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.
   - Ketones: Test urine/blood 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 (BG) TESTING / SENSOR GLUCOSE (SG) VIA CONTINUOUS GLUCOSE MONITOR (CGM)
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:  
   - before PE,  
   - before going home,  
   - Use of SG allowed for CGM users for extra testing.

Blood glucose 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 this student 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 > ______
[ ] 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

STUDENT’S SELF-CARE
1. Totally independent diabetes management
2. Student needs supervision. Specific supervision determined by school nurse and parent as identified in IEP or 504

If patient wears Dexcom G5 or G6 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: _________________

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