

# SCHOOL DIABETES ORDERS - INJECTOR

Licensed Healthcare Provider (LHP) to Complete Annually

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

Start date: \_\_\_\_\_ for 2020-2021 school year  Through last day of school  Other: \_\_\_\_\_

## LOW BLOOD GLUCOSE (BG) MANAGEMENT

1. If BG is below 70 or having symptoms, give \_\_\_\_\_ grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice).
2. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic.
3. Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time. Do not include low treatment in meal carbs.

If unconscious, unresponsive, difficulty swallowing, or evidence of seizure: **Phone 911 immediately. Do NOT give anything by mouth**

If nurse or trained PDA is available, administer: **Glucagon \_\_\_\_\_ mg SQ or IM -or- Baqsimi 3mg/nasal spray**

## HIGH BLOOD GLUCOSE (BG) MANAGEMENT

1. Correction with Insulin
  - If BG is over target range \_\_\_\_\_ for \_\_\_\_\_ hours after last bolus or carbohydrate intake, student should receive correction dose of insulin per orders, but only cover with carb ratio at the next meal time.
  - Never correct for high blood sugars other than at mealtime, unless consultation with student's LHP (Licensed Healthcare Provider) or as set up by 504 plan.
2. Ketones: Test urine/blood ketones if  BG > 300 X 2hrs, or  Never. Call parent if child is having moderate or large ketones.
3. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (moderate or large).
4. Encourage student to drink plenty of water and provide rest if needed.

## 1. BLOOD GLUCOSE (BG) TESTING / SENSOR GLUCOSE (SG) VIA CONTINUOUS GLUCOSE MONITOR (CGM)

2. BG to be tested:  Before meals and for symptoms of low or high BG, or as set up by the 504 plan.
3. Extra BG testing:  before PE,  before going home,  Use of SG allowed for CGM users for extra testing
4. **Blood glucose at which parents should be notified:** Low < 70 mg/dL after 2 treatments, or High >300 mg/dL X 2 hours
5. Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if there is a refusal of care by the student. Hyperglycemia alone is not medically justified for sending home @FNAME@ in absence of symptoms.

INSULIN ADMINISTRATION at *Mealtime/Snacks*  Apidra  Humalog  Novolog  FIASP

**Insulin to Carb Ratio:** 1 unit per \_\_\_\_\_ grams Carb Pre-meal BG target:  70-\_\_\_\_\_, or  Other: \_\_\_\_\_

**BG Correction Factor:** 1 unit per \_\_\_\_\_ mg/dL > \_\_\_\_\_ Insulin dosing to be given:  before, or  after meal

Parent/caregiver authorized to adjust insulin for carbs, BG level, or anticipated activity  after meal dosing when before meal BG < 80 mg/dL

Licensed medical personnel authorized to adjust the insulin dose by +/- 0 to 5 units after consultation with parent/caregiver

## STUDENT'S SELF-CARE

1.	Totally independent diabetes management	<input type="checkbox"/>	4.	Student consults with nurse/PDA for insulin dose <b>or</b>	<input type="checkbox"/>
2.	Student needs BG/SG verification of number by nurse/PDA/designated staff <b>or</b>	<input type="checkbox"/>		Student self-injects insulin with nurse/PDA/designated staff supervision only <b>or</b>	<input type="checkbox"/>
	Assist BG testing to be done by nurse/PDA	<input type="checkbox"/>		Injection to be done by school nurse/PDA	<input type="checkbox"/>
3.	Student consults with nurse/PDA/designated staff for carbohydrate count	<input type="checkbox"/>			

If patient wears **Dexcom G5, G6 or FreeStyle Libre** CGM insulin dose per orders based on SG reading per FDA. Test BG if no number, no arrow trend, or if symptoms/expectations do not correlate with SG reading.

If patient wears **Medtronic Guardian Connect** CGM; Insulin per orders based on BG reading only per FDA.

## DISASTER PLAN ORDERS

**Parent is responsible for providing and maintaining "disaster kit" and to notify school nurse.** In case of disaster: Use above BG correction scale + carb ratio coverage for disaster insulin dosing every 3-4 hrs.

Electronically signed by: \_\_\_\_\_ Date: \_\_\_\_\_ Fax: \_\_\_\_\_

I authorize the exchange of medical information about my child's diabetes management between the LHP and the school nurse

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# SCHOOL DIABETES ORDERS – INSULIN PUMP

Licensed Healthcare Provider (LHP) to Complete Annually

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

Start date: \_\_\_\_\_ for 2020-2021 school year  Through last day of school  Other:

## LOW BLOOD GLUCOSE (BG) MANAGEMENT

4. If BG is below 70 or having symptoms, give \_\_\_\_\_ grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice).
5. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic.
6. Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time. Do not include low treatment in meal carbs.

