Individualized Healthcare Plan – Diabetes with Multiple Daily Injections
Healthcare Provider Orders

EFFECTIVE DATE:	**END DATE:**
STUDENT'S NAME:	Date of Birth:
DIABETES HEALTHCARE PROVIDER INFORMATION Name:	
Phone #: Fax #:	
SCHOOL: / Grade	School Fax:

Monitor Blood Glucose – test ... (reference Hypo/Hyperglycemia treatment protocol for BG < 70 and BG ≥ 250)

☐ If student has symptoms of high or low blood glucose

Breakfast ☐ Before ☐ After Exercise /PE/gym/recess: ☐ Before ☐ After

Lunch: ☐ Before ☐ After ☐ Before leaving school

Snack: ☐ Before ☐ After ☐ Other: _____

Where to test: ☐ Classroom ☐ Health office ☐ Other: _____

☐ **Without moving student if has low blood glucose symptoms**

Continuous Glucose Monitoring: Type of CGM: _____

Student may use reading from CGM for: ☐ Insulin dosing ☐ End of day check ☐ Before activity check

Perform a finger stick: ☐ Blood glucose is rapidly changing when dosing insulin ☐ To confirm hypoglycemia

☐ Hyperglycemia ☐ Calibrations ☐ Other: _____

Routine Daily Insulin Injection:

Insulin Delivery: ☐ Syringe/vial ☐ Pen ☐ Smart Pen

Insulin Type: ☐ rapid acting (Insulin Lispro/Insulin Aspart/FIASP) ☐ other: _____

Step 1. BLOOD GLUCOSE CORRECTION

☐ USE THE FOLLOWING PARAMETERS TO CALCULATE CORRECTION DOSE

Target blood glucose: _____ mg/dL **Insulin sensitivity factor:** _____

$$\frac{\text{(Current Blood Glucose – Target Blood Glucose)}}{\text{Insulin Sensitivity Factor}} = \text{\_\_\_\_\_ Units of Insulin}$$

When to give correctional insulin:

☐ Before breakfast ☐ Before lunch ☐ Other: _____

☐ All BG/SG results to be entered into the Smart Pen to determine dosing.

Do not give correction dose more than once every 3 hours.

☐ Use correction scale

Glucose range	Insulin Units
mg/dL	
mg/dL	
mg/dL	
mg/dL	
mg/dL	
mg/dL	
mg/dL	

Step 2. CARBOHYDRATE COVERAGE

Bolus Meal Insulin: ☐ Before eating or ☐ After eating

☐ If BG <70 before a meal, treat with carbohydrate per algorithm for blood glucose results.

☐ USE THE FOLLOWING PARAMETERS TO CALCULATE CARBOHYDRATE COVERAGE DOSE

BREAKFAST 1 unit of insulin per _____ grams of carbohydrate

LUNCH 1 unit of insulin per _____ grams of carbohydrate

AM SNACK 1 unit of insulin per _____ grams of carbohydrate

PM SNACK 1 unit of insulin per _____ grams of carbohydrate

$$\frac{\text{Total Grams of Carbohydrates to Be Eaten}}{\text{Insulin-to-Carbohydrate Ratio}} = \text{\_\_\_\_\_ Units of Insulin}$$

When to give carbohydrate coverage insulin:

☐ Breakfast ☐ Lunch ☐ Snack ☐ Special Occasions ☐ Other: _____

Step 3. MEALTIME TOTAL INSULIN DOSE

Blood Glucose Correction + Carbohydrate Coverage= Insulin Dose

Round doses to the nearest: ☐ Half unit ☐ Whole unit

MEDICATION	Frequency	DOSE	ROUTE	NOTES
Tresiba/Lantus	Once daily at _____	_____ units	Subcutaneous	Injection to be witnessed or performed by the nurse or trained person.
PRN Glucagon	PRN Severe Hypoglycemia	☐ 1 mg ☐ 0.5 mg	IM or SC Injection	Administration site includes buttocks, arm, or thigh by the nurse or trained person.

Exercise and Sports

A quick-acting source of glucose such as glucose tabs or sugar-containing juice should be available at the site of physical activity or sports.

Do not exercise with moderate to large ketones per hyperglycemia protocols.

