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| **SCHOOL DIABETES ORDERS - INJECTOR**  *Licensed Healthcare Provider (LHP) to Complete Annually*  NAME: **@NAME@** (DOB: @DOB@) SCHOOL: \*\*\* GRADE: \*\*\*  Start date: @TODAYDATE@ for 2022-2023 school year Through last day of school  Other: | |
| **LOW BLOOD GLUCOSE (BG) MANAGEMENT**   1. If BG is below 70 or having symptoms, give \*\*\* grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice). 2. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic. 3. Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time. Do not include low treatment in meal carbs.   **If unconscious, unresponsive, difficulty swallowing, or evidence of seizure: Phone 911 immediately. Do NOT give anything by mouth.**  **If nurse or trained PDA is available, administer Glucagon/Gvoke \*\*\* mg SQ or IM -or- Baqsimi 3mg/nasal spray.** | |
| **HIGH BLOOD GLUCOSE (BG) MANAGEMENT**   1. Correction with Insulin   If BG is over target range \_\_\_\_\_ for \_\_\_\_\_ hours after last bolus or carbohydrate intake, student should receive correction dose of insulin per orders, but only cover with carb ratio at the next meal time.  Never correct for high blood sugars other than at mealtime, unless consultation with student's LHP (Licensed Healthcare Provider) or as set up by 504 plan.   1. Ketones: Test urine/blood ketones if BG > 300 X 2hrs, or  Never. Call parent if child is having moderate or large ketones. 2. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (moderate or large). 3. Encourage student to drink plenty of water and provide rest if needed. | |
| **BLOOD GLUCOSE (BG) TESTING / SENSOR GLUCOSE (SG) VIA CONTINUOUS GLUCOSE MONITOR (CGM)**  BG to be tested: Before meals and for symptoms of low or high BG, or as set up by the 504 plan.  Extra BG testing:  before PE,  before going home,  Use of SG allowed for CGM users for extra testing.  **Blood glucose at which parents should be notified**: Low < 70 mg/dL after 2 treatments, or High >300 mg/dL X 2 hours.  Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if there is a refusal of care by the student. Hyperglycemia alone is not medically justified for sending home this student in absence of symptoms. | |
| **INSULIN ADMINISTRATION at *Mealtime/Snacks***  Apidra  Humalog  Novolog  FIASP | |
| **Insulin to Carb Ratio: 1** unit per \*\*\* grams Carb | *Pre-meal* BG target:  70 - \*\*\* , or  Other: \_\_\_\_\_\_\_\_\_\_ |
| **BG Correction Factor: 1** unit per \*\*\* mg/dL > \*\*\* | Insulin dosing to be given:  before, or after meal |
| Parent/caregiver authorized to adjust insulin for carbs, BG level, or anticipated activity | after meal dosing when before meal BG < 80 mg/dL |
| Licensed medical personnel authorized to adjust the insulin dose by +/- 0 to 5 units after consultation with parent/caregiver | |
| **STUDENT'S SELF-CARE**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **1.** | Totally independent diabetes management |  | **2.** | Student needs supervision.  Specific supervision determined by school nurse and parent as identified in IHP or 504 |  | | If patient wears **Dexcom G6 or FreeStyle Libre** CGM insulin dose per orders based on SG reading per FDA. Test BG if no number, no arrow trend, or if symptoms/expectations do not correlate with SG reading. | | | If patient wears **Medtronic** **Guardian Connect** CGM; Insulin per orders based on BG reading only per FDA. | | | | |
| **DISASTER PLAN ORDERS** | |
| **Parent is responsible for providing and maintaining “disaster kit” and to notify school nurse.** In case of disaster:  Use above BG correction scale + carb ratio coverage for disaster insulin dosing every 3-4 hrs as indicated by BG levels. | |

Electronically signed by: @MECRED@ @TD@ @NOW@ Fax: 509-474-2241

I authorize the exchange of medical information about my child's diabetes management between the LHP and the school nurse

