

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

STUDENT'S NAME _____ Student's birthdate ___/___/___ School _____ Grade ___
 Emergency numbers for parents (phone) _____ (Cell contact 2) _____ (//Cell) _____
 Doctor's phone number _____ Other contacts _____

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)

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 _____

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.