

# SCHOOL DIABETES ORDERS – INJECTOR

Licensed Healthcare Provider (LHP) to Complete Annually

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

Start date: \_\_\_\_\_ for 2023-2024 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 ( \_\_\_\_\_ mg SQ or IM )

## 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
2. Ketones: Test urine ketones if ☐ BG > 300 X 2hrs, or ☐ Never. Call parent if child is having moderate or large ketones.
3. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (moderate or large).
4. 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 child. Hyperglycemia is not medically justified for sending home the student, in absence of symptoms.

**INSULIN ADMINISTRATION at Mealtime/Snacks** ☐ Apidra® ☐ Humalog® ☐ Novolog® ☐ FIASP®  
**Insulin to Carb Ratio:** 1 unit per \_\_\_\_\_ grams Carb  
**BG Correction Factor:** 1 unit per \_\_\_\_\_ 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  
**Pre-meal BG target:** ☐ 70- \_\_\_\_\_, or ☐ Other: \_\_\_\_\_  
**Insulin dosing to be given:** ☐ before, or ☐ after meal  
☐ after meal dosing when before meal BG < 80 mg/dL

## STUDENT'S SELF-CARE Healthcare Provider to Initial Ability Level

1.	Totally independent diabetes management	<input type="checkbox"/>	4.	Student consults with nurse/PDA for insulin dose <b>or</b>	<input type="checkbox"/>
2.	Student needs BG/SG verification of number by staff <b>or</b>	<input type="checkbox"/>		Student self-injects insulin with nurse/PDA or designated staff supervision only <b>or</b>	<input type="checkbox"/>
	Assist BG testing to be done by school nurse/PDA/designated staff	<input type="checkbox"/>		Injection to be done by school nurse/PDA	<input type="checkbox"/>
3.	Student consults with nurse/PDA or designated staff for carbohydrate count	<input type="checkbox"/>			
If patient wears <b>Dexcom G5 or G6</b> CGM per SG reading. Test BG if symptoms or expectations do not match SG. Refer to Dexcom training materials			If patient wears <b>Medtronic or Dexcom G4</b> 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.

If long-acting insulin is not available, then administer rapid-acting insulin every 3-4 hrs as indicated by BG levels.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

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

☐ I do not 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: \_\_\_\_\_

# SCHOOL DIABETES ORDERS – INSULIN PUMP

Licensed Healthcare Provider (LHP) to Complete Annually

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

Start date: \_\_\_\_\_ for 2023-2024 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 ( \_\_\_\_\_ mg SC or IM )

## HIGH BLOOD GLUCOSE (BG) MANAGEMENT

4. 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
5. Ketones: Test urine ketones if ☐ BG > 300 X 2hrs, or ☐ Never. Call parent if child is having moderate or large ketones.
6. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (moderate or large).
7. 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/SG 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 sugar 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 child. Hyperglycemia is not medically justified for sending this student home, 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: Basals adjusted per parents and HCP**

☐ 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

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

## STUDENT'S SELF-CARE Healthcare Provider to Check Box for Ability Level

1.	Totally independent diabetes management	<input type="checkbox"/>	4.	Student consults with nurse/PDA for insulin bolus <b>or</b>	<input type="checkbox"/>
2.	Student needs BG/SG verification of number by staff <b>or</b>	<input type="checkbox"/>		Student self-boluses insulin with nurse/PDA or designated staff supervision only <b>or</b>	<input type="checkbox"/>
	Assist BG testing to be done by school nurse/PDA/designated staff	<input type="checkbox"/>		Insulin bolus to be done by school nurse/PDA	<input type="checkbox"/>
3.	Student consults with nurse/PDA or designated staff for carbohydrate count	<input type="checkbox"/>			
If patient wears <b>Dexcom G5 or G6</b> CGM per SG reading. Test BG if symptoms or expectations do not match SG. Refer to Dexcom training materials			If patient wears <b>Medtronic or Dexcom G4</b> 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.

If long-acting insulin is not available, then administer rapid-acting insulin every 3-4 hrs as indicated by BG levels.

Electronically signed by: \_\_\_\_\_ Date: \_\_\_\_\_

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

☐ I do not 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: \_\_\_\_\_

# SCHOOL DIABETES ORDERS – HYBRID CLOSED LOOP INSULIN PUMP

Licensed Healthcare Provider (LHP) to Complete Annually

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
Start date: \_\_\_\_\_ for 2023-2024 school year ☐ Through last day of school ☐ Other: \_\_\_\_\_

## LOW BLOOD GLUCOSE (BG) MANAGEMENT

5. If BG is below 70 or having symptoms, give \_\_\_\_\_ grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice).
6. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic.
7. 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 ( \_\_\_\_\_ mg SC or IM )

## HIGH BLOOD GLUCOSE (BG) MANAGEMENT

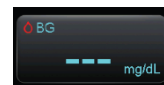
**AUTO MODE**  
(Blue Shield)



**SAFE BASAL**  
(Grey Shield)



**MANUAL MODE**



☐ If BG is over 150 and pump  
Recommends Corrective insulin dosing.  
Administer Recommended Dose.  
(Pump will account for insulin on board)

☐ If BG is over 150 and pump  
Recommends Corrective insulin dosing.  
Administer Recommended Dose  
(Pump will account for insulin on board)

☐ If BG is over 250 for 2 hours after last  
bolus or carbohydrate intake, administer  
recommended dose.  
(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 (mod or lg).
3. Encourage student to drink plenty of water and provide rest if needed.

## BLOOD GLUCOSE TESTING

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 exercise, ☐ before PE, ☐ before going home, ☐ other: as needed/requested by student

**Blood sugar 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 child. Hyperglycemia is not medically justified for sending this student home, in absence of symptoms.

## SENSOR CALIBRATIONS

☐ Calibrate before lunch daily – Do not calibration 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

☐ 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

**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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**STUDENT'S SELF-CARE** *Healthcare Provider to Check Box for Ability Level*

1.	Totally independent diabetes management	<input type="checkbox"/>	4.	Student consults with nurse/PDA for insulin bolus	<input type="checkbox"/>
2.	Student needs BG/SG verification of number by staff <b>or</b>	<input type="checkbox"/>		Student self-boluses insulin with nurse/PDA or designated staff supervision only <b>or</b>	<input type="checkbox"/>
	Assist BG testing to be done by school nurse/PDA/designated staff	<input type="checkbox"/>		Insulin bolus to be done by school nurse/PDA	<input type="checkbox"/>
3.	Student consults with nurse/PDA or designated staff for carbohydrate count	<input type="checkbox"/>	5.	Patient wears <b>Medtronic Guardian</b> CGM; Insulin per orders based on BG readings only	

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**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.

If long-acting insulin is not available, then administer rapid-acting insulin every 3-4 hrs as indicated by BG levels.

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Electronically signed by: \_\_\_\_\_ Date: \_\_\_\_\_

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

☐ I do not 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: \_\_\_\_\_

Revised 4.2022