☐ Student should monitor blood glucose hourly.

☐ Student should eat **_____ grams of carbohydrates:**

☐ Before ☐ Every 30 minutes during ☐ Every 60 minutes during ☐ After vigorous activity

☐ If pre-exercise blood glucose is less than **_____ mg/dL**, student can participate in physical activity once blood glucose is corrected and above **_____ mg/dL.**

☐ If pre-exercise blood glucose is less than **_____ mg/dL**, student can participate in physical activity once they consume a _____ gram snack with protein.

☐ If student is to exercise right after lunch, student should subtract _____ gm from their carbohydrate count.

Parent/Guardian Authority to Adjust Insulin Dose

Dose adjustment allowed up to 20% higher or lower ☐ Yes ☐ No

HCP Assessment of Student's Diabetes Management Skills:

Skill	Independent	Needs Supervision*	Cannot do
Check blood glucose	☐	☐	☐
Count carbohydrates	☐	☐	☐
Calculate insulin dose	☐	☐	☐
Injection	☐	☐	☐
Troubleshoot CGM alarms	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

*The RN or other trained staff is expected to observe for accuracy & completion of the skill.

- ***For blood glucose ≥ 250 mg/dL, repeat blood glucose check in 2 hours. If blood glucose remains ≥250 mg/dL, check urine ketones and refer to Hyperglycemia Treatment Protocol.***
- ***Check ketones with signs of illness including abdominal pain, upset stomach and vomiting.***
- ***For blood glucose less than 70 mg/dL, refer to the Hypoglycemia Treatment Protocol.***

Other health concerns:

Notes:

HEALTHCARE PROVIDER **Electronically signed or signed by:**	**Date:**

Student:

Allergies:

STUDENT'S NAME:

ALGORITHMS FOR BLOOD GLUCOSE RESULTS

Student's usual LOW blood glucose symptoms:

_ Shaky or jittery	_ Uncoordinated
_ Sweaty	_ Irritable, nervous
_ Hungry	_ Argumentative
_ Pale	_ Combative
_ Headache	_ Changed personality
_ Blurry vision	_ Changed behavior
_ Sleepy	_ Unable to concentrate
_ Dizzy	_ Weak, lethargic

Student's usual HIGH blood glucose symptoms:

Hyperglycemia	*Emergency levels*
_ Increased thirst, dry mouth	_ Extreme thirst
_ Frequent or increased urination	_ Nausea, vomiting
_ Change in appetite, nausea	_ Severe abdominal pain
_ Blurry vision	_ Fruity breath
_ Fatigue	_ Heavy breathing, shortness of breath
Other	_ Increasing sleepiness, lethargy

CHECK BLOOD GLUCOSE

BELOW 70

1. Give 15 gm fast-acting carbohydrate
2. Observe for 15 minutes then retest blood glucose.
   a. If less than 70, repeat 15 gm carbohydrate and retest in 15 min.
   b. If over 70 and not eating a meal within an hour, give carbohydrate and protein snack without insulin coverage.
3. Notify school nurse and parent if no improvement.
4. Student should not exercise.

CALL 911 if student becomes unconscious, seizures or is unable to swallow

- Turn student on side to ensure open airway
- Give glucagon as ordered. Keep student in recovery position on side.
- If on insulin pump, either place it in 'suspend' or stop mode, disconnect it at the pigtail or clip, or cut tubing. If pump was removed, send it with EMS to the hospital.
- Notify school nurse, parent and HCP
- Wait 15 minutes; if no response, repeat glucagon.
  - If responsive, offer juice. Wait 15 minutes and give protein & carbohydrate snack.

70 – 90

1. If prior to exercise or immediately following strenuous activity and **NO** meal/snack is planned within 30 minutes, give 15 gm carbohydrate and protein snack.

2. If **NOT** exercise-related and student is symptomatic, observe and recheck in 15 minutes.

3. If **NOT** exercise-related and is NOT symptomatic, return to class.

15 GM FAST-ACTING CARBOHYDRATE =

- ½ c. juice
- 3-4 glucose tablets
- Tube of glucose **gel**
- ½ c. regular (not diet) soda
- 6-7 small sugar candies (to chew)
- 1 c. skim milk

Do not give chocolate

91-125

Student may eat before exercising or recess.

