



## Physician Orders for Students with Diabetes

Date of Orders: \_\_\_\_\_ Effective School Year \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### STUDENT'S DOCTOR/HEALTH CARE PROVIDER

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Emergency Telephone \_\_\_\_\_ Fax Number: \_\_\_\_\_

### HYPOGLYCEMIA (low blood sugar)

Blood glucose level: Below 80 mg/dl

Treatment of hypoglycemia: Give 15 grams of fast acting sugar (3 or 4 glucose tabs OR 4 oz of juice OR 3 tsp sugar. Recheck blood glucose after 15 minutes, repeat if necessary.

Yes/No Follow with 15 gram mixed snack if not a regular snack or mealtime.

### ADMINISTRATION OF GLUCAGON

Dosage: 0.5/1.0 mg IM

Glucagon should be given if the student is unconscious, having a seizure, or unable to swallow. If glucagon is required, administer it promptly. Then call 911 and the parent(s)/guardian.

### HYPERGLYCEMIA (high blood sugar)

Blood glucose level: Above 300 mg/dl

Student should be allowed free access to liquids and the bathroom. Food should NOT be withheld. Student should NOT be excluded from school.

☐ Not treatment is necessary for hyperglycemia without moderate or large ketones.

### CHECKING FOR URINE KETONES

Urine should be checked for ketones if student has hyperglycemia, feels ill, or is vomiting.

Treatment for moderate or large ketones: Parent/health care provider should be contacted for further management.

### BLOOD GLUCOSE MONITORING

Yes/No prior to meals

Yes/No prior to exercise

Yes/No two hours after meals

Yes/No other \_\_\_\_\_

### EXERCISE/SPORTS

Student should not exercise if blood glucose level is below \_\_\_\_\_ mg/dl, above \_\_\_\_\_ mg/dl or if moderate or large ketones are present. A fast acting carbohydrate such as glucose tablets or fruit juice should be available at the site.

Yes/No Pretreatment required: \_\_\_\_\_ grams of carbohydrates prior to recess/gym class if blood glucose < \_\_\_\_\_ mg/dl.

## INSULIN ADMINISTRATION ORDERS

- ☐ Student does not require insulin within school hours. His/her typical morning dose is \_\_\_\_\_.
- ☐ Student receives multiple daily injections  
Insulin/carbohydrate ratio(s): \_\_\_\_\_  
Correction factor(s): \_\_\_\_\_

Yes/No Student may self-administer insulin without supervision.

## INSULIN PUMP THERAPY

Type of pump: \_\_\_\_\_

Type of insulin in pump: \_\_\_\_\_

Type of infusion set: \_\_\_\_\_

Basal rates: \_\_\_\_\_

Insulin/carbohydrate ratio(s): \_\_\_\_\_

Correction factor(s): \_\_\_\_\_

Pump manufacturer hotline: \_\_\_\_\_

## STUDENT PUMP ABILITIES/SKILLS

	Independent	Needs Assistance
Bolus correct amount for carbohydrates consumed	_____	_____
Calculate and administer corrective bolus	_____	_____
Calculate and set temporary basal rates	_____	_____
Disconnect/reconnect pump	_____	_____
Insert infusion set	_____	_____
Troubleshoot alarms and malfunctions	_____	_____

## DIABETES SUPPLIES

Students are responsible for providing all appropriate diabetes supplies to the school nurse teacher, including, but not limited to: insulin, syringes, test strips, pump supplies, glucose tabs, glucagon emergency kit.

Student's Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Student's Physician/Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_



Please be advised that there is no medical supervision or services provided by the school department for routine bus services or any after-school program. The only services available are the local Emergency Medical Services through the town.