| SCHOOL DIABETES ORDERS - INJECTOR   |   |                 |          |          |  |                           |                  |  |
|---|---|-----------------|----------|----------|--|---------------------------|------------------|--|
| Licensed Healthcare Provider (LHP) to Complete Annually   |   |                 |          |          |  |                           |                  |  |
| NAME: SCHOOL: GRADE: 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  |                 | grai     | ns fas   | t-acting carbohydrate (i.e. 4                          | glucose tabs, 4 oz juio   | ce).             |  |
| 2.  | Recheck BG in 15 minutes and repeat carbohydr   |                 |          |          |  | -                         |                  |  |
| 3.  | Once BG is > 80, may follow with 10-15 gram c   | arb s           | nack,    | or mea   | al if time. Do not include lo                          | w treatment in meal ca    | arbs.            |  |
| If uncon  | scious, unresponsive, difficulty swallowing, or   | evide           | ence o   | f seizu  | re: <u>Phone 911 immediate</u>                         | ly. Do NOT give any       | thing by mouth   |  |
| ∑If nu  | If nurse or trained PDA is available, administer: Glucagon mg SQ or IM -or- Baqsimi 3mg/nasal spray   |                 |          |          |  |                           |                  |  |
| HIGH B  | LOOD 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 > 3   | 00 X            | C 2hrs,  | or _     | Never. Call parent if child                            | d is having moderate o    | r large ketones. |  |
| 3.  | No exercise if having nausea or abdominal pain,   | or if           | keton    | es are   | tested and found positive (r                           | moderate or large).       |                  |  |
| 4.  | Encourage student to drink plenty of water and p  | rovi            | de rest  | if nee   | ded.   |                           |                  |  |
| 1.  | BLOOD GLUCOSE (BG) TESTING / SENSO  | OR (            | GLUC     | OSE (    | SG) VIA CONTINUOUS                                     | GLUCOSE MONIT             | OR (CGM)         |  |
| 2.  | BG to be tested: Before meals and for symp  |                 |          |          |  | -                         |                  |  |
| 3.  | Extra BG testing: before PE, before goi   | _               |          |          |  | •                         |                  |  |
| 4.  | Blood glucose at which parents should be noti   |                 |          |          |  |                           |                  |  |
| 5.  | Notify the parents if repeated hypoglycemia, abd<br>is a refusal of care by the student. Hyperglycemi   |                 |          |          |  |                           |                  |  |
|   | symptoms.   | u uio           | 110 13 1 | iot inc  | arearry justified for sending                          | , nome (g) 147 hvib(g) ii | i dosenee or     |  |
| INSULI  | N ADMINISTRATION at Mealtime/Snacks   | $\bigcap_{A_1}$ | pidra    |          | Humalog Novolog  | FIASP                     |                  |  |
| Insulin to Carb Ratio: 1 unit per grams Carb  |   |                 |          |          |  |                           |                  |  |
| 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,    After meal dosing to be given:   BG   BG   BG |   |                 |          |          |  |                           |                  |  |
|   | anticipated activity  |                 |          |          |  |                           |                  |  |
| $\sum L$  | icensed medical personnel authorized to adjust the  | e inst          | ılin do  | se by    | +/- 0 to 5 units after consult                         | tation with parent/care   | giver            |  |
|   | DENT'S SELF-CARE  |                 |          |          |  |                           |                  |  |
|   | Totally independent diabetes management   |                 |          | 4.       | Student consults with nur<br>dose <u>or</u>            |                           |                  |  |
|   | Student needs BG/SG verification of number by nurse/PDA/designated staff or   | L               |          |          | Student self-injects insuli designated staff supervisi |                           |                  |  |
|   | Assist BG testing to be done by nurse/PDA   | +               |          |          | Injection to be done by so                             |                           |                  |  |
|   | Student consults with nurse/PDA/designated staff  | ╁               | _        |          |  |                           |                  |  |
|   | For carbohydrate count  |                 |          |          |  |                           |                  |  |
|   |   |                 |          |          |  |                           |                  |  |
| If natie  | nt wears <b>Dexcom G5, G6 or FreeStyle Libre</b> CG   | М               |          | Ifm      | atient wears Medtronic Gu                              | audian Cannact CCM        | f. Insulin       |  |