126-250

No action needed.

ABOVE 250

STUDENT TREATED BY INJECTION

1. Use correction scale or formula at lunch or every 2-3 hours
2. Check ketones if symptoms or if blood glucose>250 twice in a row:
   a. If ketones are *absent or small*, encourage exercise and water
   b. If ketones moderate or large:
      - No exercise; give water
      - Add units of insulin per orders
3. Notify school nurse and parent
4. **Provide free, unrestricted access to water and the restroom.**

STUDENT TREATED BY PUMP

1. If 2-3 hours since last bolus, treat with correction bolus via pump. Re-check in 2- 3 hrs. Trouble shoot pump function.
   - Check for redness at site, tubing for kinks or air bubble, insulin supply
2. If blood glucose still ≥ 250 mg/dl and not explained, check ketones:
   a. If ketones are *absent or small*, encourage exercise and water
   b. If ketones moderate or large:
      - Give insulin correction dose per orders **via syringe**.
      - No exercise; encourage water
3. Change infusion set or continue insulin injections every 2-3 hours via syringe.
4. Notify school nurse and parent
5. **Provide free, unrestricted access to water and the restroom.**

CALL 911 if the student vomits, becomes lethargic and/or has labored breathing.
Notify school nurse, parent and HCP.

EXERCISE AND SPORTS

✓ Assure has quick access to water for hydration, fast-acting carbohydrates, snacks and monitoring equipment.
✓ Student should not exercise if blood glucose level is below 70 mg/dl or if has moderate to large ketones.

Never send a child with suspected low blood glucose *anywhere* alone.

ANCHORAGE SCHOOL DISTRICT

MEDICATION ADMINISTRATION: PARENTAL AUTHORIZATION FOR SCHOOL STAFF TO ADMINISTER

(for Non-Delegable Medication)

Student_____**Birthdate**_____**Grade** _____

Parent/Guardian _____**Contact** _____

BACKGROUND. All students attending public schools must have access to health care during the school day and for school sponsored activities, if necessary, to enable the student to participate fully in the school program. The federal laws include the Americans with Disabilities Act, Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973.

The Alaska Board of Nursing does not authorize registered nurses to delegate certain medications to unlicensed assistance personnel. Examples include but are not limited to: **injectable** medications, medications via gastrostomy tube and "as needed" **controlled substances**. However, parental delegation of these medications, when a school nurse is not available to administer them, is allowed in 12 AAC 44.975, Exclusions (2) under "other legal authority." In an Alaska Board of Nursing advisory opinion dated 4-2-12, the ***Medication Administration in the School Setting Delegation Decision Tree*** was adopted as a plan to allow parents to delegate to school staff with nurse involvement in training and follow up. The trained school staff must provide care for the student consistent with the Individualized Healthcare Plan (IHP) prepared by the nurse based on healthcare provider instructions and parent input.

PARENT AUTHORIZATION. I, the parent/legal guardian, understand that in the absence of the school nurse, other trained school staff will administer this medication. I agree to defend and hold named school district employees harmless from any liability resulting from the medication or the manner, in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements. **I will notify the school immediately if the medication is changed and understand that the nurse may contact the health care provider or pharmacist regarding this medication.**

As a parent or guardian of _____, I hereby acknowledge that I have read and understand this form and agree to its content. I have authorized the nurse to train school staff using a standardized curriculum to administer the medication(s) (below) to my child according my child's IHP when the school nurse is not available.

☐ I **attended** the training session(s) provided to the school staff identified above, agree that the content was appropriate for medication administration to my child.

☐ I **did not attend** the training session(s) provided to the school staff identified above but have reviewed the curriculum and agree that the content is appropriate for medication administration to my child.

Name(s) of school staff authorized to be trained to administer_____to my child.
Name of Medication(s)

1._____ **2.** _____ **3.**_____

_____ _____ _____ _____
Parent signature ***Date*** ***Home phone*** ***Cell phone***

PLEASE SIGN AND RETURN THIS FORM TO YOUR SCHOOL OFFICE - if no form is on file, it will be assumed that authorization for parental delegation has not been granted and there will be no trained school staff assigned to your child.