

# Maryland State Management of Diabetes at School/Order Form

This order is valid only for the Current School Year: \_\_\_\_\_ (including summer session)

<b>Student:</b> _____	<b>DOB:</b> _____
<b>School:</b> _____	<b>Grade:</b> _____

**CONTACT INFORMATION**

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/pager: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/pager: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

**Insulin Orders (complete only if insulin is needed at school):**

1. Insulin administration via:

Syringe and vial     Insulin pen     Insulin pump     Other \_\_\_\_\_

Insulin pump                      Type of pump: \_\_\_\_\_                      Basal rates: \_\_\_\_\_

2. Insulin Before Lunch/Meals:                      Name of Insulin: \_\_\_\_\_

Routine lunchtime dose: \_\_\_\_\_

Per sliding scale as follows:

Meals

Blood Glucose _____	to	_____	give	_____ units
Blood Glucose _____	to	_____	give	_____ units
Blood Glucose _____	to	_____	give	_____ units
Blood Glucose _____	to	_____	give	_____ units
Blood Glucose _____	to	_____	give	_____ units
Blood Glucose _____	to	_____	give	_____ units
Blood Glucose _____	to	_____	give	_____ units
Blood Glucose _____	to	_____	give	_____ units
Blood Glucose _____	to	_____	give	_____ units
Blood Glucose _____	to	_____	give	_____ units
Blood Glucose _____	to	_____	give	_____ units
Blood Glucose _____	to	_____	give	_____ units
Blood Glucose _____	to	_____	give	_____ units
Blood Glucose _____	to	_____	give	_____ units

Calculated insulin dose (add carbohydrate coverage and correction dose for total insulin dose):

Carbohydrate Coverage: Insulin to carbohydrate ratio

Give \_\_\_\_\_ # unit(s) insulin per \_\_\_\_\_ gms carbohydrate.

Correction:

Give \_\_\_\_\_ # unit(s) insulin per \_\_\_\_\_ mg/dl of glucose **above** \_\_\_\_\_ mg/dl

Subtract \_\_\_\_\_ # units for every \_\_\_\_\_ mg/dl of glucose **below** \_\_\_\_\_ mg/dl

Insulin may be given after lunch if \_\_\_\_\_

3. Other times insulin may be given:

<input type="checkbox"/> Snack:      Dose: _____	<input type="checkbox"/> Calculated as above.	<input type="checkbox"/> Snack:      Blood Glucose _____	Give: _____
<input type="checkbox"/> Ketones:      If ketones are _____	Give/Add: _____ unit(s)	_____	_____ units
If ketones are _____	Give/Add: _____ unit(s)	_____	_____ units
		_____	_____ units

**Health Care Provider Authorization for Management of Diabetes in School**

My signature below provides authorization for the above written orders. This authorization is for a maximum of one school year. If changes are indicated, I will provide new written authorization, which may be faxed.

**Health Care Provider Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ (original or stamped signature) **\*Sign both sides.**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Use for Prescriber's Address Stamp

**Parent Consent for Management of Diabetes at School**

I (We) request designated school personnel to administer the medication and treatment orders as prescribed above. I agree

1. To provide the necessary supplies and equipment
2. To notify the school nurse if there is a change in the student's diabetes management or health care provider.

I authorize the school nurse to communicate with the health care provider as necessary.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ **\*Sign both sides.**

\_\_\_\_\_ Date \_\_\_\_\_

Order reviewed and signed by School Nurse (per local policy): \_\_\_\_\_ Date: \_\_\_\_\_

