

## Gaston County School Nursing Program

### Novant Physician's Orders and Treatment Plan Type I Diabetes - No Pump

<b>Date:</b>			
<b>Student Name:</b>		<b>DOB:</b>	
<b>Teacher/Grade:</b>		<b>Bus:</b>	
<b>Parent/Guardian Name:</b>		<b>Phone:</b>	
<b>Emergency Contact:</b>		<b>Phone:</b>	
<b>Physician's Name:</b>		<b>Phone:</b>	

A1c = \_\_\_\_\_%

<b>Basal (at home) Insulin:</b>		
<b>Type:</b> _____.	_____ units	
<b>Bolus Insulin:</b>	Insulin to Carbohydrate ratio.	<b>Correction Formula:</b> <b>Use when BS is &gt; _____ mg/dL during the day.</b>  Target Blood Sugar = _____ Sensitivity/Correction factor = _____  $(\text{Blood Sugar} - \text{Target}) \div \text{Sensitivity}$  $(\text{_____} - \text{_____}) \div \text{_____} = \text{_____ units}$  Correction dose given every 3 hours.
<b>Type:</b> _____.	Breakfast: _____ unit/ _____ grams	
	Lunch: _____ unit/ _____ grams	
	Dinner: _____ unit/ _____ grams	
	Snack: _____ unit/ _____ grams	
	Total Meal Carbs $\div$ Insulin to Carbohydrate ratio = _____ units	

<b>Total insulin dose:</b>	Carbohydrate ratio dose
<input type="checkbox"/> Standard rounding	+
<input type="checkbox"/> Round Down	Correction dose
<input type="checkbox"/> 1/2 unit dosing	=
	Total insulin dose = _____ units

<b>Meal Plan:</b>	
<b>Blood Sugar Checks:</b>	<input type="checkbox"/> Before Meals <input type="checkbox"/> Before Exercise (if BS below _____ or above _____ DO NOT exercise.) <input type="checkbox"/> Before getting on the bus (where applicable) <input type="checkbox"/> As needed for signs/symptoms of low or high blood sugar

**Blood Sugar Management**

**Hypoglycemia Management**

(Blood sugar generally < 80 mg/dL) - **DO NOT** leave student alone  
*Sweaty, clammy, pale, headache, irritable, sleepy,*  
*other \_\_\_\_\_.*

**Hyperglycemia Management**

(Blood sugar is ≥ 240 mg/dL)  
*Increase thirst, nausea, blurred vision, abd. pain,*  
*other \_\_\_\_\_.*

**“Rule of 15” - for every 15 pts below 80 treat w/15 grams fast acting sugar**

**65-80=15 grams                      49-64=30 grams**

1. 15 grams of fast acting sugar (i.e. 3-4 glucose tablets, glucose gel, cake frosting, 5 life savers, 4 oz. of juice, etc...)
2. Retest blood sugar in 15 minutes, treat again if necessary.
3. When blood sugar above 80 mg/dL give a complex carbohydrate (crackers with cheese, granola bar, trail mix, etc...), if it is going to be more than an hour until the next meal or snack.

*If the child’s blood sugar is borderline low, and they are about to eat lunch or snack imminently, then just let them eat normally*

**Severe Hypoglycemia:**

(manifested by seizure activity, loss of consciousness, inability to swallow by mouth)

Glucagon, \_\_\_\_\_ mg, IM

*Supplies and snacks should be provided by parent.*

**“If pink, DRINK.”**

1. Check urine for ketones (blood for ketones if you have the appropriate meter).
2. Negative, trace, or even small ketones: Give the child **extra water to drink**.
3. **MODERATE OR LARGE ketones:** Extra Apidra, NovoLog, or Humalog insulin needs to be given -- Please refer to section below for management of ketones.
  - a. Notify parents.

Extra short-acting insulin should be kept at school and other places frequently visiting.

Family should provide glucometer/strips or Dexcom, insulin vials, syringes/pens, and ketone strips.

**Ketone Management**

**Small to trace ketones** - drink 1 oz water per year of age over the next hour.

1 oz (x) \_\_\_\_\_ = \_\_\_\_\_ oz

**Moderate ketones** - Insulin based on correction factor + 1 additional unit

(Blood Sugar - Target) ÷ Sensitivity (+) 1 unit

(Blood sugar \_\_\_\_\_ - \_\_\_\_\_) ÷ \_\_\_\_\_ (+) 1 unit

Child to drink 1 oz water per year of age over the next 1 hour.

**Large ketones** - Insulin based on correction factor + 2 additional units

(Blood Sugar - Target) ÷ Sensitivity

(Blood sugar \_\_\_\_\_ - \_\_\_\_\_) ÷ \_\_\_\_\_ (+) 2 units

Child to drink 1 oz water per year of age over the next 1 hour.

1 oz (x) \_\_\_\_\_ = \_\_\_\_\_ oz

**MODERATE OR LARGE KETONES:**

- If at meal time - give correction factor portion of the dose before the meal and the carb coverage portion of the dose either before or after the meal.
- Repeat Blood sugar check and ketone check in 2 hours and correct based on formula to the left.
  - If ketones remain moderate or large @ 3rd check, **NOTIFY MD**
- Once ketones decrease below moderate, usual daily management can resume.

Student Name \_\_\_\_\_

DOB \_\_\_\_\_

**Sick Day Management:**

- Check Blood Sugar every 2-3 hours
- Check urine for ketones if blood sugar > 240 mg/dL
  - If small to trace ketones - Drink Fluids
  - **If moderate to large ketones:**
    - **Call 704-316-5285**

**Additional Orders:**

1. Unlimited access to bathroom.
2. Unlimited access to water (i.e. water bottle at desk)
3. Wear medical ID at ALL times.

**Student's Self Care:**

- Totally independent management.  yes  no
- Tests blood sugar independently.  yes  no
- Tests and interprets urine/blood ketones.  yes  no
- Needs verification of blood sugar by staff.  yes  no
- Administers insulin independently.  yes  no
- Self injects with verification of dose.  yes  no

- Injections to be done by trained staff.  yes  no
- Self treats mild hypoglycemia.  yes  no
- Monitors own snacks and meals.  yes  no
- Independently counts carbohydrates.  yes  no
- Self injects with trained staff supervision.  yes  no

**Signatures**

**My signature below provides authorization for the above written orders and will assist the school nurse in developing an Individualized Health Plan. I understand that all procedures will be implemented in accordance with physician's orders, state laws, and regulations and may be performed by appropriately trained staff.**

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Reviewed by:

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**School Nurse Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_