

HEALTHCARE PROVIDER AUTHORIZATION FOR SCHOOL MANAGEMENT OF DIABETES

STUDENT: _____ DOB: _____ DATE: _____

BLOOD GLUCOSE (BG) MONITORING: (Target range: _____ mg/dl to _____ mg/dl.)

- None required at this time
- Before meals
- Midmorning
- 2 hrs after correction
- PRN for suspected low/high BG
- Mid-afternoon

INSULIN ADMINISTRATION: Dose determined by: Student Parent School nurse Clinic Assistant

Insulin delivery system: Syringe Pen Pump (Use supplemental form for Student Wearing Insulin Pump)

BEFORE MEAL INSULIN:

Insulin Type: _____

- Insulin to Carbohydrate Ratio: _____ units per _____ grams carbohydrate
- Give _____ units

CORRECTION INSULIN for high blood sugar (Check only those which apply)

- Use the following correction formula: BG - _____ / _____ (for pre-lunch blood sugar over _____)

Sliding Scale:

- BG from _____ to _____ = _____ u
- BG from _____ to _____ = _____ u
- BG from _____ to _____ = _____ u
- BG from _____ to _____ = _____ u
- BG from _____ to _____ = _____ u

Add before meal insulin to correction/sliding scale insulin for total meal-time insulin dose

MANAGEMENT OF LOW BLOOD GLUCOSE:

MILD: Blood Glucose < _____

SEVERE: Loss of consciousness or seizure

- Never leave student alone
- Give 15 gms glucose; recheck in 15 min.
- If BG < 70, retreat and recheck q 15 min x 3
- Notify parent if not resolved
- Provide snack with carbohydrate, fat, protein after treating and meal not scheduled > 1 hr
- Call 911. Open airway. Turn to side
- Glucagon injection 0.25 mg 0.50 mg 1.0 mg IM/SQ
- Notify parent

MANAGEMENT OF HIGH BLOOD GLUCOSE (Above _____ mg/dl)

- Sugar-free fluids/frequent bathroom privileges
- If BG is greater than 300, and it's been 2 hours since last dose, give HALF FULL correction formula noted above
- If BG is greater than 300, and it's been 4 hours since last dose, give FULL correction formula noted above
- If BG is greater than 300 check for ketones. Notify parent if ketones are present
- Note and document changes in status
- Child should be allowed to stay in school unless vomiting and/or moderate or large ketones are present

EXERCISE:

Faculty/staff must be informed and educated regarding management. Staff should provide easy access to sugar-free liquids, fast-acting carbohydrates, snacks, and BG monitoring equipment during activities. Child should NOT exercise if blood glucose levels are below _____ mg/dl or above _____ mg/dl and urine contains moderate or large ketones

- Check blood sugar right before PE to determine need for additional snack
- If BG is less than target range, eat 15-45 grams carbohydrate before, depending on intensity and length of exercise
- Student may disconnect insulin pump for _____ hours or decrease basal rate by _____

My signature provides authorization for the above orders. I understand that all procedures must be implemented within State laws and regulations. This authorization is valid for one year.

- If changes are indicated, I will provide new written authorized orders (may be faxed)
- Dose/treatment changes may be relayed through parent

Healthcare Provider Signature: _____

Date: _____

Address: _____

Phone: _____

SUPPLEMENTAL INFORMATION FOR STUDENT WEARING AN INSULIN PUMP AT SCHOOL

School Year _____

Student's Name: _____ Date of Birth: _____ Pump Brand/Model: _____

Pump Resource Person: _____ Phone/ Beeper _____ (See diabetes care plan for parent phone #)

Blood Glucose Target Range: _____ Pump Insulin: Humalog Novolog

Insulin Correction Factor for Blood Glucose Over Target: _____

Insulin Carbohydrate Ratios: _____

Student to receive insulin bolus for carbohydrate intake immediately before (_____ minutes before eating) after (_____ minutes after eating)

Location of Extra Pump Supplies _____

INDEPENDENT MANAGEMENT

This student has been trained to independently perform routine pump management and to troubleshoot problems including but not limited to:

- Giving boluses of insulin for both correction of blood glucose above target range and for food consumption.
- Changing of insulin infusion sets using universal precautions.
- Switching to injections should there be a pump malfunction.

Parents will provide extra supplies to include infusion sets, reservoirs, batteries, pump insulin and syringes.

NON-INDEPENDENT MANAGEMENT (Child Lock On? Yes No)

Because of young age or other factors, this student cannot independently evaluate pump function nor independently change infusion sets.

Pump calculates insulin dose

Insulin for meals and snacks will be given and verified as follows: _____

Insulin for correction of blood glucose over _____ will be given and verified as follows: _____

PARENT NOTIFICATION: (Refer to basic diabetes care plan and check all others that apply. Contact the Parent in event of:

- Pump alarms / malfunctions Corrective measures do not return blood glucose to target range within ____ hrs.
- Soreness or redness at site Student has to change site
- Detachment of dressing / infusion set out of place
- Leakage of insulin
- Student must give insulin injection
- Other: _____

MANAGEMENT OF HIGH / VERY HIGH BLOOD GLUCOSE: Refer to previous sections and to basic Diabetes Care Plan

MANAGEMENT OF LOW BLOOD GLUCOSE Follow instructions in basic Diabetes Care Plan, but in addition:

If low blood glucose recurs without explanation, notify parent / diabetes provider for potential instructions to suspend pump.

If seizure or unresponsiveness occurs:

1. Give Glucagon and / or glucose gel (See basic Diabetes Health Plan)
2. CALL 911
3. Notify Parent
4. Stop insulin pump by:
 - Placing in "Suspend" or stop mode
 - Disconnecting at pigtail or clip
5. If pump was removed, send with EMS to hospital.

COMMENTS:

Effective Dates: From: _____

To: _____

Parent's Signature: _____

Date: _____

School Nurse's Signature: _____

Date: _____

Diabetes Care Provider Signature: _____

Date: _____