

Endocrine Kids
44000 West 12 Mile Rd. Ste 103
Phone (248) 347-3344 Fax (248) 305-6845

Physician's Diabetes Orders for School – *Insulin Pumps*

Physician Treatment Orders are valid for one year from date of signature

I hereby request and authorize the School Health Nurse to contact the health care provider(s) as needed regarding my student's Diabetes management.

Parent Signature _____ **Date** _____

Student Name _____ Student ID _____

First Middle Last

School _____ Grade _____ Birthdate _____

Parent/Child is responsible for the following:

- All pump operations
- Infusion set changes
- Providing required supplies
- Phone availability during school hours

Phone numbers: (h) _____ (w) _____ (c) _____ (pgr) _____

Pump Help Lines: **Minimed:** 800-826-2099 **Omnipod:** 800-591-3455
Animas: 877-767-7373

- Student is able to self-administer insulin injections, **independently manage** his/her insulin pump, change infusion sets and calculate appropriate bolus amounts.
- Student is able to independently operate his/her insulin pump but **may need help** with: **(check all that apply)**
 - glucose monitoring
 - carbohydrate counting (parents to provide information/labeling)
 - verifying dosage in pump before student pushes activate button
 - changing infusion sets (parent will be called if necessary)
 - trouble shooting problems with pump (parent will be called if necessary)
 - insulin injections

1. BLOOD SUGAR TESTING:

- Every day before lunch
- When symptoms of low or high blood sugar occur and 15 minutes after treatment for low blood sugar
- Variable, as requested by family/MD

2. TREATMENT OF LOW BLOOD SUGAR:

For blood sugar less than 80mg/dl, SUSPEND pump and give one of the following fast-acting carbohydrates:

- 4 round glucose tablets **or** 3 square glucose tablets (BD)
- 4 ounces of juice

Recheck blood sugar in 15 minutes, if still less than 80mg/dl repeat treatment. If no improvement after two treatments, keep pump in suspend, call contact person and continue to treat.

When blood sugar is at least 80mg/dl: if next meal/snack is more than one hour away, give an additional 15 gm snack of complex carbohydrate (example: crackers) Restart pump.

If glucose is low before a meal, SUSPEND pump and treat with carbohydrate as above. When glucose is above 80 mg/dl, restart pump and take usual pre-meal insulin bolus.

Student Name _____

3. TREATMENT OF SEVERE LOW BLOOD SUGAR:

For symptoms of confusion, unconsciousness, or seizure:

- CALL 911
- DO NOT PUT ANYTHING IN MOUTH
- GIVE GLUCAGON IM 1 mg (>44 lbs) 0.5mg (<44lbs)
- Disconnect pump from student

4. TREATMENT OF HIGH BLOOD SUGARS:

If blood sugar is over 300:

- Provide free access to non-calorie fluids and toilet facilities.
- Check for urine ketones. If present: treat per Sick Day Management/DKA Prevention Protocol **using a syringe**. If student does not have ketone strips available but is experiencing symptoms of high blood ketones (lethargy, vomiting, abdominal pain) notify contact person immediately.
- Change infusion set and/or troubleshoot pump (parent/child to do)
- Treat elevated blood sugar without urine ketones per **Blood Sugar Correction Scale, only if at least 3 hours since last bolus**.
- **Recheck** blood sugar/ketones in 3 hours or at regularly scheduled time.

5. INSULIN:

OK to follow Bolus Wizard/dosage calculator programmed in pump.

- Student will give _____ units(s) of insulin via pump for every _____ grams of carbohydrate.
- Student to give the following insulin for high blood sugar, **if greater than 3 hours** from last bolus. Check appropriate box.

Blood Sugar Correction Scale

<input type="checkbox"/> 1: 30 over 150	<input type="checkbox"/> 1: 40 over 150	<input type="checkbox"/> 1: 50 over 150	<input type="checkbox"/> 0.5/50 over 150	<input type="checkbox"/> _____
151-180 1 unit	151-190 1 unit	151-200 1 unit	151-200 0.5 unit	_____ unit
181-210 2 units	191-230 2 units	201-250 2 units	201-250 1 unit	_____ units
211-240 3 units	231-270 3 units	251-300 3 units	251-300 1.5 units	_____ units
241-270 4 units	271-310 4 units	301-350 4 units	301-350 2 units	_____ units
271-300 5 units	311-350 5 units	351-400 5 units	351-400 2.5units	_____ units
301-330 6 units	351-390 6 units	>400 6 units	>400 3 units	_____ units
331-360 7 units	>390 7 units			_____ units
361-390 8 units				_____ units
>390 9 units				

- Call contact person if over 400
- Parent may adjust insulin doses as needed.

Refer to Sick Day Management/DKA Prevention Protocol

Dr. Jacalyn Bishop

Physician Signature _____

Date _____

If school personnel are unable to reach contact person and have an urgent question, please call physician at (248) 347-3344.