

Name: _____ Date: ____/____/____

School fax: _____ School: _____ DOB: ____/____/____

Unless otherwise ordered, these school orders are for one school year, or there is a change in the student's health status.
**On initiation by the parent, please complete the 504 Plan due to potential learning difficulties associated with diabetes.*

PLEASE COMPLETE THE FOLLOWING:

DIAGNOSIS: Type 1 Type 2 Hyperinsulinemia Hypoglycemia Prediates CGM

THERAPY: Injection (MDI) Insulin pump Other: _____

Rapid acting insulin including Admelog, Apidra, Humalog, NovoLog, or Fiasp

1. BLOOD GLUCOSE AND CGM TESTING: Please check blood sugars before meals and if symptoms of hypo/hyperglycemia. **Students may use CGM readings for insulin dosing calculations instead of blood sugar fingersticks.** If using CGM, have students capture blood sugar values on pump before snacks/meals.

Before breakfast Before lunch As needed: _____

BLOOD GLUCOSE TESTING (School nurse must determine whether it is safe and appropriate):

Independent Dependent with nurse supervision or school nurse delegation

2. CARBOHYDRATE COVERAGE FOR MEALS AND SNACKS:

BREAKFAST: Insulin/carbohydrate ratio: _____

LUNCH: Insulin/carbohydrate ratio: _____

SNACKS: Insulin/carbohydrate ratio: _____

SLIDING SCALE: _____

*Boluses may be given pre-meal or post-meal per patient discretion.

3. SNACKS: (Check One):

ARE required, follow the above carbohydrate order (Check boxes when needed):

Mid-morning Mid-afternoon

ARE NOT required, but if eaten, follow the above carbohydrate order

*Snacks to cover low sugars do not require insulin coverage.

4. MICRO-DOSING (using CGM and omnipod)

IS NOT required

IS required (Check boxes and fill in when needed):

_____ _____ _____

5. HYPOGLYCEMIA: (Signs of hypoglycemia include hunger, feeling funny, shakiness, irritability, tiredness, drowsiness, weakness, paleness, dizziness, sweating, inability to concentrate, and personality changes. If present, check blood sugar or CGM reading).

For blood glucose less than 80, use the 15/15 treatment method: Escort to nurse's office, and treat with 15 grams of fast-acting carbs. Recheck blood glucose in 15 minutes, and treat again if needed. If the next meal or snack is more than 45 minutes away, please follow with a small snack containing complex carbohydrates and protein, such as cheese or peanut butter crackers. If low occurs right before lunch, follow the 15/15 treatment, and allow the student to eat lunch. Then, cover lunch carb intake subtracting 15 grams. If blood glucose is <60 when first checked, treat with 30 grams of a simple carbohydrate. Blood glucose is <60 when first checked, treat with 30 grams of a simple carbohydrate.

FOR PUMP USERS ONLY:

May suspend or disconnect his/her pump at any time to treat or prevent a low blood sugar. (Check one):
 Independently **With assistance**

6. GLUCAGON: May be administered as needed for severe hypoglycemia. Give intramuscularly, intranasally, or subcutaneously if unconscious, seizing, or unable to swallow. Call 911. (Check box for dose to give):

0.5 MG **1.0 MG** **Baqsimi 3 MG**

Possible side effects of Glucagon include nausea or vomiting. Position student on side after glucagon administration until fully awake. Glucagon may not be self administered. Glucagon/Baqsimi or glucose gel (and other needed diabetes supplies) must be taken on field trips.

7. HYPERGLYCEMIA: (Signs of hyperglycemia include thirst, frequent urination, fatigue or sleepiness, blurred vision, difficulty concentrating, flushing of skin, sweet or fruity breath, nausea, and vomiting. If present, check blood sugar or CGM reading).

School nurse may supervise and/or administer pump bolus or injection of rapid-acting insulin for blood glucose per sliding scale. Only repeat after two hours from the first correction dose. **Encourage oral hydration for BG/CGM >350 (16-20 ounces).**

INSULIN ADMINISTRATION (Check one box only):

Independent (without help or supervision)

Dependent

Independent with parent indirect supervision. Insulin administration may be progressed to independent if school nurse and parents determine this to be safe and appropriate. This is a mutual plan established by parents and school. Prior approval must be obtained.

Students should receive additional care at home, at a hospital, or through follow-up with a physician if:

- Blood glucose is high **AND** remains high two hours after treatment
- Persistent hyperglycemia (blood glucose >400) after 3-4 hours of treatment and monitoring despite 2+ insulin coverage for high. Recheck blood sugar no sooner than a half hour after correction dose is given.
- If patient is vomiting.

INSULIN SIDE EFFECT: hypoglycemia. Do not correct high blood sugars more frequently than every two hours with rapid-acting insulin.

OR: _____

Coverage may be repeated every two hours based on sliding scale if blood sugars remain greater than 350. If participating in gym, active recess, or intramural activity, hydration needs to be encouraged.

FOR PUMP USERS ONLY:

Allow pump correction features to determine dosage with the input of blood glucose and/or carbohydrate intake. In the event of pump failure, use the sliding scale every two hours.

In case of pump malfunction, call pump manufacturer Help Line (phone number on the back of the pump) to troubleshoot problem. If alarm is fixable, the representative will talk you through the solution. If the pump needs to be replaced, disconnect the pump, and contact the parents to administer alternate insulin regimen as prescribed.

Any time blood sugars do not respond to correction bolus, check infusion setting. It may need to be changed, and insulin managed by injection based on the student's sliding scale. Please contact parents if this occurs.

8. URINE DIPS: Please check urine ketones if blood sugar is over 300 for four consecutive hours and/or if student is vomiting. Parents will supply ketone strips. Please refrain student from exercise when ketones are present. If positive, please give coverage based on sliding scale and encourage student to drink one-to-two cups of water or other sugar-free fluid per hour.

9. ABSENTEEISM: Student is exempt from the policy if the reason is related to his/her diagnosis according to the Americans with Disabilities Act. Examples of such occurrences include physician appointments, hospitalization, educational classes related to diagnosis, diabetic ketoacidosis, hypoglycemia, and profound hyperglycemia. Recurrent school absenteeism from diabetes should be rare and will not be excused by this service.

10. FIELD TRIPS: Student may participate in field trips. Glucagon/Baqsimi or glucose gel need to be taken on field trips.

11. FREQUENT BATHROOM BREAKS and drinks are permitted at any time not just with hypo- and hyperglycemic episodes. There should be no punitive action taken.

12. ACADEMIC TESTING: If student is experiencing a hypoglycemic (<80) or hyperglycemic (>350) episode prior to or during a test, the student must retake the test at a later time. Uncontrolled blood sugars can affect the thought process and ultimately affect grades.

13. Please call **304-598-4835** if there are any questions or concerns.

Evan A. Jones, MD, PhD
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WVU Department of Pediatrics
Pediatric Endocrinology

Date: ____/____/____

I GIVE MY PERMISSION FOR MY CHILD TO BE TREATED PER ABOVE ORDERS AND FOR THE EXCHANGE OF PERTINENT INFORMATION BETWEEN THE SCHOOL AND DOCTOR'S OFFICE. I UNDERSTAND IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO PROVIDE INSULIN AND ALL TESTING AND TREATMENT SUPPLIES.

Signature of Parent/Guardian

Date: ____/____/____