Parent Signature: Print Name: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse Signature: Print Name: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SCHOOL DIABETES ORDERS – INSULIN PUMP**  *Licensed Healthcare Provider (LHP) to Complete Annually*  NAME: **@NAME@** (DOB: @DOB@) SCHOOL: \*\*\* GRADE: \*\*\*  Start date: @TODAYDATE@ for 2022-2023 school year Through last day of school  Other: | |
| **LOW BLOOD GLUCOSE (BG) MANAGEMENT**   1. If BG is below 70 or having symptoms, give  **\*\*\***  grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice). 2. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic. 3. Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time. Do not include low treatment in meal carbs.   **If unconscious, unresponsive, difficulty swallowing, or evidence of seizure: Phone 911 immediately. Do NOT give anything by mouth.**  **If nurse or trained PDA is available, administer Glucagon/Gvoke \*\*\* mg SQ or IM -or- Baqsimi 3mg/nasal spray.** | |
| **HIGH BLOOD GLUCOSE (BG) MANAGEMENT**   1. Correction with Insulin   If BG is over 250 for 2 hours after last bolus or carbohydrate intake, student should receive correction bolus of insulin per insulin orders; pump will account for insulin on board (IOB).  Never correct for high blood sugars other than at mealtime, unless consultation with student's LHP (Licensed Healthcare Provider) or as set up by 504 plan.   1. Ketones: Test urine/blood ketones if BG > 300 X 2hrs, or  Never. Call parent if child is having moderate or large ketones. 2. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (moderate or large). 3. Encourage student to drink plenty of water and provide rest if needed. | |
| **BLOOD GLUCOSE (BG) TESTING / SENSOR GLUCOSE (SG) VIA CONTINUOUS GLUCOSE MONITOR (CGM)**  BG to be tested: Before meals and for symptoms of low or high BG, or as set up by the 504 plan.  Extra BG testing:  before PE,  before going home,  Use of SG allowed for CGM users for extra testing.  **Blood glucose at which parents should be notified**: Low < 70 mg/dL after 2 treatments, or High >300 mg/dL X 2 hours.  Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if there is a refusal of care by the student. Hyperglycemia alone is not medically justified for sending home this student in absence of symptoms. | |
| **INSULIN ADMINISTRATION at *Mealtime/Snacks***  Apidra  Humalog  Novolog  FIASP® Pump Brand: \*\*\* | |
| **Insulin to Carb Ratio: 1** unit per \*\*\* grams Carb  **BG Correction Factor: 1** unit per \*\*\* mg/dL > \*\*\*  **Basal rates adjusted per parents and HCP** | *Pre-meal* BG target:  70- \*\*\* , or  Other:  Insulin dosing to be given:  before, or after meal  insulin & syringe should be used for pump malfunction  after meal dosing when before meal BG < 80 mg/dL |
| Parent/caregiver authorized to adjust insulin for carbs, BG level, or anticipated activity |
| Licensed medical personnel authorized to adjust the insulin dose by +/- 0 to 5 units after consultation with parent/caregiver | |
| **STUDENT'S SELF-CARE**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **1.** | Totally independent diabetes management |  | **2.** | Student needs supervision.  Specific supervision determined by school nurse and parent as identified in IHP or 504 |  | | If patient wears **Dexcom G6** **or FreeStyle Libre** CGM insulin dose per orders based on SG reading per FDA. Test BG if no number, no arrow trend, or if symptoms/expectations do not correlate with SG reading. | | | If patient wears **Medtronic** **Guardian Connect** CGM; Insulin per orders based on BG reading only per FDA. | | | | |
| **DISASTER PLAN & ORDERS** | |
| **Parent is responsible for providing and maintaining “disaster kit” and to notify school nurse.** In case of disaster:  Use above BG correction scale + carb ratio coverage for disaster insulin dosing every 3-4 hrs as indicated by BG levels. | |

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I authorize the exchange of medical information about my child's diabetes management between the LHP and the school nurse

