

Date of Plan: _____ Type of Diabetes: Type 1 Type 2 Pre-diabetes

Student: _____ Date of Birth: _____

This student is independent in self-managing **all aspects** of his/her diabetes care and does not need routine supervision or assistance from school personnel. **Diabetes orders provided by the licensed healthcare provided in this document will be used as “information only” for EMS responders in the event of a 911 call. This student will be escorted to the health office for parent contact and/or emergency assistance if he/she is experiencing symptoms or reports a blood glucose reading outside of normal parameters.**

OR

This student is **NOT** independent in self-managing all aspects of his/her diabetes care. I authorize the School Nurse, in collaboration with the parent/guardian, to determine the level of supervision and/or assistance if he/she is experiencing symptoms or reports a blood glucose reading outside of normal parameters.

CHECKING BLOOD GLUCOSE

Target range of blood glucose: _____ mg/dL to _____ mg/dL
Check blood glucose level: when symptomatic Before insulin administration Before lunch/snack
 Before PE other: _____

Continuous Glucose Monitor (CGM)? YES NO (Family must also provide school with glucometer. CGM results will be confirmed with glucometer before taking action on sensor glucose levels. If student has symptoms of hypoglycemia, fingertip blood glucose level will be checked regardless of CGM level.)

HYPOGLYCEMIA TREATMENT

If blood glucose is below 70 and/or student has symptoms of hypoglycemia:

- ✓ Immediately give 15 grams of fast acting carbohydrate
- ✓ Recheck blood glucose in 15 minutes
- ✓ If blood glucose is less than 70 mg/dl, repeat 15 grams of fast acting carbohydrate
- ✓ Student may return to class if blood glucose within target range and student is feeling better.
 - ✓ Provide protein snack if no meal within 1 hour

If blood glucose remains below 70 after administering 3 cycles of fast acting carbohydrate, student will require immediate parent/ guardian pick-up. 911 will be called if student is unable to eat or drink, is unconscious, unresponsive, or is having seizure activity.

Glucagon will be administered as ordered:

Glucagon Ordered? Yes No If yes, please complete the following: 1mg 0.5mg

911 will be called if glucagon is administered.

Individual orders: _____

HYPERGLYCEMIA TREATMENT

Ketone checks are NOT ordered for school

OR

- Check urine ketones every _____ hours when blood glucose levels are above _____ mg/dL.
 - ✓ If ketone reading is moderate or large, OR student has moderate to severe symptoms, student will require immediate parent/guardian pick up.
 - ✓ If ketone reading is negative, trace or small, AND student has mild or no symptoms:
 - ✓ Give student 12-24 ounces of water, restrict vigorous exercise and return to class.

Administer correction dose for hyperglycemia (see orders below) **if at least 3 hours since last insulin dose.**

Individual Orders: _____

Elko County School District Student Health Services
Diabetes Medical Management Plan

Student: _____ Date of Birth: _____

INSULIN THERAPY

Insulin delivery device: syringe insulin pen insulin pump

Name of Insulin at School: Humalog Novolog

Other: _____

Carbohydrate Coverage:

Lunch: 1 unit of insulin per _____ grams of carbohydrate

Snack: 1 unit of insulin per _____ grams of carbohydrate

Correction Dose:

Blood glucose _____ to _____ mg/dL give _____ units

Blood glucose _____ to _____ mg/dL give _____ units

Blood glucose _____ to _____ mg/dL give _____ units

Blood glucose _____ to _____ mg/dL give _____ units

When to Give Insulin

Lunch:

Carbohydrate coverage only

Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and at least **3 hours since last insulin dose**

Other: _____

Snack:

No coverage

Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and at least **3 hours since last insulin dose.**

Correction dose only for blood glucose greater than _____ mg/dL and at least **3 hours since last insulin dose.**

Other: _____

ADDITIONAL INFORMATION FOR STUDENT WITH INSULIN PUMP

Pump is programmed to deliver insulin dosage(s) specified above. .

Individual orders: _____

Healthcare Provider Name (please print): _____

Address: _____

Phone: _____ FAX: _____

Healthcare Provider Signature: _____

THIS ORDER EXPIRES AT THE END OF THE SCHOOL YEAR

Elko County School District Student Health Services
Diabetes Medical Management Plan

Student: _____ Date of Birth: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Telephone: Home: _____ Work: _____ Cell: _____

Name: _____ Relationship: _____

Telephone: Home: _____ Work: _____ Cell: _____

Name: _____ Relationship: _____

Telephone: Home: _____ Work: _____ Cell: _____

Healthcare Provider Name: _____

Telephone: Home: _____ Work: _____ Cell: _____

Consent and Request for Nursing Services and Medication Assistance During School Hours:

All medication, supplies (including snacks), and equipment required to provide the student with the above nursing services and/or medication will be provided to Elko County School District by the parent/guardian of the child and the undersigned parent/guardian agrees to assume all responsibility for maintaining the supply of medication. Medications not claimed or picked up by the parent/guardian or their designee by the end of the last day of the school year will be disposed of by the School Nurse.

The undersigned parent/guardian hereby requests Elko County School District to assist and supervise the above named student in diabetes care and management and in taking the above described medication, and consents to such assistance and supervision during the school day. In addition, the parent/guardian gives permission to the School Nurse to exchange confidential information, relative to the Diabetes Medical Management Plan as above, with the undersigned physician/healthcare provider. The undersigned parent/guardian agrees to hold the Elko County School District, the Board of Trustees of the District, and all agents of the District harmless from any liability for their participation in assisting and supervising the above named student in following the Diabetes Medical Management Plan.

Immediate parent pick up will be required for students who do not have functioning equipment or supplies necessary to provide diabetes management.

Carbohydrate/Menu Information:

If your child will be eating school-prepared meals, carbohydrate calculations are based on the most current menus provided by Elko County School District Nutrition Services. Food substitutions and other variables could alter the carbohydrate ratio set forth regarding calculations that are required for your child's diabetes management. Parent/guardians are responsible to provide carbohydrate information for all foods provided from home.

I am in agreement with the orders set forth as stated above:

Parent/Guardian Signature: _____ Date _____

THIS ORDER EXPIRES AT THE END OF THE SCHOOL YEAR