of care by the child.								
Insul BG (JLIN ADMINISTRATION at Mealtimelin to Carb Ratio: unit: gran Correction Factor: unit: mg/arent/caregiver authorized to adjust insulticensed medical personnel authorized to	ns Carb dL>mg/dL in withinpero adjust the insulin do	Pre-meal BG target: Insulin dosing to be given after meal dosing whe cent for carbs, BG level, or an ose by +/- 0 to 5 units after co	: Defore, or after meal in before meal BG < mg/dL atticipated activity insultation with parent/caregiver					
	DENT'S SELF-CARE Healthcare prov		scuss and check box for abilit	y level					
1.	Totally independent management		6. Student administers in	sulin injection independently <u>or</u>					
2.	Student tests independently or			nurse/parent/PDA for insulin dose					
	Student needs verification of number	by staff or	Student self-injects wi designated staff <u>or</u>	th verification of the number by					
	Assist/Testing to be done by school nurse/PDA/parent		Student self-injects wi	th nurse supervision only <u>or</u>					
3.	Student counts carbohydrates indepen	dently or	Injection to be done by	y school nurse/PDA/parent	П				
	Student consults with nurse/parent/PD designated staff for carbohydrate cour	OA or	7. Wears Continuous G	lucose Monitor (CGM); further Insulin and hypoglycemia					
4.	Student self-treats mild hypoglycemia			ers based on blood glucose					
5.	Student tests and interprets own keton	es or	reading only						
	Student needs assistance with interpre	ting ketones							
DISA	ASTER PLAN & ORDERS								
Pare	nt is responsible for providing and ma			irse. In case of disaster:					
	bove BG correction scale + carb ratio co								
	ntus or Levemir long-acting insulin is ava g-acting insulin is not available, then add			cated by RG levels					
Нοσ	Ithcare Provider Signature		Print Name	Data					
	lthcare Provider Signature:ent Signature:			Date:Date:					

