

Name: _____ DOB: ____/____/____

School fax: _____ School: _____ Date: ____/____/____

School Nurse E-Mail: _____

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

PLEASE COMPLETE THE FOLLOWING:DIAGNOSIS: Type 1 Type 2THERAPY: Injection (MDI) Insulin pump CGM Rapid acting insulin, including Admelog, Apidra, Humalog, NovoLog, Fiasp, Lyumjev

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

 Before breakfast Before lunch As needed: _____

Due to compatibility of CGMs and insulin pumps, all cellular devices, readers, and/or controllers should be kept within 20 feet of the student at all times to prevent data and communication loss. Students should only be using devices for medical purposes while in class.

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 parent discretion.*3. SNACKS:**

Snacks to cover low sugars do not require insulin coverage. Snacks are not required but can be given as needed. Follow the above carbohydrate order if not used for treating lows.

4. HYPOGLYCEMIA: (Signs of hypoglycemia include hunger, feeling funny, shakiness, irritable, tired, drowsy, weakness, paleness, dizziness, sweating, inability to concentrate, personality changes. If present, check blood sugar or CGM reading. Parents may modify carbohydrate grams for treating lows.)

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 greater than 45 minutes away, please follow with a small snack containing complex carbohydrate and protein, such as cheese or peanut butter crackers. If low occurs right before lunch, follow the 15/15 treatment method and allow the student to eat lunch. Then, cover the carb intake subtracting 15 grams. If blood glucose is <60 when first checked, treat with 30 grams of a simple carbohydrate. Then, cover lunch carb intake subtracting 30 grams.

FOR PUMP USER ONLY:

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

- Independently** **With assistance**

5. GLUCAGON: May be administered as needed for severe hypoglycemia. Give intramuscularly or subcutaneously if unconscious, seizing, or unable to swallow. Call 911. (Glucagon kit/Gvoke dose; Baqsimi = 3mg only)

- 0.5 MG** **1.0 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.

6. 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:

- 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 short-acting insulin.

FOR PUMP USER 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 and revert back to multi-dose injections.

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

7. 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 sugarfree fluid per hour.

8. ABSENTEEISM: Student is exempt from the policy if the reason is related to their 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.

9. **FIELD TRIPS:** Student may participate in field trips. Glucagon/Baqsimi or glucose gel must be taken on field trips.

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

11. **ACADEMIC TESTING:** If student is experiencing a hypoglycemia (<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.

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

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: ____/____/____

Evan A. Jones, MD, PhD
Brian Ely, MD
Kathleen P. Sorkin, APRN, CDCES
Elizabeth Minchau, DNP, APRN-BC

Date: ____/____/____


WVU Medicine Children's

Department of Pediatrics
Pediatric Endocrinology
1 Medical Center Drive
Morgantown, WV 26506-9214

10 Medical Park
Wheeling, WV 26003-6389

INSTRUCTIONS FOR COMPLETION OF DIABETES SCHOOL ORDERS

Patients and families,

Our team places the highest priority on meeting the diabetic needs of your child as we transition into the upcoming school year. To ease this transition, we are asking that you please complete the following steps so that your child will have optimal diabetes management at school.

1. Please contact your school nurse and schedule a meeting prior to the start of school.
2. Complete this Diabetic School Orders in its entirety prior to meeting with your school nurse. During your meeting, please discuss the information on the form and any concerns for your child's care while they attend school. Please agree upon a plan of care for your child during school hours.
3. Send the completed form through any of the options listed below:
 - Fax to 304-293-1234. Your school nurse may also be able to assist in faxing your forms during the meeting.
 - Send through MyWVUChart as an attachment. If you have not signed up for MyWVUChart, our office can assist you.
 - Mail to: WVU Pediatric Endocrinology
PO Box 9214
Morgantown, WV 26506
4. Allow 5-7 days for our office to receive and review completed forms. We will then send completed forms with a physician's signature to your child's school using the information provided on the form. If a verified fax number or e-mail is not included on the Diabetic School Orders form, this will prolong the process.

Please Note: Schools will not permit children to ATTEND school without the Diabetic School Form being completed and signed by a physician. If you have any questions, please contact our office.