

Student

Snacks: Please allow agram snack at □ before/after exercise, if needed. Snacks: Please allow agram snack at □ before/after exercise, if needed. Snacks: Treatment for Hypoglycemia/Low Blood Sugar personality change, if unny, irritability, inattentiveness, ting sensations headacher hunger, clammy skin dizziness, drowsines: If student is showing signs of hypoglycemia or if BG/SG is belowmg/dl mg/dl Treat with grams of quick-acting glucose: in or juice or glucose tablets or Glucose Gel or Other Retest blood sugar every 15 minutes, repeat treatment until blood sugar level is above targetmg/dl shallow fast breathin fainting If no meal or snack within the hour give a 15-gram snack If student unconscious or having a seizure (severe hypoglycemia): Call 911 and then parents	School:					
Transportation: IBus ICar IVan IType 1 Type 2 Parent/Guardian Contact: Call in order of preference Relationship I 1	Start Date: Name:	End Da Grade/	Homeroom: Teacher:			
Parenti Guardian Contact: Call in order of preference Relationship 1						
Name Telephone Number Relationship 1			□ Type 1 □ Type 2			
2.	Name	Telephone Number	-			
3	2					
Blood Glucose Monitoring: Meter Location	3					
BG= Blood Glucose SG= Sensor Glucose Testing Time Before Breakfast/Lunch 1-2 hours after lunch Before/after snack Before/after exercise. Before breakfast/Lunch Other Snacks: Please allow a gram snack at before/after exercise, if needed. Signs of low Blood Stagar Snacks: Please allow a gram snack at before/after exercise, if needed. Signs of low Blood Stagar If student is showing signs of hypoglycemia or if BG/SG is below mg/dl inattentiveness, ting sensations headache hunger, clammy shin 0 Treat with grams of quick-acting glucose: surred speech, seehid duck is above targetmg/dl 1 ft no meal or snack within the hour give a 15-gram snack if student unconscious or having a seizure (severe hypoglycemia): Call 911 and then parents Baqsimi 3 mg intranasally 1 ft student showing signs of high blood sugar or if blood sugar is abovemg/dl Baqsimi 3 mg intranasally 1 Notify parent/guardian for blood sugar over 250 mg/dl, Notify parent/guardian if ketones are moderate to large 1 Notify parent/guardian for blood sugar overmg/dl 2 Student does not have to be sent home for trace/small urine ketones 2 See insulin correction scale (next page) 2	Prescriber Name	Phone	Fax			
Testing Time Before Breakfast/Lunch 1-2 hours after lunch Before/after snack Before/after exercise. Before recess Before bus ride/walking home Always check when student is feeling high, low and during illness Other Snacks: Please allow agram snack at before/after exercise, if needed. Snacks are provided by parent/guardian and are located in	Blood Glucose Monitoring: M	1eter Location	_ Student permitted to carry meter and check in class	ssroom 🗆 Yes 🗆 No		
Before bus ride/walking home □ Always check when student is feeling high, low and during illness □ Other	$BG=Blood Glucose \qquad SG=S$	ensor Glucose				
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	□ See insulin correction scale (next page)					

Document all blood sugars and treatment

Name:

		Orde	rs for Insul	in Admini	stration		
Insulin is administer	red via: □Vi	ial/Syringe	Insulin P	en [□ Not taking	insulin at school	
Can student draw	up correct dos	se, determine correc	et amount	and give o	own injectio	ons?	
□Yes	∃No	□Needs supervis	sion (desci	·ibe)			
Insulin Type:		Student permitted	to carry ins	ulin & supp	olies: 🗆 Yes	□No	
Calculation of Ir	isulin Dose: A	A+B=C					
A. Insulin to Carbo	ohydrate Ratio:	1 unit of Insulin per	gra	ns of carbo	ohydrate		
Give units for							
	grams	OR .		÷	=	U	nits of Insulin (A)
Give units for			Carbohydra	ites Carl	oohydrate	Carbohydrate Bolus	
Give units for	grams		To Eat		Ratio		
B. Correction Fact	or: unit/s	of insulin for every _		mg/d :get BG	1		
If BG/SG is	tomg/d	l Give units		8			
If BG/SG is	tomg/d						
	tomg/d			_	_	<u> </u>	Units of Insulin (B)
	tomg/d		Curren	t Target	 Amount	 Correction	
If BG/SG is	Ŭ	l Give units	BG/SG	-	to Correct		
	to mg/d to mg/d		00/30	50			
If BG/SG is		l Give units					
C. Mealtime Insulin dose = A + B							
□ Other:							
Give mealtime dose: 🗆 before meals 🔅 immediately after meals 🔅 If blood glucose is less than 100mg/dl give after eating							
Parental authorization	ation should be c	btained before admini	stering a co	rrection do	se for high bl	ood glucose level (exclud	ling meal time)
□Parents are author	rized to adjust th	ne insulin dosage +/- b	oy un	its for the f	following reas	sons:	
□Increase/Decrease	Carbohydrate	□Increase/Decreas	se Activity	□Partic	es □Othe	r	
	Student self-c	are task		Independ	lent	School Assistance	
	D1 1 01					1	-

Student self-care task	Independent	School Assistance
Blood Glucose Monitoring		
Carbohydrate Counting		
Selection of snacks and meals		
Insulin Dose calculation		
Insulin injection Administration		
Treatment for mild hypoglycemia		
Test Urine/Blood for Ketones		

Authorization for the Release of Information:

I hereby give permission for	(school) to exchange specific, confidential medical information with		
(1	Diabetes healthcare provider) on my child	, to develop more effective ways	
of providing for the healthcare ne	eeds of my child at school	psitere	
Prescriber Signature	Date	University Hospitals	
Parent Signature	Date	Rev. 10/2019 Reviewed by	

Drs Carly Wilbur & Jamie Wood