



HEALTHCARE PROVIDER ORDERS FOR STUDENTS WITH DIABETES

STUDENT'S NAME _____ Student's Birth Date ___/___/___ School _____ Grade ___
 Emergency numbers for parents (phone) ___-___-___ (Cell contact 2) ___-___-___ (Pager/Cell) ___-___-___
 Doctor's phone number ___-___-___ Other contacts _____, ___-___-___

HYPOGLYCEMIA (fill in individualized instructions on line or use those in parenthesis)

Unconscious-- _____ **(phone 911)** (Other orders) _____
 Blood sugar < 60 and symptomatic _____ (juice, pop, candy) _____
 Blood sugar < 100 and symptomatic _____ (crackers/cheese) _____
 Blood sugar < 80 and asymptomatic _____ (feed partial meal) _____
 Blood sugar > 100 and symptomatic _____ (feed partial meal) _____
 Blood sugar at which parent should be notified--low _____ high _____

BLOOD SUGAR AND INSULIN DOSAGE prior to lunch (R is regular and H is lis-pro,) _____ any other insulin requested

Blood sugar < 100 _____ units R - H - other _____ (see hypoglycemia above)
 Blood sugar 100-149 _____ units R - H - other _____
 Blood sugar 150-199 _____ units R - H - other _____
 Blood sugar 200-249 _____ units R - H - other _____
 Blood sugar 250-299 _____ units R - H - other _____ (check ketones)
 Blood sugar 300-349 _____ units R - H - other _____ (check ketones)
 Blood sugar 350-399 _____ units R - H - other _____ (check ketones)
 Blood sugar > 400 _____ units R - H - other _____ (check ketones)

- Licensed medical personnel allowed to give _____ units (minimum) of insulin to _____ units (maximum) of R, H, other _____ insulin after consultation with the parent/guardian.
- Other insulin instructions (i.e., CHO counting): _____
- If urine ketones (trace, small, moderate, large) call parents (circle one or more)

DISASTER INSULIN DOSAGE-in case of disaster how much insulin should be given? Recommend 80% of usual dose.

A.M. _____ units R - H - other _____ units Lente NPH Ultralente Lantus other
 Noon _____ units R - H - other _____ units Lente NPH Ultralente Lantus other
 P.M. _____ units R - H - other _____ units Lente NPH Ultralente Lantus other
 Bedtime _____ units R - H - other _____ units Lente NPH Ultralente Lantus other

STUDENT'S SELF-CARE (ability level) Initials of

Totally independent management or

1. Student tests independently or student needs verification of number by staff or assist/testing to be done by school nurse
2. Student administers insulin independently or student self-injects with verification of number or student self-injects with nurse supervision or injection to be done by school nurse
3. Student self-treats mild hypoglycemia
4. Student monitors own snacks and meals
5. Student tests and interprets own urine ketones
6. Student tests and interprets own blood ketones
7. Student carries own supplies

Parent	HCP	School Nurse
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HCP _____ (print/type) _____ signature ___/___/___ date
 Parent _____ (print/type) _____ signature ___/___/___ date
 School Nurse _____ (print/type) _____ signature ___/___/___ date

Start date: ___ day ___ mo. ___ yr. **Termination date:** ___ day ___ mo. ___ yr. or **End of school year:** _____
 Must be renewed at beginning of each school year.