



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 (3or 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

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