|   | dose per orders based on SG reading per FDA. Te   |                 | G if     |          | orders based on BG reading                             |                           | i; insuiin       |  |
|   | ber, no arrow trend, or if symptoms/expectations  |                 |          | P        | oracis custa on Be reading                             | , omy por 1211            |                  |  |
| correlate with SG reading.  |   |                 |          |          |  |                           |                  |  |
| DIGAGE  | VED BY AN OPPERG  |                 |          |          |  |                           |                  |  |
|   | ER PLAN ORDERS  nt is responsible for providing and maintaining   | "dic            | sastar   | kit" o   | nd to notify school nurse                              | In case of disaster       |                  |  |
| 1 al Ci   | Use above BG correction scale + carb ratio cove   | rage            | for dis  | saster i | nsulin dosing every 3-4 hrs                            | S.                        |                  |  |
| Electronic  | ally signed by:   |                 |          |          |  | Fax:                      |                  |  |
|   |   |                 |          |          |  |                           |                  |  |
| I auth  | orize the exchange of medical information about r   | ny cl           | hild's d | liabete  | s management between the                               | LHP and the school n      | urse             |  |
| Parent Sig  | Parent Signature: Print Name: Date:   |                 |          |          |  |                           |                  |  |
| School Nu   | chool Nurse Signature: Print Name: Date:  |                 |          |          |  |                           |                  |  |
|   |   |                 |          |          |  | Rev 5.                    | 2020             |  |

| SCHOOL DIABETES ORDERS – INSULIN PUMP   |  |      |           |         |  |                   |  |  |
|---|--|------|-----------|---------|--|-------------------|--|--|
| Licensed Healthcare Provider (LHP) to Complete Annually NAME: SCHOOL: GRADE:  |  |      |           |         |  |                   |  |  |
| Start dat   | NAME: SCHOOL: GRADE: SCHOOL: Other:  |      |           |         |  |                   |  |  |
| LOW B   | LOOD GLUCOSE (BG) MANAGEMENT   |      |           |         |  |                   |  |  |
| 4.  | If BG is below 70 or having symptoms, give   |      | grams     | fast-a  | cting carbohydrate (i.e. 4 glucose tabs, 4 oz juic   | e).               |  |  |
| 5.  | Recheck BG in 15 minutes and repeat carbohydra   |      |           |         |  |                   |  |  |
| 6.  | Once BG is $> 80$ , may follow with 10-15 gram ca  |      |           |         |  |                   |  |  |
|   | ascious, unresponsive, difficulty swallowing, or e   |      |           | seizu   |  |                   |  |  |
|   | urse or trained PDA is available, administer Glu   | ıcaş | gon       |         | mg SQ or IM -or- Baqsimi 3mg/nasal spra  | í <b>y</b>        |  |  |
|   | HIGH BLOOD GLUCOSE (BG) MANAGEMENT   |      |           |         |  |                   |  |  |
| 5.  | 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 $\square$ BG > 30   |      |           |         |  | or large ketones. |  |  |
| 7.  | No exercise if having nausea or abdominal pain, or   |      |           |         | - · · · · · · · · · · · · · · · · · · ·  |                   |  |  |
| 8.  | Encourage student to drink plenty of water and pr  | rovi | de rest   | if nee  | ded.   |                   |  |  |
| BLOOD   | GLUCOSE (BG) TESTING / SENSOR GLUC   | OS   | E (SG)    | VIA     | CONTINUOUS GLUCOSE MONITOR (CG   | iM)               |  |  |
| BG/S  | $\overline{G}G$ to be tested: $\overline{igstyleigstyleigwedge}$ Before meals and for symptom  | s of | f low o   | high    | BG, or as set up by the 504 plan   |                   |  |  |
| Extra   | BG testing: Defore PE, before going home   | , 🛛  | Use o     | f SG a  | allowed for CGM users for extra testing  |                   |  |  |
| Bloo  | d sugar at which parents should be notified: Lo  | w <  | < 70 mg   | g/dL at | fter 2 treatments, or High >300 mg/dL X 2 hour   | ·s                |  |  |
|   | ne parents if repeated hypoglycemia, abdominal pai   |      |           |         |  |                   |  |  |
| refusal o   | f care by the student. Hyperglycemia alone is not n  | ned  | ically j  | ustifie | d for sending home @FNAME@, in absence of  | symptoms.         |  |  |
|   | N ADMINISTRATION at Mealtime/Snacks  | Api  | idra      |         |  | **                |  |  |
| Insulin   | to Carb Ratio: 1 unit per grams Carb   |      |           |         | ε — <u> </u>   | ther:             |  |  |
|   | rection Factor: 1 unit per mg/dL ><br>ates: Basals adjusted per parents and HCP  |      | -         |         | Insulin dosing to be given: before, or af  |                   |  |  |
|   | nt/caregiver authorized to adjust insulin for carbs, I   | RG.  | level o   |         | insulin & syringe should be used for pump n  |                   |  |  |
