

HEALTHCARE PROVIDER ORDERS FOR STUDENTS WITH DIABETES IN WASHINGTON STATE SCHOOLS

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: Parent HCP School Nurse

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 | _____ | _____ | _____ |

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.