

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 _____