

Student  
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# SCHOOL DIABETES ORDERS – INSULIN PUMP

Licensed Healthcare Provider (LHP) 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 LHP (Licensed Healthcare Provider) or as set up by 504 plan.
- Ketones: Test urine ketones if  BG > 300 X 2, 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**

Parent/caregiver authorized to adjust insulin 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/caregiver

*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

## STUDENT'S SELF-CARE *Healthcare Provider to Check Box for Ability Level*

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

LHP Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_