

**INFORMATION FOR SCHOOL MANAGEMENT OF DIABETES MELLITUS**

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

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Effective Date: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

**CONTACT INFORMATION:**

Parent/Guardian #1: \_\_\_\_\_ Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Diabetes Care Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cellular/Pager: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

**EMERGENCY NOTIFICATION: Notify parents of the following conditions:**

- a. Loss of consciousness or seizure (convulsion) immediately after calling 911 and administering Glucagon.
- b. Blood sugars in excess of \_\_\_\_\_ mg/dl.
- c. Positive urine ketones.
- d. Abdominal pain, nausea/vomiting, fever, diarrhea, altered breathing, altered level of consciousness

**STUDENT'S COMPETENCE WITH PROCEDURES: (Must be verified by parent and school nurse)**

- |  |  |
|--|--|
| <input type="checkbox"/> Blood glucose monitoring            | <input type="checkbox"/> Carry supplies for BG monitoring          |
| <input type="checkbox"/> Determining insulin dose            | <input type="checkbox"/> Carry supplies for insulin administration |
| <input type="checkbox"/> Measuring insulin                   | <input type="checkbox"/> Monitor BG in classroom                   |
| <input type="checkbox"/> Injecting insulin                   | <input type="checkbox"/> Self treatment for mild low blood sugar   |
| <input type="checkbox"/> Independently operates insulin pump | <input type="checkbox"/> Determine own snack/meal content          |

**MEAL PLAN: Time Location CHO Content Time Location CHO Content**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Bkft _____   | <input type="checkbox"/> Mid-PM _____    |
| <input type="checkbox"/> Mid-AM _____ | <input type="checkbox"/> Before PE _____ |
| <input type="checkbox"/> Lunch _____  | <input type="checkbox"/> After PE: _____ |

Meal/snack will be considered mandatory. Times of meals/snacks will be at routine school times unless alteration is indicated. School nurse will contact diabetes care provider for adjustment in meal times. Content of meal/snack will be determined by:

- Student  Parent  School nurse  Diabetes provider

**Please provide school cafeteria with a copy of this meal plan order to fulfill USDA requirements.**

**Parent to provide and restock snacks and low blood sugar supplies box.**

**LOCATION OF SUPPLIES/EQUIPMENT: (To be completed by school personnel)**

- Blood glucose equipment:**  Clinic/health room  With student  
**Insulin administration supplies:**  Clinic/health room  With student  
**Glucagon emergency kit:** \_\_\_\_\_ **Glucose gel:** \_\_\_\_\_ **Ketone testing supplies:** \_\_\_\_\_  
**Fast acting carbohydrate:**  Clinic/health room  With student **Snacks:**  Clinic/health room  With student

**SIGNATURES:** I understand that all treatments and procedures may be performed by the student and/or unlicensed personnel within the school or by EMS in the event of loss of consciousness or seizure. I also understand that the school is not responsible for damage, loss of equipment, or expenses utilized in these treatments and procedures. I give permission for school personnel to contact my child's diabetes provider for guidance and recommendations. I have reviewed this information form and agree with the indicated information. This form will assist the school in developing a health plan and in providing appropriate care for my child.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL NURSE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HEALTH CARE PROVIDER AUTHORIZATION FOR SCHOOL MANAGEMENT OF DIABETES

STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

BLOOD GLUCOSE (BG) MONITORING: (Target range: \_\_\_\_\_ mg/dl to \_\_\_\_\_ mg/dl.)

- None required at this time.
- Before meals
- Midmorning
- 2 hrs after correction
- PRN for suspected low/high BG
- Mid-afternoon

INSULIN ADMINISTRATION: Dose determined by:  Student  Parent  School nurse  Clinic Assistant

Insulin delivery system:  Syringe  Pen  Pump (Use supplemental form for Student Wearing Insulin Pump)

BEFORE MEAL INSULIN:

Insulin Type: \_\_\_\_\_

- Insulin to Carbohydrate Ratio: \_\_\_\_\_ units per \_\_\_\_\_ grams carbohydrate
- Give \_\_\_\_\_ units

CORRECTION INSULIN for high blood sugar (Check only those which apply)

Use the following correction formula: BG - \_\_\_\_\_ / \_\_\_\_\_ (for pre lunch blood sugar over \_\_\_\_\_ )

- Sliding Scale:
  - BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ u
  - BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ u
  - BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ u
  - BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ u
  - BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ u

Add before meal insulin to correction/ sliding scale insulin for total meal time insulin dose

MANAGEMENT OF LOW BLOOD GLUCOSE :

MILD: Blood Glucose < \_\_\_\_\_

SEVERE: Loss of consciousness or seizure

- Never leave student alone
- Give 15gms glucose; recheck in 15 min.
- If BG < 70, retreat and recheck q 15 min x 3
- Notify parent if not resolved.
- Provide snack with carbohydrate, fat, protein after treating and meal not scheduled > 1 hr
- Call 911. Open airway. Turn to side.
- Glucagon injection  0.25 mg  0.50 mg  1.0 mg IM/SQ
- Notify parent.