Start date: End date: School year Last day of school Other:	SCHOOL DIABETES ORDERS – INSULIN PUMP					photo
Start date: End date: school year Last day of school Other:	Health	care Provider to Complete Annuall	y			here
LOW BLOOD GLUCOSE (BG) MANAGEMENT grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice). 2. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic. 3. 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 (B:				
If BG is below 70 or having symptoms, givegrams 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. A concept 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 (ng SC or IM)	Start d	ate: End date:	school y	ear	Last day of school Other:	
2. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic. 3. Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time. If funconscious, unresponsive, difficulty swallowing, or evidence of seizure: Phone 911 immediately. Do NOT give anything by mouth.	LOW	BLOOD GLUCOSE (BG) MANA	AGEMENT			
Student needs verification of number by Student self-blusses with nurse space and provider and provider and provider and four self-bushed proglycemia self-bushed by school nurse to adjust insulin to Carb Ratio:unitgrams Carb Ratio:unitgrams Carb Ratio:unitgrams Carb Ratio:unitgrams Carb Ratio:nassequenced RA Student self-boluses with nurse or page fornassequenced RA Student self-boluses with nurse space of page solution only or	1. If I	BG is below 70 or having symptoms	, givegran	ns fast	-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice).	
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 (2. Re	check BG in 15 minutes and repeat	carbohydrate trea	tment	if BG still < 80 or if child continues to be symptomatic	c.
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 (3. On	ace BG is > 80, may follow with 10-	15 gram carb sna	ck, or	meal if time.	
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			-			anything by
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 Green	mouth	a. If nurse or trained PDA is a	vailable, adminis	ster G	lucagon (mg SC or IM)	
Correction with Insulin		School nurse to notify provi	der's office of rep	eated	hypoglycemia trends (i.e. more than 2-3 lows per wee	<i>?k)</i> .
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 upy 504 plan. 2. Ketones: Test urine ketones if BG > 300 two times over the course of hrs or mins, or Never. Call parent if child having moderate or large ketones. 3. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (mod or lg). 4. 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: mg/dL Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if ther is a refusal of care by the child. INSULIN ADMINISTRATION at Mealtime/Snacks Apidra® Humalog® Novolog® Pump Brand: Pre-meal BG target: 70-150 or Other: Insulin to Carb Ratio: unit: grams Carb Basal Rates: basal rates adjusted by parent and HCP mg/dL	HIGH	BLOOD GLUCOSE (BG) MAN	AGEMENT			
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 uby 504 plan. Ketones: Test urine ketones if	1. Co	rrection with 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 504 plan. Ketones: Test urine ketones if		If BG is over for hour	rs after last bolus	or car	bohydrate intake, student should receive correction bo	lus of insulin
by 504 plan. 2. Ketones: Test urine ketones if BG > 300 two times over the course of hrs or mins, or Never. Call parent if child having moderate or large ketones. 3. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (mod or lg). 4. 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, or lifty mg/dL or High mg/dL Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if ther 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 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. 5TUDENT'S SELF-CARE Healthcare provider and parents discuss and check box for ability level 1. Totally independent management						
2. Ketones: Test urine ketones if		-	s other than at mo	ealtim	e, unless consultation with student's Healthcare Provi	der or as set u
having moderate or large ketones. 3. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (mod or lg). 4. 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 ther 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 mg/dL Basal Rates: basal rates adjusted by parent and HCP mg/dL msulin dosing to be given: before, or after meal insulin dosing to be given: before going home, or if ther is a refusal of care by the child. Fre-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 insulin & syringe should be used for pump malfunction after meal dosing when before meal BG < mg/dL Student 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 independently or Student administers insulin bolus independently or Student consults with nurse/parent/PDA for insulin dose or Student self-boluses with verification of the number by designated staff or Student self-boluses with nurse supervision only or St	2. Ke		> 300 two times of	over th	he course of hrs or mins, or Never. Call page	arent if child i
BLOOD GLUCOSE TESTING Before meals and for symptoms of low or high BG, or as set up by the 504plan Basal Rates: Before exercise, before PE, before going home, other: Blood glucose at which parents should be notified: Low mg/dL or High mg/dL						
BLOOD GLUCOSE TESTING Before meals and for symptoms of low or high BG, or as set up by the 504plan Basal Rates: Before exercise, before PE, before going home, other: Blood glucose at which parents should be notified: Low mg/dL or High mg/dL	3. No	exercise if having nausea or abdom	iinal pain, or if ke	tones	are tested and found positive (mod or lg).	
BLOOD GLUCOSE TESTING Group 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: mg/dL Blood glucose at which parents should benotified: Lowmg/dL or Highmg/dL Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if ther 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 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:lnsulin dosing to be given: before, or after meal insulin dosing to be given: before, or after meal dosing when before meal BG <mg +="" -="" 0="" 1.="" 5="" ability="" activity="" adjust="" administers="" after="" and="" anticipated="" authorized="" be="" bg="" bolus="" box="" by="" carbohydrates="" carbs,="" caregiver="" check="" consultation="" consults="" counts="" debugged.<="" designated="" discuss="" dl="" done="" dose="" for="" g.="" healthcare="" independent="" independently="" infection="" insulin="" level="" level,="" licensed="" management="" medical="" needs="" number="" nurse="" of="" only="" or="" parent="" parent.="" parents="" pda="" personnel="" provider="" school="" self-boluses="" self-care="" staff="" student="" student's="" supervision="" td="" the="" to="" totally="" units="" verification="" with="" withinpercent="" =""><td></td><td></td><td>ć</td><td></td><td>1 DC</td><td></td></mg>			ć		1 DC	
