



# 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

