# *Endocrine Kids*

**25500 Meadowbrook Road, Suite 130, Novi, MI 48375**

**Phone (248) 347-3344 Fax (248) 305-6845**

**Physician’s Diabetes Orders for School –** ***Multiple Daily Injections***

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

I hereby 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🞏 STUDENT INDEPENDENT:** Student is capable of blood glucose monitoring, drawing and injecting insulin

**🞏 STUDENT SUPERVISION/ASSISTANCE NEEDED (check all that apply)**

* Blood sugar testing
* Insulin administration **(see insulin orders)**

**PARENT(S)/GUARDIAN AND STUDENT ARE RESPONSIBLE FOR PROVIDING AND MAINTAINING:**

* Blood sugar meter, lancing device, lancets and strips
* Continuous glucose sensor (CGM) supplies (if student uses a CGM device)
* Snacks
* Insulin and supplies
* Low blood sugar treatments
* Ketone strips
* Glucagon Emergency Kit or Baqsimi

**1. MEALS / SNACKS:** Meals and snacks per parent according to student’s meal plan.

**2. BLOOD SUGAR TESTING\*:**

□ \*Student uses Dexcom CGM OR Freestyle Libre CGM and may use CGM device to monitor glucose levels in place of blood sugar testing

□ Every day before lunch

□ Every day before snack

□ When symptoms of low or high blood sugar occur and 15 minutes after treatment for low blood sugar

□ Before getting on bus

□ Before gym class

□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. TREATMENT OF LOW BLOOD SUGARS (**Common symptoms of low blood sugar: shaky, dizzy, fatigue, hungry, sweating, headache, irritable, fast heartbeat)

 **For blood glucose less than 80 mg/dL:**

* 4 round glucose tablets **or** 3 square glucose tablets (BD)
* 4ounces of juice
* Low treatment provided by family
* Defer to treatment regimen based on parent/guardian discretion

**Recheck blood sugar in 15 minutes**. If still less than 80 mg/dL, repeat treatment. If still less than 80 mg/dL after two treatments, call contact person.

**When blood sugar is at least 80 mg/d**L: If next meal/snack is more than 3 hours away, give an additional 15 grams of carbohydrate and a protein (e.g. 6 saltine crackers with cheese or 2 graham cracker squares with 4 oz milk) without insulin.

**If glucose is low before a meal**: Treat as directed. When glucose is above 80 mg/dl, take usual pre-meal insulin bolus followed by meal.

**4. SEVERE HYPOGLYCEMIA:** **If unconscious, unable to swallow or having a seizure:**

* Call 911
* Assume low blood sugar is the problem and check blood sugar if possible
* DO NOT PUT ANYTHING IN MOUTH
* Give Baqsimi 🞏 3mg in one nostril x 1 **or** G-Voke injection 🞏 1mg/0.2 mL (>100 lbs) 🞏 0.5mg/0.1mL (<100 lbs)
* Place student on side
* Call contact person

**5. TREATMENT OF HIGH BLOOD SUGARS:** If student has symptoms of high blood sugar (increased thirst, flushed, extra trips to the bathroom) or blood sugar is **>300 mg/dL OR sensor glucose is >300 for 3 hours:**

* Provide access to no-calorie fluids and toilet facilities
* Check for urine ketones. If ketones present: treat per Sick Day Management/DKA Prevention guidelines (attached).
* If student does not have ketone strips available but is experiencing symptoms of high blood ketones (lethargy, vomiting, abdominal pain) notify contact person immediately.
* If unable to reach contact person, call school nurse. If school nurse not available, **call 911**
* Treat elevated blood sugar without urine ketones per **Blood Sugar** **Correction Scale**, **only if at least 2 hours** **since last bolus.**
* **Recheck** blood sugar and urine ketones in 3 hours

**PHYSICIAN INSULIN TREATMENT ORDERS**

***Check those insulin orders that apply for student:***

|  |  |  |
| --- | --- | --- |
| **🞏 Daily fixed insulin dose****Insulin type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **🞏 Insulin:Carbohydrate ratio****(to be given 0-15 minutes before eating unless otherwise noted)**Insulin type: Novolog/Humalog/Fiasp *(circle)* | **🞏 Blood Sugar Correction****Insulin type: Novolog/Humalog/Fiasp** ***(circle)*** |
| Breakfast: \_\_\_\_\_ unitsAM Snack: \_\_\_\_\_ unitsLunch: \_\_\_\_\_ unitsPM Snack: \_\_\_\_\_ units | Breakfast: \_\_\_\_ units per \_\_\_\_ grams carbLunch: \_\_\_\_ units per \_\_\_\_ grams carbSnacks: \_\_\_\_ units per \_\_\_\_ grams carb | Blood Sugar Correction is only given if it has been greater than 3 hours since last insulin dose.\*\*Use scale below |

**BLOOD SUGAR CORRECTION SCALE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **🞏 1:30 over 130** | **⁭🞏 1: 40 over 140** | **⁭🞏 1: 50 over 150** | **⁭🞏 0.5: 50 over 150** | **⁭ \_\_\_\_\_\_** |
| 131-160 1 unit | 141-180 1 unit | 151-200 1 unit | 151-200 0.5 unit |  unit |
| 161-190 2 units | 181-220 2 units | 201-250 2 units | 201-250 1 unit |  units |
| 191-220 3 units | 221-260 3 units | 251-300 3 units | 251-300 1.5 units |  units |
| 221-250 4 units | 261-300 4 units | 301-350 4 units |  301-350 2 units |  units |
| 251-280 5 units | 301-340 5 units | 351-400 5 units | 351-400 2.5units |  units |
| 281-310 6 units | 341-380 6 units |  >400 6 units |  >400 3 units |  units |
| 311-340 7 units |  >380 7 units |  |  |  units |
| 341-370 8 units |  |  |  |  units |
| 371-400 9 units |  |  |  |  units |
|  >400 10 units |  |  |  |  units |

**□ Call contact person if blood sugar over 400 mg/dL**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**□ Parent may adjust insulin doses as needed.**

Dr. Jacalyn Bishop

**Physician signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I have read the school orders and reviewed my child’s treatment plan with my health care provider. I will provide updated orders from my child’s healthcare provider as changes to my child’s treatment plan occur. I authorize the exchange of educational / protected health information between my child’s healthcare team and school personnel.

#### Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Registered nurse may train/delegate school personnel to perform these procedures at school when the RN determines it is safe to do so

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