

## DIABETES PHYSICIAN ORDERS/ SCHOOL TREATMENT PLAN

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Type 1 Diabetes       Type 2 Diabetes

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

- Loss of consciousness or seizure immediately after Glucagon is given and 911 is called
- Blood sugars in excess of \_\_\_\_\_  Positive urine ketones \_\_\_\_\_
- Abdominal pain, nausea/vomiting, diarrhea, fever, altered breathing or altered level of consciousness

**MEALS/SNACKS AT SCHOOL:**  Breakfast  Mid morning snack  Lunch  Mid afternoon snack  Before PE/activity  
 After PE/activity  Carbohydrate counting: # \_\_\_\_\_ Carbohydrates for breakfast # \_\_\_\_\_ Carbohydrates for lunch  
Times \_\_\_\_\_ for snack/s # \_\_\_\_\_ carbohydrates for snack (can be eaten anywhere needed at school)

**GLUCOSE MONITORING:**  Yes  No      Type of Meter \_\_\_\_\_

- Able to interpret BG independently  Needs assistance with Blood Glucose interpretation
- Times to be performed:**  Before Breakfast  Mid morning, before snack  Before Lunch  Dismissal
- Before PE/ Activity  After PE/ Activity  Mid afternoon  As needed for signs/symptoms of low/high blood sugar
- Place to be performed:**  Classroom  Clinic/ Health Room  Other \_\_\_\_\_

**INSULIN DELIVERY SYSTEM:**  Syringe/vial  Pen  Pump      Pump Brand/Model: \_\_\_\_\_

- Able to determine correct dose  Draw up correct dose  Give own injection  Needs supervision
- Able to carbohydrate count independently

**Insulin Type:**  Humalog  Novolog  Regular  Other \_\_\_\_\_

Insulin to be given at school at the following times: \_\_\_\_\_

**SELF MANAGEMENT:**  Independent  Needs assistance \_\_\_\_\_

**EXERCISE/ SPORTS AND FIELD TRIPS:** A fast acting carbohydrate should be available at the site. Child should not exercise if blood sugar level is below \_\_\_\_\_ or above \_\_\_\_\_ or if \_\_\_\_\_.  
 All field trips will be discussed with parent in advance.  
Necessary supplies will go with  student  adult  Cell phone will be available for emergency or call in blood sugar.

**MANAGEMENT OF HIGH BLOOD SUGARS:**  Sugar free fluids PRN.  Check urine ketones if BS > \_\_\_\_\_.  
 Frequent bathroom privileges  Notify parents if BS > \_\_\_\_\_, if unable to reach parents, notify diabetes care provider if ketones are also moderate or large.

**MANAGEMENT OF LOW BLOOD SUGARS:**  To be accompanied by another student to clinic (if not testing in classroom)  Give 15 grams of fast acting carbohydrate such as fruit juice, non-diet soda, 3-4 glucose tabs, concentrated gel or tube frosting  Retest blood sugar in 15 minutes  Repeat treatment until blood glucose over 70 mg/dl.  Follow treatment with a snack of \_\_\_\_\_ carbohydrates if meal is > 1 hour or if going to an activity.

**MANAGEMENT OF UNCONSCIOUSNESS OR SEIZURE:**

- CALL 911 IMMEDIATELY.  Call parents.
- Glucagon \_\_\_\_\_ mg as ordered by MD.
- Glucose Gel 1 tube administered inside cheek and massaged while awaiting arrival of Glucagon.
- Student should be turned on his/her side and maintained in this position until awake.

**TESTS AND CLASSROOM:** If the student is affected by a high or low blood sugar level, the student will be able to make up classroom (or test) time or be able to retake a test without penalty during the affected time. (Any patterns of low test scores or documented need for extra time should be brought to the attention of the 504 Committee).

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

RN Signature \_\_\_\_\_ Date \_\_\_\_\_