***Endocrine Kids***

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

**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 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 able to self-administer insulin injections, **independently manage** his/her insulin pump, change infusion sets and calculate appropriate bolus amounts.

⁭□ **STUDENT SUPERVISION/ASSISTANCE NEEDED (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

**Pump Help Lines: Medtronic**: 800-646-4633 **Omnipod**: 800-591-3455 **T-Slim:** 877 801-6901

**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 required pump supplies
* All pump operations
* Low blood sugar treatments
* Ketone strips
* Glucagon Emergency Kit or Baqsimi

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**1. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**For blood sugar less than 80mg/dl** give one of the following fast-acting carbohydrates:

* 4 round glucose tablets **or** 3 square glucose tablets (BD)
* 4 ounces 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 80mg/dl repeat treatment. If no improvement after two treatments, call contact person and continue to treat.

**When blood sugar is at least 80mg/dl**: If next meal/snack is more than 2 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).

**If glucose is low before a meal**, take usual pre-meal insulin bolus recommended by pump followed by a meal.

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. TREATMENT OF SEVERE LOW BLOOD SUGAR: 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/0.2mL (>100 lbs) 🞏 0.5mg/0.1mL (<100 lbs)
* Place student on side
* Call contact person

**4. TREATMENT OF HIGH BLOOD SUGARS:** If student has symptoms of a 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 free access to no-calorie fluids and toilet facilities.
* Check for urine ketones. If ketones present: treat per **Sick Day Management/DKA Prevention Guidelines (attached) 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 and urine ketones in 3 hours

1. **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:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **🞏 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.**