|   | ipated activity  | ,,   | 10 (01, 0 | "   L   | after meal dosing when before meal BG < 80   | mg/aL             |  |  |
| Licer   | sed medical personnel authorized to adjust the insu  | ılin | dose b    | y +/- ( | to 5 units after consultation with parent/caregin  | ver               |  |  |
|   | DENT'S SELF-CARE   |      |           |         |  |                   |  |  |
| 1.  | Totally independent diabetes management  |      |           | 4.      | Student consults with nurse/PDA for insulin  |                   |  |  |
| 2.  | Student needs BG/SG verification of number by  | ╁┎   |           |         | dose <u>or</u> Student self-injects insulin with nurse/PDA/                                |                   |  |  |
|   | nurse/PDA/designated staff or  | L    |           |         | designated staff supervision only <u>or</u>  |                   |  |  |
|   | Assist BG testing to be done by nurse/PDA  | T    |           |         | Injection to be done by school nurse/PDA   |                   |  |  |
| 3.  | Student consults with nurse/PDA/designated staff   | ╁    |           |         |  |                   |  |  |
|   | for carbohydrate count   | -    |           |         |  |                   |  |  |
|   |  |      |           |         |  |                   |  |  |
| If natie  | ent wears <b>Dexcom G5, G6 or FreeStyle Libre</b> CGl  | М    |           | Ifmo    | tient weens Medtuonic Cuardian Connect CC  | M. Ingulia        |  |  |
|   | dose per orders based on SG reading per FDA. Tes   |      | Gif       |         | ntient wears <b>Medtronic Guardian Connect</b> CG orders based on BG reading only per FDA. | IVI; IIISUIIII    |  |  |
|   | ber, no arrow trend, or if symptoms/expectations d   |      |           | per     | orders bused on BG reading only per 1 B71.   |                   |  |  |
| correlate with SG reading.  |  |      |           |         |  |                   |  |  |
|   |  |      |           |         |  |                   |  |  |
| DISASTER PLAN & ORDERS  |  |      |           |         |  |                   |  |  |
|   | nt is responsible for providing and maintaining above BG correction scale + carb ratio coverage for  |      |           |         |  |                   |  |  |
|   |  |      |           |         |  |                   |  |  |
| Electronic  | ally signed by:  |      |           |         | Date: Fax:   |                   |  |  |
| □ r   |  |      |           |         |  |                   |  |  |
| 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:   |  |      |           | e:      | Date:  |                   |  |  |

| SCHOOL DIABETES OF<br>Licensed Healthcare Provider (LHP) to Co   |  | D CLOSED                  | LOOP INSULIN P                        | UMP              |
|--|--|---------------------------|---------------------------------------|------------------|
| NAME:  | SCHOO                                  | L:                        | GRADE:                                |                  |
| Start date:for 2020-202  | l school year 🔀 Through                | last day of school        | Other:                                |                  |
| LOW BLOOD GLUCOSE (BG) MANA  | AGEMENT                                |                           |                                       |                  |
| 7. If BG is below 70 or having symp  |  |                           | vdrate (i.e. 4 glucose tabs, 4 oz jui | · ·              |
|  | •                                      |                           | if child continues to be symptom      |                  |
|  | _                                      |                           | not include low treatment in meal     |                  |
| If unconscious, unresponsive, difficulty s mouth.  | wallowing, or evidence of s            | seizure: <u>Phone 911</u> | <u>l immediately.</u> Do NOT give an  | ything by        |
| ☐ If nurse or trained PDA is available,  | administer Glucagon                    | mg SQ or IM               | I -or- Baqsimi 3mg/nasal spray        | V                |
| HIGH BLOOD GLUCOSE (BG) MAN  |  |                           |                                       |                  |
|  |  |                           |                                       |                  |
| AUTO MODE<br>(Blue Shield)   | SAFE BASAL<br>(Grey Shield)            | 180                       | MANUAL MODE                           | mg/dL            |
| ☐ If BG is over 150 and pump   | ☐ If BG is over 150 and                | l pump                    | ☐If BG is over 250 for 2 hou          | ırs after last   |
| recommends corrective insulin dosing.  | recommends corrective is               | nsulin dosing.            | bolus or carbohydrate intake.         |                  |
| Administer recommended dose  | Administer recommende                  | d dose.                   | administer recommended dose.          |                  |
| (Pump will account for insulin on board)   | (Pump will account for in              | nsulin on board)          | (Pump will account for insulin or     | n board).        |
| 9. Ketones: Test urine ketones if  | BG > 300 X 2hrs, or □ N                | lever. Call parent i      | f child is having moderate or large   | e ketones.       |
