Gaston County School Nursing Program
Novant Physician's Orders and Treatment Plan Type I Diabetes - Pump

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

A1c =_____.%

Basal (at home) Insulin: **Type:_____.**	_____. units	**Pump Type:** **Basal Rates u/hr:** _____. _____. _____. _____. _____. _____.
Bolus Back-up Insulin: **Type:_____.**	Insulin to Carbohydrate ratio. Breakfast: ____. unit/ ____. grams Lunch: ____. unit/ ____. grams Dinner: ____. unit/ ____. grams Snack: ____. unit/ ____. grams Total Meal Carbs ÷ Insulin to Carbohydrate ratio = ___. units	**Correction Formula:** **Use when BS is > ____. mg/dL during the day.** Target Blood Sugar = _____. Sensitivity/Correction factor = _____. (Blood Sugar - Target) ÷ Sensitivity (_____. - _____.) ÷ _____. = _____. units Correction dose given every 3 hours.

Total insulin dose: ❑ Standard rounding ❑ Round Down ❑ 1/2 unit dosing	Carbohydrate ratio dose + Correction dose = Total insulin dose = _____. units

Student Name _____. **DOB** _____.

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

Before Meal Check	If Blood Sugar > _____. enter into pump and bolus
	❑ If Blood Sugar > _____. enter into pump and bolus. ❑ Eat then enter Carb count and bolus after eating.

Before Meal Check	If Blood Sugar 80-150
	❑ Eat meal first. ❑ Then enter Blood Sugar and Carbs eaten into pump and bolus.

Student Name _____. **DOB** _____.

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) *Increased 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, <u>DRINK.</u>"** 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. *<u>Family should provide glucometer/strips or Dexcom, insulin vials, syringes/pens, and ketone strips.</u>*

Student Name _____. **DOB** _____.

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 **by injection** & **change** pump site

(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.

Don't forget of Large Ketones give extra dose by injection and CHANGE pump site.

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	Injections to be done by trained staff.	❑yes ❑ no
Tests blood sugar independently.	❑yes ❑ no	Self treats mild hypoglycemia.	❑yes ❑ no
Tests and interprets urine/blood ketones.	❑yes ❑ no	Monitors own snacks and meals.	❑yes ❑ no
Needs verification of blood sugar by staff.	❑yes ❑ no	Independently counts carbohydrates.	❑yes ❑ no
Administers insulin independently.	❑yes ❑ no	Self injects with trained staff supervision.	❑yes ❑ no
Self injects with verification of dose.	❑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:** _____