Health Care Provider Order for Student with Diabetes

Student Name:	Birth Date:
School:	Grade:
Physician:	Phone:
Diabetes Educator:	Phone:

Monitor Blood Glucose: ☐Before Lunch ☐After Lunch ☐Before P.E. ☐After P.E. ☐Before Snack
☐Before getting on bus/going home ☐As needed for signs/symptoms of low or high blood glucose

Target range for Blood Glucose: >_____ mg/dl to <_____ mg/dl
Notify parent if Blood Glucose values are: below _____ mg/dl or above _____ mg/dl

Hypoglycemia: Student should be accompanied to the Health Office if symptomatic or Blood Glucose <_____mb/dl.

- ➢Check blood glucose – if blood glucose meter not available, treat symptoms.
- ➢Blood glucose below _____ mg/dl and/or symptomatic: Treat with 10 to 15 gram carbohydrate snack.
- ➢Mild symptoms: Treat with juice, glucose tabs, etc. until above _____ mg/dl, then protein snack or lunch.
- ➢Moderate symptoms if unable to drink juice: Administer glucose gel. Retreat until above _____ mg/dl, then protein snack or lunch.
- ➢Severe symptoms which may include seizures, unconscious, unable or unwilling to take gel or juice: Administer Glucagon® ☐ _____ mg(s) IM, or ☐ _____ units SQ in insulin syringe if trained staff available and call 911.

Hyperglycemia:

- ☐ Use insulin orders (below) when blood glucose is above _____ mg/dl
- ☐ Check ketones if blood glucose is over _____ mg/dl or with symptoms of illness/vomiting. If ketones present, call parent, provide water, and student should not exercise.
- ✓ Student should be released from school when ketones are moderate/large, >0.6 mmol, or symptoms of illness to be treated and monitored more closely by parent.

Medications to be given

☐ Oral diabetes medication(s), Type _____	Dose_____	Times given _____
☐ Insulin, Type _____	Times to be given _____	
☐ Insulin, Type _____	Times to be given _____	
☐ Glucagon®	Dose _____	Times given _____

Dose Insulin according to the following

Insulin to Carbohydrate Ratio: _____ units insulin for every _____grams of carbohydrate eaten

Blood Glucose Correction and Insulin Dosage using Rapid Acting Insulin:_____

Blood Glucose Range	Units Insulin
mg/dl	Units
mg/dl	Units
mg/dl	Units
mg/dl	Units

Or Correction Factor: _____ units of insulin for every _____ mg/dl in blood glucose starting at _____.

Student's Self Care: (ability level to be determined by school nurse and parent with input from healthcare provider)

- ☐ Independently counts carbohydrates
- ☐ Self monitors snacks and meals
- ☐ Glucose monitoring to be done by trained personnel
- ☐ Independently performs glucose checking
- ☐ Injections should be done by trained personnel
- ☐ Self injects with verification of dose
- ☐ Self injects with supervision of trained personnel
- ☐ Student independently administers insulin
- ☐ Totally independent management

- ☐ Parent/Guardian authorized to increase or decrease sliding scale +/- 2 units of insulin
- ☐ Parent/Guardian authorized to increase or decrease insulin to carbohydrate count within the following range: 1 unit per +/- 5 grams of carbohydrates

Signatures:

My signature provides authorization for the above written orders and exchange of health information to assist the district nurse in developing an Individualized Health Care 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 district nurse. This order is for a maximum of one school year.

Physician Signature:	**Date:**
Parent Signature:	**Date:**
District Nurse Signature:	**Date:**

Revised 3/2012