

HEALTH SERVICES DEPARTMENT
MIDLAND PARK PUBLIC SCHOOLS
MIDLAND PARK, NEW JERSEY

Healthcare Provider Orders for Diabetes Maintenance in School

Student's Name _____ Grade _____ School Year _____ Date _____

Task

Action(s)

Blood Glucose Testing

- _____ for signs/symptoms of low blood sugar
- _____ for signs symptoms of high blood sugar
- _____ every day before lunch
- _____ other (specify) _____
- _____ notify parents immediately for blood sugar < _____ mg/dl and/or > _____ mg/dl
- _____ can child perform own test? Yes ___ No ___ adult supervision needed? Yes ___ No ___

Urine Ketone Testing

- _____ for blood sugar > _____ mg/dl
- _____ for acute illness, i.e. vomiting, fever, etc.
- _____ student must have unlimited access to restroom and drinking fountain/water bottle
- _____ notify parents immediately for moderate/large ketones (Note: if parents cannot be reached and the student has moderate/large ketones and is vomiting, call 911 for transport to E.R.)
- _____ restrict gym/sports for small - large ketones

Meal Planning

- _____ mid-morning snack at _____ am
- _____ mid-afternoon snack at _____ pm
- _____ other (specify)
- _____ snacks should be taken (specify)
 - _____ Classroom
 - _____ Nurse's Office
 - _____ Other (specify)

Activity

_____ no restrictions unless ketones present; see above
_____ Medical ID must be worn at all times including during gym/sports/etc.
_____ may attend class trips/field trips/etc.
_____ other (specify) _____

Insulin at school

_____ administer Regular/Humalog/Novolog insulin subcutaneously as follows:
time _____ sliding scale _____

by syringe, pen (choose) _____
_____ can student give own injections Yes ___ No ___ (all insulin injections should be supervised by nurse)

Basal/Bolus Protocol

_____ students with insulin infusion pumps _____ or Lantus (glargine) _____
_____ Basal Rates: _____
_____ Bolus Rates: Meal Bolus _____
Correction Bolus _____

HypoglycemiaGlucagon

_____ treat all blood sugars < _____ mg/dl with or without symptoms or < _____ with symptoms.
_____ for severe hypoglycemia (or suspected severe hypoglycemia) when the student is unconscious or unable to swallow, give _____ mg Glucagon I.M. or S.Q. AND contact parents, and call 911.

Signature of Physician and Stamp _____

Parent's Signature _____

Certified School Nurse _____

School Physician Signature _____