Parent Signature: Print Name: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse Signature: Print Name: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SCHOOL DIABETES ORDERS – HYBRID CLOSED LOOP INSULIN PUMP**  *Licensed Healthcare Provider (LHP) to Complete Annually*  NAME: **@NAME@** (DOB: @DOB@) SCHOOL: \*\*\* GRADE: \*\*\*  Start date: @TODAYDATE@ for 2022-2023 school year Through last day of school  Other: | |
| **LOW BLOOD GLUCOSE (BG) MANAGEMENT**   1. If BG is below 70 or having symptoms, give \*\*\* grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice). 2. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic. 3. Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time. Do not include low treatment in meal carbs.   **If unconscious, unresponsive, difficulty swallowing, or evidence of seizure: Phone 911 immediately. Do NOT give anything by mouth.**  **If nurse or trained PDA is available, administer Glucagon/Gvoke \*\*\* mg SQ or IM -or- Baqsimi 3mg/nasal spray.** | |
| **HIGH BLOOD GLUCOSE (BG) MANAGEMENT**  If BG is over 150 and pump If BG is over 150 and pump  If BG is over 250 for 2 hours after last  Recommends Corrective insulin dosing. Recommends Corrective insulin dosing. bolus or carbohydrate intake, administer  Administer Recommended Dose. Administer Recommended Dose recommended dose.  (Pump will account for insulin on board) (Pump will account for insulin on board) (Pump will account for insulin on board)   1. Ketones: Test urine/blood ketones if BG > 300 X 2hrs, or  Never. Call parent if child is having moderate or large ketones. 2. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (moderate or large). 3. Encourage student to drink plenty of water and provide rest if needed. | |
| **BLOOD GLUCOSE (BG) TESTING / SENSOR GLUCOSE (SG) VIA CONTINUOUS GLUCOSE MONITOR (CGM)**  BG to be tested: Before meals and for symptoms of low or high BG, or as set up by the 504 plan.  Extra BG testing: When the pump requested a blood glucose check to stay in Auto Mode.  before PE,  before going home,  Use of SG allowed for CGM users for extra testing.  **Blood glucose at which parents should be notified**: Low < 70 mg/dL after 2 treatments, or High >300 mg/dL X 2 hours.  Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if there is a refusal of care by the student. Hyperglycemia alone is not medically justified for sending home this student in absence of symptoms | |
| **SENSOR CALIBRATIONS**  Calibrate before lunch daily – Do not calibrate if there are double or triple arrow up or down  When the pump requests a calibration (this is required to stay in Auto Mode)  \*The Medtronic CGM sensor is required for the pump to function in Auto Mode.  \*The Medtronic 670G pump can be used without the sensor as a Manual Mode pump (traditional pump, like previous pump systems)  **INSULIN ADMINISTRATION at *Mealtime/Snacks***  Apidra  Humalog  Novolog  FIASP  **Pump Brand: Medtronic 670G**  **AUTO MODE**  **Insulin dosing to be given:**  **before meal (mandatory)**  **Insulin to Carb Ratio: 1** unit per \*\*\* grams Carb (In auto mode you *cannot* override recommended bolus)  **BG Correction Factor:** Automatically adjusted by pump  **Basal rates are automatically adjusted by pump every 5 minutes**  **MANUAL MODE** | |
| **Insulin to Carb Ratio: 1** unit per \*\*\* grams Carb  **BG Correction Factor: 1** unit per \*\*\* mg/dL > \*\*\*  **Basal rates adjusted per parents and HCP** | *Pre-meal* BG target:  70 - \*\*\* , or  Other:  Insulin dosing to be given:  before, or after meal  insulin & syringe should be used for pump malfunction  after meal dosing when before meal BG < 80 mg/dL |
| Parent/caregiver authorized to adjust insulin for carbs, BG level, or anticipated activity |
| Licensed medical personnel authorized to adjust the insulin dose by +/- 0 to 5 units after consultation with parent/caregiver | |

