

**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)

<b>DISASTER INSULIN DOSAGE</b> -in case of disaster how much insulin should be given? Recommend <b>80%</b> 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)

**Totally independent management or**

	Initials of: Parent	HCP	School Nurse
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.