**If unconscious, unresponsive, difficulty swallowing, or evidence of seizure: Phone 911 immediately. Do NOT give anything by mouth.**

If nurse or trained PDA is available, administer Glucagon \_\_\_\_\_ mg SQ or IM -or- Baqsimi 3mg/nasal spray

## HIGH BLOOD GLUCOSE (BG) MANAGEMENT

5. Correction with Insulin
  - If BG is over 250 for 2 hours after last bolus or carbohydrate intake, student should receive correction bolus of insulin per insulin administration orders; pump will account for insulin on board (IOB).
  - Never correct for high blood sugars other than at mealtime, unless consultation with student's LHP (Licensed Healthcare Provider) or as set up by 504 plan.
6. Ketones: Test urine/blood ketones if  BG > 300 X 2hrs, or  Never. Call parent if child is having moderate or large ketones.
7. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (moderate or large).
8. Encourage student to drink plenty of water and provide rest if needed.

## BLOOD GLUCOSE (BG) TESTING / SENSOR GLUCOSE (SG) VIA CONTINUOUS GLUCOSE MONITOR (CGM)

BG/SG to be tested:  Before meals and for symptoms of low or high BG, or as set up by the 504 plan

Extra BG testing:  before PE,  before going home,  Use of SG allowed for CGM users for extra testing

**Blood sugar at which parents should be notified:** Low < 70 mg/dL after 2 treatments, or High >300 mg/dL X 2 hours

Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if there is a refusal of care by the student. Hyperglycemia alone is not medically justified for sending home @FNAME@, in absence of symptoms.

**INSULIN ADMINISTRATION at Mealtime/Snacks**  Apidra  Humalog  Novolog  FIASP Pump Brand: \*\*\*

**Insulin to Carb Ratio:** 1 unit per \_\_\_\_\_ grams Carb

**BG Correction Factor:** 1 unit per \_\_\_\_\_ mg/dL > \_\_\_\_\_

**Basal Rates: Basals adjusted per parents and HCP**

Parent/caregiver authorized to adjust insulin for carbs, BG level, or anticipated activity

*Pre-meal* BG target:  70 - \_\_\_\_\_, or  Other:

Insulin dosing to be given:  before, or  after meal

insulin & syringe should be used for pump malfunction

after meal dosing when before meal BG < 80 mg/dL

Licensed medical personnel authorized to adjust the insulin dose by +/- 0 to 5 units after consultation with parent/caregiver

## STUDENT'S SELF-CARE

1.	Totally independent diabetes management	<input type="checkbox"/>	4.	Student consults with nurse/PDA for insulin dose <b>or</b>	<input type="checkbox"/>
2.	Student needs BG/SG verification of number by nurse/PDA/designated staff <b>or</b>	<input type="checkbox"/>		Student self-injects insulin with nurse/PDA/designated staff supervision only <b>or</b>	<input type="checkbox"/>
	Assist BG testing to be done by nurse/PDA	<input type="checkbox"/>		Injection to be done by school nurse/PDA	<input type="checkbox"/>
3.	Student consults with nurse/PDA/designated staff for carbohydrate count	<input type="checkbox"/>			

If patient wears **Dexcom G5, G6 or FreeStyle Libre** CGM insulin dose per orders based on SG reading per FDA. Test BG if no number, no arrow trend, or if symptoms/expectations do not correlate with SG reading.

If patient wears **Medtronic Guardian Connect** CGM; Insulin per orders based on BG reading only per FDA.

## DISASTER PLAN & ORDERS

**Parent is responsible for providing and maintaining "disaster kit" and to notify school nurse.** In case of disaster: Use above BG correction scale + carb ratio coverage for disaster insulin dosing every 3-4 hrs. as indicated by BG levels.

Electronically signed by: \_\_\_\_\_ Date: \_\_\_\_\_ Fax: \_\_\_\_\_

I authorize the exchange of medical information about my child's diabetes management between the LHP and the school nurse

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 5.2020

# SCHOOL DIABETES ORDERS – HYBRID CLOSED LOOP INSULIN PUMP

Licensed Healthcare Provider (LHP) to Complete Annually

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

Start date: \_\_\_\_\_ for 2020-2021 school year  Through last day of school  Other: \_\_\_\_\_

## LOW BLOOD GLUCOSE (BG) MANAGEMENT

- If BG is below 70 or having symptoms, give \_\_\_\_\_ grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice).
- Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic.
- Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time. Do not include low treatment in meal carbs.

