

**DIABETIC TREATMENT ORDERS FOR SCHOOL YEAR \_\_\_\_\_**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_

**STUDENT IS INDEPENDENT:** able to check blood glucose, interpret results and treat appropriately without assistance from school personnel. Follow instructions for treating low or severely low blood glucose only.

**STUDENT REQUIRES SUPERVISION / ASSISTANCE / MONITORING WITH DIABETES TASKS AT SCHOOL WITH:**

- Blood glucose testing  Interpreting results, treating high/low blood glucose  Insulin administration  
 Carbohydrate counting

**TARGET BLOOD GLUCOSE RANGE:** \_\_\_\_\_ mg/dL.

**BLOOD GLUCOSE TESTING:**

- Before Lunch  For signs of high or low blood sugar  
 Other \_\_\_\_\_

**KETONE TESTING AT SCHOOL:**

- Yes, if blood glucose is greater than: \_\_\_\_\_ mg/dl (Call parent/contact)  No

**INSULIN USE AT SCHOOL:**  Vial  Pen  Pump Type of insulin \_\_\_\_\_

No insulin to be given at school

**INSULIN WITH LUNCH:** \_\_\_\_\_ unit per \_\_\_\_\_ grams carbohydrate

**SLIDING SCALE INSULIN** (For Registered Nurse/ Staff trained by Registered Nurse)

- See pump orders  Not applicable

IF BLOOD GLUCOSE IS: GIVE: (Type of insulin and amount)

Only with Lunch

Only \_\_\_\_\_ hours after last fast acting insulin (Call parent/contact as indicated)

**MEALS:** Per school menu or from home. **SNACKS** to be provided by parent/guardian/student.

- Mid-morning snack at school  Afternoon snack at school  Carb counts to be provided by family.

**TREATMENT OF LOW BLOOD GLUCOSE:** For blood glucose(BG) less than \_\_\_\_\_ mg/dL:

- Give \_\_\_\_\_ glucose tablets or \_\_\_\_\_ oz. juice or other non-diet drink or \_\_\_\_\_.

- Recheck BG in 15 minutes. If less than \_\_\_\_\_ mg/dL, repeat treatment and notify parent or Registered Nurse;

- When BG is greater than \_\_\_\_\_ mg/dL, student may return to activities.

**TREATMENT OF SEVERE HYPOGLYCEMIA:** If unconscious, having seizures, or unable to swallow:

- Delegate call to 9-1-1;
- Assume low blood glucose is the problem and check blood glucose if possible;
- Do not put anything in student's mouth if unable to swallow or having a seizure;
- Give **Glucagon** \_\_\_\_\_ mg. subcutaneous injection per training; OR;

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- Place student on side (expect student to vomit if Glucagon given);
  - Notify contact person and school district nurse;
  - If has insulin pump:  disconnect tubing clip at skin  cut tubing  \_\_\_\_\_

**TREATMENT OF HIGH BLOOD GLUCOSE:** Blood glucose greater than \_\_\_\_\_ mg/dl.

- Follow orders regarding use of insulin at school;
- Provide access to no-calorie fluids and toilet facilities;
- Test ketones if ordered, if ketones are present follow orders;
- If student is vomiting or feeling ill, call contact person;
- If unable to reach contact person, call school district nurse or student's health provider if unable to reach district nurse.

<p>The school district's registered nurse (RN) may train/delegate selected school personnel to perform these procedures at school when the RN determines it is safe to do so. The Parent/ Guardian is responsible to provide all testing equipment and supplies needed for school.</p>	<p><b>Physician /Health Provider signature:</b> _____</p> <p><b>Date:</b> _____</p>
<p><b>Printed name:</b> _____ <b>Clinic</b> _____</p> <p><b>Phone</b> _____ <b>Fax</b> _____</p>	