

**HEALTH CARE PROVIDER ORDERS  
FOR STUDENTS WITH DIABETES IN WASHINGTON STATE SCHOOLS**

*Guidelines for Care of Students with Diabetes*

STUDENT'S NAME \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Emergency numbers for parents (phone) \_\_\_\_\_ (Cell contact 2) \_\_\_\_\_ (//Cell) \_\_\_\_\_

Doctor's phone number \_\_\_\_\_ Other contacts \_\_\_\_\_ Phone \_\_\_\_\_

HYPOGLYCEMIA (fill in individualized instructions on line or use those in parenthesis)

Unconscious \_\_\_\_\_ (phone 911) (Other orders) \_\_\_\_\_

Blood sugar < 60 and symptomatic \_\_\_\_\_ (juice, pop, candy) \_\_\_\_\_

Blood sugar < 100 and symptomatic \_\_\_\_\_ (crackers/cheese) \_\_\_\_\_

Blood sugar < 80 and asymptomatic \_\_\_\_\_ (feed partial meal) \_\_\_\_\_

Blood sugar > 100 and symptomatic \_\_\_\_\_ (feed partial meal)

Blood sugar at which parent should be notified—low \_\_\_\_\_ high \_\_\_\_\_

BLOOD SUGAR AND INSULIN DOSAGE prior to lunch (R is regular and H is lis-pro) \_\_\_\_\_ any other insulin requested

Blood sugar < 100 \_\_\_\_\_ units R - H - other \_\_\_\_\_ (see hypoglycemia above)

Blood sugar 100–149 \_\_\_\_\_ units R - H - other \_\_\_\_\_

Blood sugar 150–199 \_\_\_\_\_ units R - H - other \_\_\_\_\_

Blood sugar 200–249 \_\_\_\_\_ units R - H - other \_\_\_\_\_

Blood sugar 250–299 \_\_\_\_\_ units R - H - other \_\_\_\_\_ (check ketones)

Blood sugar 300–349 \_\_\_\_\_ units R - H - other \_\_\_\_\_ (check ketones)

Blood sugar 350–399 \_\_\_\_\_ units R - H - other \_\_\_\_\_ (check ketones)

Blood sugar > 400 \_\_\_\_\_ units R - H - other \_\_\_\_\_ (check ketones)

• Licensed medical personnel allowed to give \_\_\_\_\_ units (minimum) of insulin to \_\_\_\_\_ units (maximum) of R, H, other \_\_\_\_\_ insulin after consultation with the parent/guardian

• Other insulin instructions (i.e., CHO counting): \_\_\_\_\_

• If urine ketones (trace, small, moderate, large) call parents (circle one or more)

STUDENT'S SELF-CARE (ability level) Initials of: Parent HCP School Nurse

Totally independent management or \_\_\_\_\_

1. Student tests independently or \_\_\_\_\_

student needs verification of number by staff or \_\_\_\_\_

assist/testing to be done by school nurse \_\_\_\_\_

2. Student administers insulin independently or \_\_\_\_\_

student self-injects with verification of number or \_\_\_\_\_

student self-injects with nurse supervision or \_\_\_\_\_

injection to be done by school nurse \_\_\_\_\_

3. Student self-treats mild hypoglycemia \_\_\_\_\_

4. Student monitors own snacks and meals \_\_\_\_\_

5. Student tests and interprets own urine ketones \_\_\_\_\_

6. Student tests and interprets own blood ketones \_\_\_\_\_

7. Student carries own supplies \_\_\_\_\_

HCP \_\_\_\_\_ (print/type) \_\_\_\_\_ signature \_\_\_\_/\_\_\_\_/\_\_\_\_ date

Parent \_\_\_\_\_ (print/type) \_\_\_\_\_ signature \_\_\_\_/\_\_\_\_/\_\_\_\_ date

School Nurse \_\_\_\_\_ (print/type) \_\_\_\_\_ signature \_\_\_\_/\_\_\_\_/\_\_\_\_ date

Start date: \_\_\_\_ day \_\_\_\_ mo. \_\_\_\_ yr. Termination date: \_\_\_\_ day \_\_\_\_ mo. \_\_\_\_ yr. or End of school year: \_\_\_\_\_

Must be renewed at beginning of each school year

DISASTER INSULIN DOSAGE-in case of disaster how much insulin should be given? Recommend 80% of usual dose

A.M. \_\_\_\_\_ units R - H - other \_\_\_\_\_ units Lente NPH Ultralente Lantus other

Noon \_\_\_\_\_ units R - H - other \_\_\_\_\_ units Lente NPH Ultralente Lantus other

P.M. \_\_\_\_\_ units R - H - other \_\_\_\_\_ units Lente NPH Ultralente Lantus other

Bedtime \_\_\_\_\_ units R - H - other \_\_\_\_\_ units Lente NPH Ultralente Lantus other