MANAGEMENT OF HIGH BLOOD GLUCOSE (Above \_\_\_\_\_ mg/dl)

- Sugar-free fluids/frequent bathroom privileges.
- If BG is greater than 300, and it's been 2 hours since last dose, give  HALF  FULL correction formula noted above.
- If BG is greater than 300, and it's been 4 hours since last dose, give FULL correction formula noted above.
- If BG is greater than 300 check for ketones. Notify parent if ketones are present.
- Note and document changes in status.
- Child should be allowed to stay in school unless vomiting and/or moderate or large ketones are present.

EXERCISE:

Faculty/staff must be informed and educated regarding management. Staff should provide easy access to sugar-free liquids, fast-acting carbohydrates, snacks, and BG monitoring equipment during activities. Child should NOT exercise if blood glucose levels are below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl and urine contains moderate or large ketones.

- Check blood sugar right before PE to determine need for additional snack.
- If BG is less than target range, eat 15-45 grams carbohydrate before, depending on intensity and length of exercise.
- Student may disconnect insulin pump for \_\_\_\_\_ hours or decrease basal rate by \_\_\_\_\_.

My signature provides authorization for the above orders. I understand that all procedures must be implemented within state laws and regulations. This authorization is valid for one year.

- If changes are indicated, I will provide new written authorized orders (may be faxed).
- Dose/treatment changes may be relayed through parent.

Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

**SUPPLEMENTAL INFORMATION FOR STUDENT WEARING AN INSULIN PUMP AT SCHOOL**

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

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Pump Brand/Model: \_\_\_\_\_  
Pump Resource Person: \_\_\_\_\_ Phone/ Beeper \_\_\_\_\_ (See diabetes care plan for parent phone #)  
Blood Glucose Target Range: \_\_\_\_\_ Pump Insulin:  Humalog  Novolog  
Insulin Correction Factor for Blood Glucose Over Target: \_\_\_\_\_  
Insulin Carbohydrate Ratios: \_\_\_\_\_  
(Student to receive insulin bolus for carbohydrate intake immediately  before ( \_\_\_\_\_ minutes before eating)  after ( \_\_\_\_\_ minutes after eating).  
Location of Extra Pump Supplies \_\_\_\_\_

**INDEPENDENT MANAGEMENT**

This student has been trained to independently perform routine pump management and to troubleshoot problems including but not limited to:

- Giving boluses of insulin for both correction of blood glucose above target range and for food consumption.
- Changing of insulin infusion sets using universal precautions.
- Switching to injections should there be a pump malfunction.

Parents will provide extra supplies to include infusion sets, reservoirs, batteries, pump insulin and syringes.

**NON-INDEPENDENT MANAGEMENT (Child Lock On?  Yes  No)**

Because of young age or other factors, this student cannot independently evaluate pump function nor independently change infusion sets.

- Pump calculates insulin dose
- Insulin for meals and snacks will be given and verified as follows: \_\_\_\_\_

- Insulin for correction of blood glucose over \_\_\_\_\_ will be give and verified as follows: \_\_\_\_\_

**PARENT NOTIFICATION:** (Refer to basic diabetes care plan and check  all others that apply. Contact the Parent in event of:

- Pump alarms / malfunctions  Corrective measures do not return blood glucose to target range within \_\_\_ hrs.  
 Soreness or redness at site  Student has to change site  
 Detachment of dressing / infusion set our of place  
 Leakage of insulin  
 Student must give insulin injection  
 Other: \_\_\_\_\_

**MANAGEMENT OF HIGH / VERY HIGH BLOOD GLUCOSE: Refer to previous sections and to basic Diabetes Care Plan**

**MANAGEMENT OF LOW BLOOD GLUCOSE** Follow instructions in basic Diabetes Care Plan, but in addition:

If low blood glucose recurs without explanation, notify parent / diabetes provider for potential instructions to suspend pump.

If seizure or unresponsiveness occurs:

1. Give Glucagon and / or glucose gel (See basic Diabetes Health Plan)
2. CALL 911
3. Notify Parent
4. Stop insulin pump by:
  - Placing in "Suspend" or stop mode
  - Disconnecting at pigtail or clip
5. If pump was removed, send with EMS to hospital.

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective Dates: From: \_\_\_\_\_

To: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School Nurse's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Diabetes Care Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_