

## **DIABETES MANAGEMENT PLAN & MEDICAL ORDERS**

School Year \_\_\_\_\_

## To be Returned to the School Nurse

Student's Name		Date of Birth	Home School/Program	Grade
Instructions: Parent/Guardian	and Prescriber: Plea	se complete these	orders and the Action Pla	n for Diabetes and
Instructions: Parent/Guardian and Prescriber: Please complete these orders and the Action Plan for Diabetes and return them to the School Nurse. Please contact the School Nurse with any changes in orders.				
Blood Glucose Monitoring: Student can perform own blood glucose checks (with supervision/without supervision.)				
Times to check blood glucose: with symptoms of hypoglycemia (shaky, sweaty, confused)				
with symptoms of hyperglycemia (thirsty, frequent urination)				
before lunch				
other student may carry own meter and supplies with them.				
Check Supplies to be kept at School: Insulin, syringes, meter supplies, ketone strips, carb/snacks and glucagon.				
Hypoglycemia Treatment: 2 – 4 glucose tablets <u>or</u>				
	juice <u>or</u>			
Glucose gel (using finger place between check & gum in mouth) – $\frac{1}{2}$ tube				
If no meal or snack within the next hour, then give a 15 gram snack. Example:				
Severe Hypoglycemia Treatment: glucose gel or cake decorating gel (1/2 tube between cheek & gum)				
(ie.: loss of consciousness, seizure) glucagon (give 0.5 mg/1 mg. SQ in the arm or thigh)				
-	call 911			
Hyperglycemia Treatment: Provide water & access to bathroom				
(high blood sugar) test urine ketones if blood glucose is greater than, call parent if moderate or large				
	see below for insulin ir			U U
Insulin:Student not taking insulin at school				
Student takes insulin at school				
SC insulin Humalog meal coverage: units per grams of carbs.    Insulin via insulin pump Novolog correction scale: unit per over				
Insulin via insulin pump Insulin with lunch	Novolog Humulin R	correction scale: _ sliding scale (confi	unit per over	
Insulin with snacks	other:		init with parenty	
Student may give own SC injections (with supervision/without supervision)				
Student using an insulin pump may give own boluses				
Give units of Humalog/Novolog/Humulin R – SO if glucose is >				
Give insulin according to scale for elevated blood glucose				
Student may determine correct dose of insulin				
Student to administer insulin Student may carry insulin with them				
Oral Meds:500 mg/ 850 m	ng/ 1000 mg N	letformin with	breakfast/ lunch	
Other:				
Snacks:please allow a gra	am snack at am	Example:		
Other: Parent/Guardian to provide current insulin doses as doses may change during year.				
Please contact parent/guardian if dose confirmation is needed or if blood sugar is less than 70 or over 400.				
Parent/Guardian Signature:			Phone:	<u>+vv</u> .
Provider Office Name:	Address:		Fax: P	hone:
Providers name (please print)	Providers s	signature	Date:	
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