| 10. No exercise if having nausea or a  |  | -                         | -                                     |                  |
| 11. Encourage student to drink plenty  | -                                      |                           |                                       |                  |
| BLOOD GLUCOSE TESTING  |  |                           |                                       |                  |
| BG to be tested:   Before meals and  | for symptoms of low or high            | h BG, or as set up b      | by the 504 plan                       |                  |
| Extra BG testing: When the pump r  |  | -                         |                                       |                  |
|  | •                                      |                           | : as needed/requested by student      |                  |
| Blood sugar at which parents should  |  | -                         |                                       | S                |
| Notify the parents if repeated hypoglycemi refusal of care by the student. Hyperglycen   | a, abdominal pain, nausea/v            | omiting, fever, if hy     | ypoglycemic before going home,        | or if there is a |
| SENSOR CALIBRATIONS  |  |                           |                                       |                  |
| Calibrate before lunch daily – Do not c  | alibrate if there are double o         | or triple arrow up or     | down                                  |                  |
| When the pump requests a calibration (   | this is required to stay in Au         | ito Mode)                 |                                       |                  |
| *The Medtronic CGM sensor is required for  |  |                           |                                       |                  |
| *The Medtronic 670G pump can be used w   | vithout the sensor as a Manua          | al Mode pump (trac        | ditional pump, like previous pump     | systems)         |
| INSULIN ADMINISTRATION at <i>Mealt</i><br>Pump Brand: Medtronic 670G   | time/Snacks                            | Humalog Nov               | olog                                  |                  |
| AUTO MODE Insulin dosing to be given: before me Insulin to Carb Ratio: 1 unit per BG Correction Factor: Automatically adj Basal Rates: Basal rates are automatical                       | grams Carb (In auto mode usted by pump |                           | de recommended bolus)                 |                  |
| MANUAL MODE  | i                                      |                           |                                       |                  |
| Insulin to Carb Ratio: 1 unit per  BG Correction Factor: 1 unit per  Basal Rates: Basals adjusted per parents  ☐ Parent/caregiver authorized to adjust in level, or anticipated activity | grams Carb                             | meal BG target: 🔀         | 70, or                                |                  |
| Basal Rates: Basals adjusted per parents   | and HCP Insul                          | lin dosing to be giv      | en: before, or after meal             |                  |
| Parent/caregiver authorized to adjust in   | sulin for carbs, BG   🔀 in             | ısulin & syringe sh       | ould be used for pump malfunctio      | n                |
|  |  |                           |                                       |                  |
| Licensed medical personnel authorized  | to adjust the insulin dose by          | / +/- U to 3 units aft    | er consultation with parent/caregi    | ver              |

| ST  | TUDENT'S SELF-CARE   |              |  |   |          |  |
|---|--|--------------|--|---|----------|--|
| 1.  | Totally independent diabetes management  |              | 4.   | Student consults with nurse/PDA for insulin dose <u>or</u>                        |          |  |
| 2.  | Student needs BG/SG verification of number by nurse/PDA/designated staff <u>or</u>                                     |              |  | Student self-injects insulin with nurse/PDA/ designated staff supervision only or |          |  |
|   | Assist BG testing to be done by nurse/PDA  |              |  | Injection to be done by school nurse/PDA  |          |  |
| 3.  | Student consults with nurse/PDA/designated staff for carbohydrate count  | f            |  |   |          |  |
| If patient wears <b>Dexcom G5</b> , <b>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. |   |          |  |
|   | SASTER PLAN & ORDERS  rent is responsible for providing and maintainin  Use above BG correction scale + carb ratio cov |              |  |   |          |  |
| Electro   | Electronically signed by:  |              |  | Date: Fax:  |          |  |
| ☐ I au  | athorize the exchange of medical information about   | my child's c | liabete  | s management between the LHP and the school                                       | nurse    |  |
| Parent  | Parent Signature: Print Nam  |              | e:   | Date:   |          |  |
| School  | Nurse Signature:   | _ Print Nam  | e:   | Date:   |          |  |
|   |  |              |  | Revise  | d 5.2020 |  |

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