

Specially For Children, Endocrinology Diabetes Orders from Physician

Student Name: _____ DOB: _____ School: _____

Physician: _____ Office Contact Numbers: _____

Diabetes Nurse/Educator: _____ Pager: _____ Phone: _____

The Items with boxes must be checked to be ordered, otherwise complete the blank space provided. These orders are good for the current school year unless new orders are indicated. Addendums may be included with these orders.

I. General Orders

A. Blood Glucose Goal Range _____ to _____ mg/dl

- Call parents if student's blood sugar:
is below _____ (Hypoglycemia)
above _____ (Hyperglycemia)
urine ketones present _____
- Check for ketones if Blood Glucose > _____.

Anytime there is a suspected low Blood Glucose, student must be accompanied to the health room.

B. Times for glucose testing: Breakfast Snack Lunch Snack Dinner
 Before Recess Before PE End of School Day
 PRN symptoms of hypoglycemia/hyperglycemia.

C. Current Insulin orders

- Meal/Food Bolus → For pump insulin delivery, follow bolus wizard exclusively.

TIME	_____ Insulin / Grams of Carbohydrates
Breakfast	Units/ _____ grams
Snack	Units/ _____ grams
Lunch	Units/ _____ grams
Snack	Units/ _____ grams
Dinner	Units/ _____ grams
Bedtime	_____ Units/ _____ grams

- Correction Factor for hyperglycemia: _____ units of insulin for every _____ mg/dl > _____ mg/dl.
 Do not cover carbs at meals. Do not cover carbs at snacks.

***Times that correction bolus should be given:**

- Snacks Only Meals Only Meals & Snacks
 Any time information is entered into the pump and pump suggest insulin dose.

Other diabetic medications: _____

D. In the event of a pump malfunction:

- Follow above glucose testing times and insulin corrections for carbs and elevated glucose and give insulin by subcutaneous injection. Call parent.
- Do not give insulin injection less than 2 hours apart.

MD Intials _____

Call MD office for instructions.

E. Meal Pattern Carbs: ad lib -OR-

Breakfast _____gms. Snack _____gms. Lunch _____gms. Snack _____gms. Dinner _____gms.

F. Special instructions regarding physical activity: PE, recess, field trips, field day athletics, etc.

None Give 15g snack if BG < 100 Check BG every _____ hours.

Exclude from activity if ketones > _____.

G. Level of Diabetic Self Care approved by physician/provider:

<u>Student Alone</u>	<u>Student with Supervision</u>	<u>Student Requires Assistance</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform own blood sugar checks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Count carbohydrates
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine correct amount of insulin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Draw correct amount of insulin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give own injections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check urine ketones

H. Student has been instructed regarding:

- Yes No Signs and symptoms in recognizing hypoglycemia and hyperglycemia
 Yes No Universal precautions
 Yes No Proper disposal of sharps

II. EMERGENCY ORDERS:

- GLUCAGON ORDER:** _____
 See attached MD order.
 Zofran 4mg every 8 hours PRN nausea/vomiting
 Zofran 8 mg every 8 hours PRN nausea/vomiting
 Use protocol for Hyper/Hypoglycemia.

III. Student Pump Skill Competency

- A. It is recommended that students under the age of 10 years old should be supervised and assisted by a trained adult when making any Insulin Pump adjustments, according to their skills.
- B. Students 10 years and older should exhibit competent pump skills, as stated below, in order to self-administer Insulin Pump.
- C. All pump malfunctions, including low battery (Blood sugar > 250mg/dl x2) or tubing becomes dislodged, call parent/guardian immediately.
- If there are any pump problems/malfunctions/questions, call the parent/guardian.
 - If unable to reach the parent or parent is unable to troubleshoot successfully, call physician or the help line on the pump.

PUMP SKILLS OF STUDENT (complete on ALL students)	ASSISTANCE NEEDED?	
Counts carbohydrates	Yes	No
Give bolus for carbohydrates eaten	Yes	No
Calculates and gives correction bolus	Yes	No
Set a temporary basal rate	Yes	No
Disconnect pump if needed/reconnects pump	Yes	No
Infusion set change/ Battery change	Yes	No
Give injection with syringe	Yes	No
Troubleshoots all alarms	Yes	No

IV. Person to provide procedures: School Nurse Trained School Staff
 Student Student with assistance/supervision

V. Special instructions: _____

VI. Physician Signature:

These orders as indicated above will be in effect for the current school year unless otherwise noted. **My office agrees to have any change in orders sent in writing to the school nurse or parent within 3 school days after verbal/phone order received.**

Physician Signature

Date/Time

VII. School Nurse Signature

I have reviewed the order for safe implementation.

School Nurse

Date

Orders that have been changed (additions, deletions, or strike outs) must be initialed by the ordering physician for the order to be valid. Strike outs are defined as a single line thru section to be stricken