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| **STUDENT'S SELF-CARE**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **1.** | Totally independent diabetes management |  | **2.** | Student needs supervision.  Specific supervision determined by school nurse and parent as identified in IHP or 504 |  | | If patient wears **Dexcom G6** **or FreeStyle Libre** CGM insulin dose per orders based on SG reading per FDA. Test BG if no number, no arrow trend, or if symptoms/expectations do not correlate with SG reading. | | | If patient wears **Medtronic** **Guardian Connect** CGM; Insulin per orders based on BG reading only per FDA. | | | |
| **DISASTER PLAN & ORDERS** |
| **Parent is responsible for providing and maintaining “disaster kit” and to notify school nurse.** In case of disaster:  Use above BG correction scale + carb ratio coverage for disaster insulin dosing every 3-4 hrs as indicated by BG levels. |

Electronically signed by: @MECRED@ @TD@ @NOW@ Fax: 509-474-2241

I authorize the exchange of medical information about my child's diabetes management between the LHP and the school nurse

Parent Signature: Print Name: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse Signature: Print Name: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DISTRICT 81 SCHOOL DIABETES ORDERS - INJECTOR**  *Licensed Healthcare Provider (LHP) to Complete Annually*  NAME: **@NAME@** (DOB: @DOB@) SCHOOL: \*\*\* GRADE: \*\*\*  Start date: @TODAYDATE@ for 2022-2023 school year Through last day of school  Other: | |
| **LOW BLOOD GLUCOSE (BG) MANAGEMENT**   1. If BG is below 70 or having symptoms, give \*\*\* grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice). 2. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic. 3. Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time. Do not include low treatment in meal carbs.   **If unconscious, unresponsive, difficulty swallowing, or evidence of seizure: Phone 911 immediately. Do NOT give anything by mouth**  **If nurse or trained PDA is available, administer: Glucagon/Gvoke \*\*\* mg SQ or IM -or- Baqsimi 3mg/nasal spray** | |
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| **INSULIN ADMINISTRATION at *Mealtime/Snacks***  Apidra  Humalog  Novolog  FIASP | |
| **Insulin to Carb Ratio: 1** unit per \*\*\* grams Carb | *Pre-meal* BG target:  70- \*\*\* , or  Other: \_\_\_\_\_\_\_ |
| **BG Correction Factor: 1** unit per \*\*\* mg/dL > \*\*\* | Insulin dosing to be given:  before, or after meal |
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| **STUDENT'S SELF-CARE**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **1.** | Totally independent diabetes management |  | **4.** | Student consults with nurse/PDA for insulin dose **or** |  | | **2.** | Student needs BG/SG verification of number by nurse/PDA/designated staff **or** |  |  | Student self-injects insulin with nurse/PDA/ designated staff supervision only **or** |  | |  | Assist BG testing to be done by nurse/PDA |  |  | Injection to be done by school nurse/PDA |  | | **3.** | Student consults with nurse/PDA/designated staff for carbohydrate count |  |  |  |  | | If patient wears **Dexcom G6 or FreeStyle Libre** CGM insulin dose per orders based on SG reading per FDA. Test BG if no number, no arrow trend, or if symptoms/expectations do not correlate with SG reading. | | | If patient wears **Medtronic** **Guardian Connect** CGM; Insulin per orders based on BG reading only per FDA. | | | | |
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I authorize the exchange of medical information about my child's diabetes management between the LHP and the school nurse

Parent Signature: Print Name: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse Signature: Print Name: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev 5.2022

