



Wichita Endocrinology Health Care Provider Order for Insulin Administration in Schools or Daycare

Dr. Dee Spade, DO

1515 S. Clifton, Suite 103

Wichita , KS 67218

Date: _____

Student Name: _____

Type of Insulin: Humalog®

Novolog®

Apidra®

Type of Therapy: MDI

Pump Therapy

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School Year: _____

Date of Birth: _____

Prescribed Insulin Ratio for carbohydrate consumption:

- Carbohydrate ratio for breakfast: 1 unit Humalog/Novolog/Apidra for ____ grams of carbohydrates
- Carbohydrate ratio for lunch: 1 unit Humalog/Novolog/Apidra for ____ grams of carbohydrates

Acceptable Range for Carbohydrate Ratio Changes:

Parents may adjust the insulin ratio by 5-10 GRAMS CARBOHYDRATE PER 1 UNIT OF INSULIN from the above stated prescribed insulin ratio during the school year as needed. School nurse is **NOT** authorized to change this ratio without orders from parent.

- Student should be receiving his/her meal time insulin prior to eating unless ordered differently.
- All students on insulin pumps should be entering blood glucose into pump for meal boluses unless otherwise ordered (or requested by parent for young, picky eaters).

Recommended Blood Glucose Target Range for school age children is 70-140 before meals.

Blood Glucose Testing:

- Test blood glucose before meals, 2 hours after meals if needed and or symptomatic of low glucose. (Parent may indicate needing 2 hour post meal reading)
- Test blood glucose before and after PE if symptomatic of low (parent discretion)
- Test blood glucose before and after recess (parent discretion)

Continuous Glucose Monitors (CGM) at school:

- CGM's are not intended to replace blood glucose monitoring. Students wearing a CGM device are to test their blood glucose reading before meals, 2 hours after meals if needed and or symptomatic of low glucose.
- Blood glucose treatment decisions are not to be made based on CGM readings.

Hypoglycemia Treatment: Less than 70 (6 and older) Less than 80 (5 and younger)

- Treat with 15 grams of **quick-acting carbohydrate** such as ½ cup juice, 1 cup milk, 4 glucose tablets.
- Blood glucose should be rechecked in 15-20 minutes.
- If greater than 30 minutes prior to next meal/snack follow this treatment with 10-15 grams complex carbohydrate such as crackers and peanut butter.
- Student should return to class as soon as blood glucose has risen to target range and symptoms lessen. If child is unable to swallow, cake icing may be used.
- If child is unconscious or having a seizure due to low blood glucose, administer Glucagon IM. (1mg IM for children over 5 years of age and ½ mg IM for children under 5 years of age.)

Hyperglycemia Treatment: Over 250 regardless of age

- ⊗ Check urine for ketones. If **negative, trace or small ketones:**
Drink 8 oz. water every hour that glucose is elevated.
Recheck ketones next void.
If student is on an insulin pump, enter blood glucose into pump for correction dose.
If student is on injections, corrections may be given using insulin sensitivity factor (ISF) **per parent** discretion using the following formula:

Current blood glucose - 150 divided by ISF = number of units for correction

- ⊗ Newly diagnosed children may not have a sensitivity factor. Parent should be contacted for discretion.
- ⊗ Correction doses should not be delivered sooner than **two** hours from the previous correction dose.
√ **Current ISF:** _____

**** If moderate-large ketones and high glucose levels, additional rapid acting insulin is required by injection.**

- ⊗ Contact parent for correction dose. If unable to reach parent within 20 minutes, nurse may contact Wichita Endocrinology diabetes educator for correction dosing (written parental permission must be on file).
- ⊗ The student must drink 6-8 oz. water every hour that glucose is elevated and ketones positive.
- ⊗ Recheck ketones with next void.
- ⊗ If student is on an insulin pump, the pump infusion site must be changed (parent/student should change the infusion site) and correction dose of insulin for ketones **must** be given by injection.
- ⊗ If no replacement pump infusion site is available, shots must be resumed to correct glucose and carbohydrate intake.

If student requires more than 2-3 correction doses of insulin per week, please contact the parent or legal guardian to make insulin adjustments.

If directed by parent, pumps may be disconnected at the pump site. A pump may need to be disconnected during contact sports, water sports or if child is experiencing lows that are not responding to treatment.

If communication between the school nurse and the physician office is requested, a release of information (ROI) needs to be on file with Wichita Endocrinology, LLC.

You may request a release of information from Wichita Endocrinology if you have not filled one out for each new school year.

Signature of Health Care Provider: _____ **Date:** _____

Parent contact information: _____

Alternate emergency contact information: _____

Supplies to be kept at school based on type of diabetes therapy

Insulin Pump Therapy Supplies	MDI Supplies
⊗ Blood glucose meter	⊗ Blood glucose meter
⊗ Test strips	⊗ Test strips
⊗ Lancet device with lancets	⊗ Lancet device with lancets
⊗ Ketone strips	⊗ Ketone strips
⊗ Syringes	⊗ Syringes
⊗ Insulin: Humalog/Novolog/Apidra	⊗ Insulin: Humalog/Novolog/Apidra
⊗ Pump reservoirs	⊗ Insulin pen
⊗ Pump infusion sets	⊗ Insulin pen needles
⊗ Supply of snacks for lows	⊗ Supply of snacks for lows