

**HARRISON COUNTY SCHOOLS HEALTH SERVICES DEPARTMENT  
PHYSICIAN ORDERS AND SCHOOL GUIDELINES FOR DIABETES**

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**1. ROUTINE CARE:**

Student is to measure blood sugar before lunch and when any signs or symptoms are present.

Student to carry Diabetic supplies at all times \_\_\_\_ YES \_\_\_\_ NO

Student is to receive a fixed daily dose of insulin at lunch. \_\_\_\_ YES \_\_\_\_ NO

If yes, specify: \_\_\_\_\_ units of \_\_\_\_\_ Insulin.

\*FOR PUMP: Student receives a basal rate of \_\_\_\_\_ units of \_\_\_\_\_ insulin.  
Bolus for meal based on carbohydrates: 1 unit = \_\_\_\_\_ grams carbohydrate  
If pump dislodges from insertion site, or if pump alarms, notify parent and/or school nurse.

**2. MEALS AND SNACKS:**

Snacks **are/are not** (please circle) required mid-morning and / or mid-afternoon.

Recommend \_\_\_\_\_ grams of carbohydrates per snack.

**3. ORDERS AND GUIDELINES FOR HYPOGLYCEMIA (LOW BLOOD SUGAR)**

Treatment is needed for any blood sugar below \_\_\_\_\_.

Treat with fast acting glucose (e.g. ½ cup juice, 3 glucose tablets).

Retest blood sugar in 15 minutes and retreat as needed.

If next meal is more than 30 minutes away, follow with small snack of complex carbohydrate and protein, such as cheese or peanut butter crackers.

**GLUCAGON for Severe Hypoglycemia:** Give 1mg injection IM / SQ by trained staff if student is unconscious or unable to swallow. Call 911.

**4. ORDERS AND GUIDELINES FOR HYPERGLYCEMIA (HIGH BLOOD SUGAR)**

Insulin is to be given on a sliding scale: YES NO

If YES, Sliding Scale or Correction Bolus as follows:

Insulin type: \_\_\_\_\_

Cover high blood glucose based on following sliding scale:

Coverage may be repeated every \_\_\_\_\_ hours if blood sugar remains elevated.

Student is to check urine for ketones if blood sugar is greater than \_\_\_\_\_. If positive, follow orders for insulin coverage, encourage student to drink 1-2 cups of water or other sugar free drink per hour. Bathroom breaks should be permitted as needed. **Please hold exercise when ketones are present.**

**PHYSICIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Parental Signature Approving Administration Of Ordered Medication and Release of Liability:**

I, the parent/guardian of \_\_\_\_\_ enrolled at \_\_\_\_\_ realizing the importance of administering medication to my child as prescribed by the child's physician, do hereby agree to relieve designated school personnel of any liability from any potential ill effects as a result of their injecting or giving my child the medicine prescribed by the child's physician. I have discussed this with my physician and realize its ramifications and thoroughly understand the meanings of these statements.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL NURSE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_