Rootify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if ther is a refusal of care by the child. Routing the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if ther is a refusal of care by the child. Routing the parents of care by the child. Routing to Carb Ratio:						
Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if ther is a refusal of care by the child. NSULIN ADMINISTRATION at Mealtime/Snacks		_		_	_	
NSULIN ADMINISTRATION at Mealtime/Snacks Apidra® Humalog® Novolog® Pump Brand:						
NSULIN ADMINISTRATION at Mealtime/Snacks	-		ia, abdominal pai	n, nau	sea/vomiting, fever, if hypoglycemic before going ho	me, or if there
Pre-meal BG target:		•				
Insulin to Carb Ratio:unit:grams Carb Basal Rates:unit:mg/dL >mg/dL mg/dL	INSUI	LIN ADMINISTRATION at <i>Meal</i>	time/Snacks 🔲 .	Apidra	a® 🔲 Humalog® 🔲 Novolog® Pump Brand:	
Insulin to Carb Rato:unit:grams Carb Governotion Factor:unit:mg/dL >mg/dL Insulin dosing to be given:before, orafter meal insulin & syringe should be used for pump malfunction after meal dosing when before meal BG <mg dl="" g<="" governotion="" td="" =""><td>r 10</td><td>4 G 1 D 4</td><td>G 1</td><td></td><td><i>Pre-meal</i> BG target: 70-150 or Other:</td><td></td></mg>	r 10	4 G 1 D 4	G 1		<i>Pre-meal</i> BG target: 70-150 or Other:	
Basal Rates: basal rates adjusted by parent and HCP after meal dosing when before meal BG <mg <<="" <mg="" after="" before="" bg="" dl="" dosing="" meal="" td="" when="" =""><td></td><td></td><td></td><td>r</td><td></td><td>ter meal</td></mg>				r		ter meal
□ Parent/caregiver authorized to adjust insulin within				L		
□ 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 □ 6. Student administers insulin bolus independently or □ Student consults with nurse/parent/PDA for insulin dose or Student needs verification of number by staff or Assist/Testing to be done by school □ Student self-boluses with verification of the number by designated staff or Student self-boluses with nurse supervision only or □ Student self-boluses with nurse supervision only or □ Student consults with nurse supervision only or □ Student self-boluses with nurse supervision only or □ Student se	Jasai .	Rates. basar rates adjusted by parer	it and fier		after meal dosing when before meal BG <	mg/dL
Totally independent management	Pa:	rent/caregiver authorized to adjust in	nsulin within	per	cent for carbs, BG level, or anticipated activity	
1. Totally independent management	Lic Lic	censed medical personnel authorized	l to adjust the inst	ulin do	ose by +/- 0 to 5 units after consultation with parent.	
1. Totally independent management	STUD	ENT'S SELF-CARE Healthcare p	provider and pare	nts di	scuss and check box for ability level	,
Student needs verification of number by staff or Assist/Testing to be done by school nurse/PDA/parent Student counts carbohydrates independently or Student self-boluses with verification of the number by designated staff or Student self-boluses with nurse supervision only or Bolus to be done by school nurse/PDA/parent Student self-boluses with nurse supervision only or Bolus to be done by school nurse/PDA/parent						
Student needs verification of number by staff or Student self-boluses with verification of the number by designated staff or Student self-boluses with nurse supervision only or Student self-boluses with nurse supervision only or Student self-boluses with nurse supervision only or Bolus to be done by school nurse/PDA/parent Student self-boluses with nurse supervision only or Student self-boluses with verification of the number by designated staff or Student self-boluses with nurse supervision only or Student self-boluses with nurse supervision or	2	Ctudent tests independently on			Student consults with nurse/parent/PDA for insulin of	
staff or Assist/Testing to be done by school nurse/PDA/parent 3. Student counts carbohydrates independently or Student counts carpohydrates independently or Student counts carpohydrates independently or Student consults with purse/parent/PDA 7. Student peeds assistance with infusion numb site change.	4.	Student tests independently or	ш			
Assist/Testing to be done by school nurse/PDA/parent Student self-boluses with nurse supervision only or Bolus to be done by school nurse/PDA/parent Bolus to be done by school nurse/PDA/parent		Student needs verification of num	ber by			by \square
student sen-boluses with nurse supervision only or Student counts carbohydrates independently or Student council to with nurse/porent/PDA Student reads essistance with infusion numbers to change					designated staff <u>or</u>	
3. Student counts carbohydrates independently or Bolus to be done by school nurse/PDA/parent Student counts (PDA) Student consults with purse/parent/PDA 7. Student peeds assistance with infusion numbers change.			ol 🗆		Student self-boluses with nurse supervision only or	
independently or Student consults with pure /perent/DDA 7. Student peeds essistance with infusion pump site change				4	with the second	_
Student consults with nurse/parent/DDA 7. Student needs assistance with infusion nump site change	3.				Bolus to be done by school nurse/PDA/parent	
The Student consults with hurse/datent/fda in the Student needs assistance with influsion dumd she change.			t/DΓ) Λ	7	•	nga
or designated staff for carbohydrate count pump programming and pump troubleshooting by				'`		ınge,

DISASTER PLAN & ORDERS

ketones

5.

Student self-treats mild hypoglycemia

Student tests and interprets own ketones

Student needs assistance with interpreting

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.

in long-acting insulin is not available, then administer	1 0 1	BG levels.
Healthcare Provider Signature:	Print Name:	Date:
Parent Signature:	Print Name:	Date:
School Nurse Signature:	Print Name:	Date:

only

nurse/parent/PDA

Wears Continuous Glucose Monitor (CGM); further

management per orders based on blood glucose reading

management per IHP. Insulin and hypoglycemia

Student