Kansas Diabetes Health Care Plan

Physician to Complete

Date of Plan: _____

Student's Name: _____

Date of Birth: _____

Blood Glucose Monitoring
Target range for blood glucose is   □ 70-150   □ 70-180   □other _____

Times to check blood glucose (*circle all that apply*)
Circle specific time of day: 8a 9a 10a 11a before lunch after lunch 1p 2p 3p 4p Other_____
□ before exercise   □ after exercise   □ when student exhibits symptoms of hypoglycemia or hyperglycemia
□ Check urine with ketone strip if blood sugar is greater than 280 mg/dL.
Notify Physician if urine ketones are: □ present   □ moderate amt.   □ large amt   □ do not notify

ORDERS FOR MEDICATION
Oral Diabetes Medications   □ Not Applicable
Type of medication: _____ Dosage_____ Frequency_____

Sub-q Insulin and Dosage: □ Not Applicable
Type_____   Dosage_____   Frequency_____
Insulin Pen _____   Please circle type: Luxura, Humalog Disposable, Novolog Jr., Novolog Flexpen

Sliding Scale Insulin and Dosage: □ Not Applicable
Type of Insulin _____
If BS is _____ to _____ mg/dl give ____ units of insulin   If BS is _____ to _____ mg/dl give ____ units of insulin
If BS is _____ to _____ mg/dl give ____ units of insulin   If BS is _____ to _____ mg/dl give ____ units of insulin

Insulin Pumps   □ Not Applicable   □ Follow pump orders as prescribed by specialist/endocrinologist
Type of pump: _____   Type of Insulin in pump_____
Type of infusion set: _____   Algorithm available? □ yes □ no
Insulin to carbohydrate ratio: _____   Sensitivity: _____   Bolus Range: _____
Basal rates: ____ ____ to ___   ____ ____ to ___
              ____ ____ to ___   ____ ____ to ___

Correction for Hypoglycemia
If student is unconscious or having a seizure, presume the student is having low blood glucose and
Call 911 immediately; administer glucagon; and notify parents.
____ Glucagon ½ mg; 1mg; ____mg; (circle desired dose) sub-q/IM should be given immediately.
____ Glucose gel 1 tube inside cheek and massage from outside while waiting or during administration of glucagon.
____ Glucagon/glucose gel could be used if student has documented low blood sugar; is vomiting; unable to swallow.
Student should be turned on side and maintained in this "recovery" position until fully awake.

Insulin Correction Dosage for Hyperglycemia
Type of Insulin _____
If BS is ___ to ____mg/dl give ____units of insulin sq   If BS is ___ to ____mg/dl give ____units of insulin sq
If BS is ___ to ____mg/dl give ____units of insulin sq   If BS is ___ to ____mg/dl give ____units of insulin sq

Other Instructions: _____

PHYSICIAN'S SIGNATURE: _____   DATE: _____

Print Physician Name _____ Physician Contact Phone Number _____