**Maryland State Management of Diabetes at School/Order Form**

<b>Student:</b> _____	
<b>Blood Glucose Monitoring:</b> <b>Target range for blood glucose monitoring at school:</b> _____ <input type="checkbox"/> Before snacks <input type="checkbox"/> 2 hours or _____ hours after lunch <input type="checkbox"/> Before meals <input type="checkbox"/> 2 hours or _____ hours after a correction dose <input type="checkbox"/> As needed for symptoms of hypo/hyperglycemia <input type="checkbox"/> With signs and symptoms of illness <input type="checkbox"/> Other times: _____	
<b>Hypoglycemia – blood glucose less than</b> _____ <input type="checkbox"/> Self treatment for mild lows. <input type="checkbox"/> Give _____ grams of fast-acting carbohydrate according to care plan. Recheck BG in 10-15 mins. Repeat treatment if BG less than ____mg/dl <input type="checkbox"/> Provide extra protein & carbohydrate snack after treating low if next meal/snack greater than _____ minutes away <input type="checkbox"/> Suspend pump for severe hypoglycemia for _____ mins.	
<b>If student is unconscious, having a seizure or unable to swallow, presume student is having a low blood sugar and:</b> <b>Call 911, notify parent</b> <input type="checkbox"/> <b>Glucagon injection (1 mg in 1 cc) _____ mg, subcutaneously or intramuscular (IM)</b> <input type="checkbox"/> <b>OK to use glucose gel inside cheek, even if unconscious, seizing.</b> <input type="checkbox"/> <b>Other:</b> _____	
<b>Hyperglycemia – blood glucose greater than</b> _____ <input type="checkbox"/> Check urine ketones, follow care plan, administer insulin as per orders. <input type="checkbox"/> For pumps, insulin may be given by syringe or pen if needed. <input type="checkbox"/> Encourage sugar free fluids, at least _____ ounces per _____. <input type="checkbox"/> If student complains of nausea, vomiting or abdominal pain; check urine ketones & check insulin administration orders. <input type="checkbox"/> Other: _____ * Transport to local Emergency Room may be needed with vomiting and large ketones.	
<b>Meal Plan</b> <input type="checkbox"/> AM snack, time: _____ <input type="checkbox"/> PM snack time: _____ <input type="checkbox"/> Avoid snack if blood glucose greater than _____ mg/dl. <input type="checkbox"/> Lunch: _____ <input type="checkbox"/> Extra food allowed; <input type="checkbox"/> Parent's discretion; <input type="checkbox"/> Student's discretion	
<b>Exercise (check and/or complete all that apply)</b> Fast-acting carbohydrate source must be available before, during and after all exercise. <input type="checkbox"/> With student <input type="checkbox"/> With teacher If most recent blood glucose is less than _____, exercise can occur when blood glucose is corrected and above _____. <input type="checkbox"/> Eat _____ grams of carbohydrate <input type="checkbox"/> Before <input type="checkbox"/> Every 30 mins during <input type="checkbox"/> After vigorous exercise <input type="checkbox"/> Avoid exercise when blood glucose is greater than _____ or ketones are _____	
<b>Bus Transportation</b> <input type="checkbox"/> Blood glucose monitoring not required prior to boarding bus <input type="checkbox"/> Check blood glucose 15 minutes prior to boarding bus <input type="checkbox"/> Allow student to eat on bus if having symptoms of low blood glucose <input type="checkbox"/> Provide care as follows: _____	
<b>Health Care Provider Assessment</b> Student can self-perform the following procedures (school nurse and parent must verify competency): <input type="checkbox"/> Blood glucose monitoring <input type="checkbox"/> Measuring insulin <input type="checkbox"/> Injecting insulin <input type="checkbox"/> Determining insulin dose <input type="checkbox"/> Independently operating insulin pump <input type="checkbox"/> Other: _____	
<b>Disaster Plan (if needed for lockdown, 24 hr shelter in place):</b> <input type="checkbox"/> Follow insulin orders as on Management Form <input type="checkbox"/> Additional insulin orders as follows: _____ <input type="checkbox"/> Administer long acting insulin as follows: _____ <input type="checkbox"/> Other: _____	
<b>Other instructions:</b> _____ _____	
Health Care Providers Signature: _____	Phone: _____ Date: _____
Parent's Signature: _____	Phone: _____ Date: _____
Order reviewed by School Nurse (per local policy): _____	Date: _____

## Maryland State Supplemental Form for Students with Insulin Pumps

This order is valid only for the Current School Year: \_\_\_\_\_ (including summer session)

<b>Student:</b> _____	<b>DOB:</b> _____
<b>School:</b> _____	<b>Grade:</b> _____

**CONTACT INFORMATION:**

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/pager: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/pager: \_\_\_\_\_  
 Pump Resource Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Other Emergency Contact: \_\_\_\_\_

**Pump Management**

Type of pump: \_\_\_\_\_ Start Date for Pump Therapy: \_\_\_\_\_  
 Type of Insulin in pump: \_\_\_\_\_

Basal rates: \_\_\_\_\_ 12am to \_\_\_\_\_ Comment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Insulin/carbohydrate ratio: \_\_\_\_\_ Check Management of Diabetes at School Order or correction factor  
 Hyperglycemia:  
 \_\_\_\_\_ Pump site should be changed if BG greater than \_\_\_\_\_ times \_\_\_\_\_  
 \_\_\_\_\_ Insulin should be given by syringe or pen if needed \_\_\_\_\_

**Management Skills of Student**

- As verified by school nurse, health care provider and parent Independent?

Count carbohydrates	__ yes	__ no
Calculate an insulin dose	__ yes	__ no
Bolus an insulin dose	__ yes	__ no
Reset basal rate profiles	__ yes	__ no
Set a temporary basal rate	__ yes	__ no
Disconnect pump	__ yes	__ no
Reconnect pump at infusion set	__ yes	__ no
Prepare infusion set for insertion	__ yes	__ no
Insert infusion set	__ yes	__ no
Troubleshoot alarms and malfunctions	__ yes	__ no
Give self injection if needed	__ yes	__ no
Change batteries	__ yes	__ no

\_\_ Student is non-independent Child Lock On? Yes No

**Pump Supplies**

Extra supplies needed include: Infusion sets, reservoir/cartridges, insertion device, insulin vial & syringes, batteries  
 Location of supplies: \_\_\_\_\_

**Disaster Plan (If needed for lockdown, etc):**

- Follow Insulin orders as on Management Form
- Insulin doses as follows: \_\_\_\_\_

Other: \_\_\_\_\_

**Health Care Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Order reviewed by School Nurse (per local policy):** \_\_\_\_\_ **Date:** \_\_\_\_\_