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| **DISTRICT 81 SCHOOL DIABETES ORDERS – INSULIN PUMP**  *Licensed Healthcare Provider (LHP) to Complete Annually*  NAME: **@NAME@** (DOB: @DOB@) SCHOOL: \*\*\* GRADE: \*\*\*  Start date: @TODAYDATE@ for 2022-2023 school year Through last day of school  Other: | |
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| **HIGH BLOOD GLUCOSE (BG) MANAGEMENT**   1. Correction with Insulin   If BG is over 250 for 2 hours after last bolus or carbohydrate intake, student should receive correction bolus of insulin per insulin administration orders; pump will account for insulin on board (IOB).  Never correct for high blood sugars other than at mealtime, unless consultation with student’s LHP (Licensed Healthcare Provider) or as set up by 504 plan.   1. Ketones: Test urine/blood ketones if BG > 300 X 2hrs, or  Never. Call parent if child is having moderate or large ketones. 2. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (moderate or large). 3. Encourage student to drink plenty of water and provide rest if needed. | |
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| **INSULIN ADMINISTRATION at *Mealtime/Snacks***  Apidra  Humalog  Novolog  FIASP Pump Brand: \*\*\* | |
| **Insulin to Carb Ratio: 1** unit per \*\*\* grams Carb  **BG Correction Factor: 1** unit per \*\*\* mg/dL > \*\*\*  **Basal Rates: Basals adjusted per parents and HCP** | *Pre-meal* BG target:  70 - \*\*\* , or  Other:  Insulin dosing to be given:  before, or after meal  insulin & syringe should be used for pump malfunction  after meal dosing when before meal BG < 80 mg/dL |
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Parent Signature: Print Name: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse Signature: Print Name: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 5.2022

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| **DISTRICT 81 SCHOOL DIABETES ORDERS – HYBRID CLOSED LOOP INSULIN PUMP**  *Licensed Healthcare Provider (LHP) to Complete Annually*  NAME: **@NAME@** (DOB: @DOB@) SCHOOL: \*\*\* GRADE: \*\*\*  Start date: @TODAYDATE@ for 2022-2023 school year Through last day of school  Other: | |
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| **HIGH BLOOD GLUCOSE (BG) MANAGEMENT**    **Auto Mode SAFE BASAL MANUAL MODE**  **(Blue Shield) (Grey Shield)**    If BG is over 150 and pump  If BG is over 150 and pump If BG is over 250 for 2 hours after last  recommends corrective insulin dosing. recommends corrective insulin dosing. bolus or carbohydrate intake.  Administer recommended dose Administer recommended dose. administer recommended dose.  (Pump will account for insulin on board) (Pump will account for insulin on board) (Pump will account for insulin on board).   1. Ketones: Test urine ketones if BG > 300 X 2hrs, or  Never. Call parent if child is having moderate or large ketones. 2. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (moderate or large). 3. Encourage student to drink plenty of water and provide rest if needed. | |
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| **SENSOR CALIBRATIONS**  Calibrate before lunch daily – Do not calibrate if there are double or triple arrow up or down  When the pump requests a calibration (this is required to stay in Auto Mode)  \*The Medtronic CGM sensor is required for the pump to function in Auto Mode.  \*The Medtronic 670G pump can be used without the sensor as a Manual Mode pump (traditional pump, like previous pump systems)  **INSULIN ADMINISTRATION at *Mealtime/Snacks***  Apidra  Humalog  Novolog  FIASP  Pump Brand: Medtronic 670G  **AUTO MODE**  **Insulin dosing to be given:  before meal (mandatory)**  **Insulin to Carb Ratio: 1** unit per \*\*\* grams Carb (In auto mode you *cannot* override recommended bolus)  **BG Correction Factor:** Automatically adjusted by pump  **Basal Rates: Basal rates are automatically adjusted by pump every 5 minutes**  **MANUAL MODE** | |
| **Insulin to Carb Ratio: 1** unit per \*\*\* grams Carb  **BG Correction Factor: 1** unit per \*\*\* mg/dL > \*\*\*  **Basal Rates: Basals adjusted per parents and HCP** | *Pre-meal* BG target:  70 - \*\*\* , or  Other:  Insulin dosing to be given:  before, or after meal  insulin & syringe should be used for pump malfunction  after meal dosing when before meal BG < 80 mg/dL |
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