

Student Name: _____ DOB: _____ School: _____

Physician: _____ Office Contact Numbers: _____

Diabetes Nurse/Educator: _____ Pager: _____ Phone: _____

The Items with boxes must be checked to be ordered, otherwise complete the blank space provided. These orders are good for the current school year unless new orders are indicated. Addendums may be included with these orders.

I. General Orders
A. Blood Glucose Goal Range _____ to _____ mg/dl

- Call parents if student's blood sugar:
 is below _____ (Hypoglycemia)
 above _____ (Hyperglycemia)
 urine ketones present _____

 Anytime there is a suspected low Blood Glucose, student must be accompanied to the health room.

- Check for ketones if Blood Glucose > _____.

B. Times for glucose testing:
 Breakfast
 Snack
 Lunch
 Snack
 Dinner
 Before Recess
 Before PE
 End of School Day
 PRN symptoms of hypoglycemia/hyperglycemia.

C. Current Insulin orders

- **Meal/Food Bolus** →

 For pump insulin delivery, follow bolus wizard exclusively.

TIME	_____ Insulin / Grams of Carbohydrates
Breakfast	___ Units/ ___ grams
Snack	___ Units/ ___ grams
Lunch	___ Units/ ___ grams
Snack	___ Units/ ___ grams
Dinner	___ Units/ ___ grams
Bedtime	___ Units/ ___ grams

- **Correction Factor for hyperglycemia:** _____ units of insulin for every _____ mg/dl > _____ mg/dl.

 Do not cover carbs at meals.

 Do not cover carbs at snacks.

***Times that correction bolus should be given:**
 Snacks Only
 Meals Only
 Meals & Snacks
 Any time information is entered into the pump and pump suggest insulin dose.

Other diabetic medications: _____

D. In the event of a pump malfunction:

- Follow above glucose testing times and insulin corrections for carbs and elevated glucose and give insulin by subcutaneous injection. Call parent.
- Do not give insulin injection less than 2 hours apart.
- Call MD office for instructions.

MD Intials _____

E. Meal Pattern Carbs: ad lib -OR-

Breakfast _____gms. Snack _____gms. Lunch _____gms. Snack _____gms. Dinner _____gms.

F. Special instructions regarding physical activity: PE, recess, field trips, field day athletics, etc.

- None Give 15g snack if BG < 100 Check BG every _____ hours.
 Exclude from activity if ketones > _____.

G. Level of Diabetic Self Care approved by physician/provider:

<u>Student Alone</u>	<u>Student with Supervision</u>	<u>Student Requires Assistance</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform own blood sugar checks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Count carbohydrates
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine correct amount of insulin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Draw correct amount of insulin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give own injections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check urine ketones

H. Student has been instructed regarding:

- Yes No Signs and symptoms in recognizing hypoglycemia and hyperglycemia
 Yes No Universal precautions
 Yes No Proper disposal of sharps

II. EMERGENCY ORDERS:

- GLUCAGON ORDER:** _____
 See attached MD order.
 Zofran 4mg every 8 hours PRN nausea/vomiting
 Zofran 8 mg every 8 hours PRN nausea/vomiting
 Use protocol for Hyper/Hypoglycemia.

III. Student Pump Skill Competency

- A. It is recommended that students under the age of 10 years old should be supervised and assisted by a trained adult when making any Insulin Pump adjustments, according to their skills.
- B. Students 10 years and older should exhibit competent pump skills, as stated below, in order to self-administer Insulin Pump.
- C. All pump malfunctions, including low battery (Blood sugar > 250mg/dl x2) or tubing becomes dislodged, call parent/guardian immediately.
- If there are any pump problems/malfunctions/questions, call the parent/guardian.
 - If unable to reach the parent or parent is unable to troubleshoot successfully, call physician or the help line on the pump.