If unconscious, unresponsive, difficulty swallowing, or evidence of seizure: **Phone 911 immediately. Do NOT give anything by mouth.**

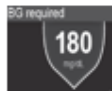
If nurse or trained PDA is available, administer Glucagon \_\_\_\_\_ mg SQ or IM -or- Baqsimi 3mg/nasal spray

## HIGH BLOOD GLUCOSE (BG) MANAGEMENT

**AUTO MODE**  
(Blue Shield)



**SAFE BASAL**  
(Grey Shield)



**MANUAL MODE**



- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> If BG is over 150 and pump recommends corrective insulin dosing. Administer recommended dose (Pump will account for insulin on board) | <input checked="" type="checkbox"/> If BG is over 150 and pump recommends corrective insulin dosing. Administer recommended dose. (Pump will account for insulin on board) | <input type="checkbox"/> If BG is over 250 for 2 hours after last bolus or carbohydrate intake. administer recommended dose. (Pump will account for insulin on board). |
|---|--|--|

- Ketones: Test urine ketones if  BG > 300 X 2hrs, or  Never. Call parent if child is having moderate or large ketones.
- No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (moderate or large).
- Encourage student to drink plenty of water and provide rest if needed.

## BLOOD GLUCOSE TESTING

BG to be tested:  Before meals and for symptoms of low or high BG, or as set up by the 504 plan

Extra BG testing:  When the pump requested a blood glucose check to stay in Auto Mode.

before exercise,  before PE,  before going home,  other: as needed/requested by student

**Blood sugar at which parents should be notified:** Low < 70 mg/dL after 2 treatments, or High >300 mg/dL X 2 hours

Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if there is a refusal of care by the student. Hyperglycemia alone is not medically justified for sending home @FNAME@, in absence of symptoms.

## SENSOR CALIBRATIONS

Calibrate before lunch daily – Do not calibrate if there are double or triple arrow up or down

When the pump requests a calibration (this is required to stay in Auto Mode)

\*The Medtronic CGM sensor is required for the pump to function in Auto Mode.

\*The Medtronic 670G pump can be used without the sensor as a Manual Mode pump (traditional pump, like previous pump systems)

**INSULIN ADMINISTRATION at Mealtime/Snacks**  Apidra  Humalog  Novolog  FIASP

Pump Brand: Medtronic 670G

## AUTO MODE

**Insulin dosing to be given:**  before meal (mandatory)

**Insulin to Carb Ratio:** 1 unit per \_\_\_\_\_ grams Carb (In auto mode you *cannot* override recommended bolus)

**BG Correction Factor:** Automatically adjusted by pump

**Basal Rates:** Basal rates are automatically adjusted by pump every 5 minutes

## MANUAL MODE

**Insulin to Carb Ratio:** 1 unit per \_\_\_\_\_ grams Carb

**BG Correction Factor:** 1 unit per \_\_\_\_\_ mg/dL > \_\_\_\_\_

**Basal Rates:** Basals adjusted per parents and HCP

Parent/caregiver authorized to adjust insulin for carbs, BG level, or anticipated activity

Licensed medical personnel authorized to adjust the insulin dose by +/- 0 to 5 units after consultation with parent/caregiver

Pre-meal BG target:  70 - \_\_\_\_\_, or  Other:

Insulin dosing to be given:  before, or  after meal

insulin & syringe should be used for pump malfunction

after meal dosing when before meal BG < 80 mg/dL

**STUDENT'S SELF-CARE**

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2.	Student needs BG/SG verification of number by nurse/PDA/designated staff <b>or</b>	<input type="checkbox"/>		Student self-injects insulin with nurse/PDA/designated staff supervision only <b>or</b>	<input type="checkbox"/>
	Assist BG testing to be done by nurse/PDA	<input type="checkbox"/>		Injection to be done by school nurse/PDA	<input type="checkbox"/>
3.	Student consults with nurse/PDA/designated staff for carbohydrate count	<input type="checkbox"/>			
If patient wears <b>Dexcom G5, G6 or FreeStyle Libre</b> CGM insulin dose per orders based on SG reading per FDA. Test BG if no number, no arrow trend, or if symptoms/expectations do not correlate with SG reading.			If patient wears <b>Medtronic Guardian Connect</b> CGM; Insulin per orders based on BG reading only per FDA.		

**DISASTER PLAN & ORDERS**

**Parent is responsible for providing and maintaining “disaster kit” and to notify school nurse.** In case of disaster:  
 Use above BG correction scale + carb ratio coverage for disaster insulin dosing every 3-4 hrs.

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I authorize the exchange of medical information about my child’s diabetes management between the LHP and the school nurse

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 5.2020