PHYSICIAN ORDERS FOR STUDENTS WITH DIABETES

DATE OF ORDERS: ________________________ EFFECTIVE SCHOOL YEAR: ________________________

STUDENT’S NAME: ________________________ DATE OF BIRTH: ________________________

PARENT/GUARDIAN: ________________________

TELEPHONE: HOME ________________________ WORK ________________________ CELL ________________________

STUDENT’S DOCTOR/HEALTH CARE PROVIDER

NAME: ________________________ OFFICE TELEPHONE: ________________________

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 fifteen 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.

☐ No 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  two hours after meals

Yes / No  prior to exercise  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**

<table>
<thead>
<tr>
<th></th>
<th>INDEPENDENT</th>
<th>NEEDS ASSISTANCE</th>
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<tbody>
<tr>
<td>Bolus correct amount for carbohydrates consumed</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Calculate and administer corrective bolus</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Calculate and set temporary basal rates</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Disconnect/reconnect pump</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td>Insert infusion set</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td>Troubleshoot alarms and malfunctions</td>
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<td>_______</td>
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**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

Reviewed July 2009