

Insert name and address of Institution:

Utah Department of Health/Utah Office of Education
Licensed Independent Provider's (LIP)
Diabetes Medication/Management Orders
In Accordance with Utah Code 53A-11-603 and 53A-11-604

STUDENT INFORMATION

Name or Label: Name of School: School Fax: For School Year:
Date of Birth: Type 1 Diabetes Type 2 Diabetes Age at diagnosis:

TO BE COMPLETED BY LIP

In accordance with these orders, an Individualized Health Care Plan (IHCP) must be developed by the School Nurse, Student, and Parent, to be shared with appropriate school personnel, and cannot be shared with any individual outside of those public education employees without parental consent. As the student's LIP, I confirm the student has a diagnosis of diabetes mellitus and it is "medically appropriate for the student to possess and self-administer diabetes medication and the student should be in possession of diabetes medications at all times". Per my assessment, I recommend:

- Student is capable to carbohydrate count meals and snacks for insulin adjustment, carry, and self-administer diabetes medication/insulin.
Student requires a trained adult to supervise carbohydrate counting of meals and snacks for insulin adjustment and self-administration of diabetes medication/insulin.
Student requires a trained adult to carbohydrate count meals and snacks for insulin adjustment and administer diabetes medication/insulin during periods the student is under the control of the school.
This student may participate in ALL school activities, including sports and field trips, without restriction.
This student may participate in school activities with the following restrictions:

PROCEDURES

Emergency Glucagon Administration
Immediately for severe hypoglycemia: unconscious, semi-conscious (unable to control airway), or seizing.
Glucagon Dose: 1.0 mg/1.0 ml
Route: IM
Possible side effects: Nausea and Vomiting

Blood Glucose Testing Target range for blood glucose (BG) is: 100 to 200 80 to 150 Other:

- Before Meals Before Exercise After Exercise Before going home Other
If symptomatic (See student's specific symptoms in Individualized Health Care Plan, IHCP)
If BG is less than, follow management per Diabetes Emergency Action Plan (page 2)
Student should not exercise if BG is below mg/dl, or above mg/dl.

"Free" Snacks (no insulin coverage)

- No routine snacks at school 15 gram carb snack at am and/or pm 15 gram carb snack before PE Other:

Insulin Administration

Apidra Humalog Novolog
Delivery Device: Insulin Vial/Syringe Insulin Pen Insulin Pump
Route: Subcutaneous
Possible side effects: Hypoglycemia
Insulin to Carbohydrate Ratio (I:C): unit for every grams of carbohydrate before meals
Correction Dose only to be administered at meal times: unit for every mg/dl for blood sugars above mg/dl

When to give Insulin:

- Snacks (special occasions/parties): No coverage for snacks Use I:C ratio

If using insulin pump, carbohydrate ratio and correction dose are calculated by pump. These doses are provided as information for special circumstances. Basal insulin for pump use:

am/pm : units per hour; am/pm : units per hour; am/pm : units per hour
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Additional Pump Orders:

- Student may be disconnected from pump for a maximum of 60 minutes, or per Diabetes Emergency Action Plan.
If unable to use pump after 60 minutes contact parent/guardian, and if BG is over 250 mg/dl give correction dose via syringe.
If able to re-connect pump, administer correction dose as calculated by pump.

Additional Orders Yes No See attached

Licensed Health Care Provider Signature: Date: Office: Fax:

TO BE COMPLETED BY PARENT OR GUARDIAN

I understand that a school team, including parent or guardian, may make decisions about implementation and assistance in the school based on consideration of the above recommendations, available resources, and the student's level of self-management. I acknowledge that these orders signed by the LIP will be used by the school nurse, and shared with appropriate school staff, to develop an IHCP for my child's diabetes management at school.

Parent/Guardian signature: Date: Best contact information: Emergency contact Name: Cell: