

Delaware Valley Regional High School

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Healthcare Provider Orders For School/School Diabetes Medical Management Plan

Student's Name: _____ School Year: 20____ to 20____ Grade: _____

Physical Condition: _____ Diabetes Type I Student's Usual symptoms of Hypoglycemia _____
_____ Diabetes Type 2 Student's Usual symptoms of Hyperglycemia _____

TASK

ACTION(S) (Check all that apply/Fill in the blanks)

Blood Glucose Testing

Name of Glucose Meter _____

- _____ for signs/symptoms of low blood sugar (report to school nurse)
- _____ for signs/symptoms of high blood sugar (report to school nurse)
- _____ every day before lunch
- _____ other (specify; i.e. before or after PE, sport, etc.) _____
- _____ notify parent/guardian immediately for blood sugar < _____ mg/dl and /or > _____ mg/dl
- _____ student will notify parent/guardian of blood glucose results done at school
- _____ student may test in classroom and keep daily blood glucose log with them
- _____ **OR** student should test in health office, keep daily log in health office
- _____ student to have glucose meter at all times-one with student and one in health office
- _____ student/parent will supply health office with back-up diabetic supplies (see diabetic supply list)

Urine Ketone Testing

- _____ for blood sugar > _____ mg/dl
- _____ for acute illness, i.e. vomiting, fever, etc.
- _____ student must have unlimited access to restroom and drinking fountain/water bottle and should drink _____ oz of fluid every _____ min. if ketones are present
- _____ notify parent/guardian immediately for _____ ketones (NOTE: if parent/guardian cannot be reached and the student has _____ ketones and is vomiting, contact paramedics for transport to E.R.)
- _____ notify parent/guardian daily of any ketone results done at school
- _____ other (specify) _____

Meal Planning

- _____ mid-morning snack at _____ a.m.
- _____ mid-afternoon snack at _____ p.m.
- _____ other (specify) _____
- _____ snacks should be taken (specify): _____ Classroom _____ Nurse's Office Other _____
- _____ student to carry a snack/glucose tabs at all times
- _____ student is independent in calculating carbohydrates and insulin coverage

TASK
Activity

ACTION(S) Check all that apply/Fill in the blanks

_____ no restrictions unless ketones are present; see above
_____ student to disconnect insulin pump during gym and/or sport
_____ Medical ID must be worn at all times including during gym/sports/etc.
_____ student may attend field trips with written parental permission if a parent or nurse is unavailable

Insulin at School

_____ student is capable of the proper method of self-administration of Insulin without school nurse supervision
_____ **OR** all Insulin doses must be supervised or administered by the school nurse

Injections/Pre-lunch

_____ administer _____ Insulin subcutaneously before lunch as follows: Insulin/Carb ratio: _____

OR insulin sliding scale: type of insulin _____

Dose _____ > _____ BS level; Dose _____ > _____ BS level; Dose _____ > _____ BS level; Dose _____ > _____ BS level; Dose _____ > _____ BS level

_____ if blood sugar > 300 at any other time of the day, please call the office for assistance

Pumps-Basal/Bolus

Name of Insulin Pump _____

_____ student has an Insulin infusion pump with _____ Insulin and shall be permitted to wear and attend to the pump as needed during school and school sponsored activities

_____ Basal rate during school hours _____

_____ Bolus Rates: Meal Bolus (Insulin/Carb ratio): _____

_____ Correction Bolus: _____

_____ other (specify) _____

Hypoglycemia/Glucagon

_____ treat all blood sugar < _____ mg/dl with _____ grams of rapid-acting carbohydrate followed by meal/snack

_____ for severe hypoglycemia (or suspected severe hypoglycemia) when the student is unconscious or unable to swallow, give _____ mg Glucagon I.M. or S.Q. AND contact parent/guardian and paramedics immediately

_____ student requires a Glucagon delegate, School nurse may train volunteer in administration of

Glucagon (no school employee, including school nurse, bus driver, bus aide, or any other agent of a board of education, shall be held liable for any good faith act or omission with provision of N.J.S.A 18A:40-12-11-21)

Other

_____ the student is capable of and has been instructed in the self-management and self-care of their diabetes

_____ the student has been instructed in proper hand washing and preparation of injection sites

_____ the student has been instructed in proper needle disposal and preventing blood exposure to others

_____ List oral diabetic medications (if any) _____

_____ School Nurse has permission to speak with the prescribing physician regarding the information listed above

Healthcare provider's Name (Please Print): _____ Doctor's Stamp:

Healthcare provider's Signature: _____ Date: _____

Telephone Number: _____

Parent Signature: _____ Student Signature: _____ Date: _____