

FERNDAL SCHOOL DISTRICT NO. 502
Ferndale, WA 98248

**HEALTH CARE PROVIDER (HCP) ORDERS FOR STUDENTS WITH DIABETES IN
WASHINGTON STATE SCHOOLS**

OVERVIEW

This form is intended to help standardize information for students with diabetes. It has been designed to cover situations that may apply to the student while at school. In most cases, the majority of the blank space will not need to be filled or the answer may be similar to the previous space. Generally, the plan should be worked out between the parent and the school nurse and then submitted to the HCP to authorize.

The following is a brief description of each section:

Hypoglycemia (low blood sugar)

The blank lines are for treatment plans for various situations. The information in parenthesis are guidelines that can either be used or crossed out if another treatment is desired.

Blood Sugar and Insulin Dosage

Various situations are supplied. Not all require a response with an injection of insulin. Many situations will have the same response. "Other" is for the new forms of insulin that may soon be available. The last two lines of this section are included to allow the school nurse and the parent/guardian some degree of flexibility under the HCP's supervision and written orders.

Although ketone testing is recommended, cross out "(check ketones)" if this test will not be done. In this situation, do not fill in "If urine ketones....".

Disaster Insulin Dosage

This includes doses of insulin that are normally not given at school, but that during a disaster situation may be needed. Since the food supply may be limited, it is recommended that the usual dosage be reduced to 80%. A copy of this order form should be included in the Disaster Kit. Alternately, the disaster dose can be recorded on the form found in Appendix N. Disaster dosages must be reviewed and updated anytime the student's insulin requirements change.

Self Care

The intent is to document agreement as to the extent to which the student can manage her or his own care and to clarify to what degree the school is responsible for care. If the student is totally independent, the first statement only needs to be initialed. The blank at the bottom of this section allows for other situations that might arise regarding the student's diabetes management.

Signatures and Start/Termination Dates

Each person involved in verifying the student's ability to participate in self-care should sign and date the form. Start and review termination dates must be noted.

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STUDENT'S NAME _____ Student's birthdate ____/____/____ School _____ Grade _____
Emergency numbers for parents (phone) ____-____-____ (cellular) ____-____-____ (pager) ____-____-____
Doctor's phone number ____-____-____ Other contacts _____, ____-____-____

HYPOGLYCEMIA—(fill in individualized instructions on line or use those in parenthesis)

Unconscious-- _____ (phone 911) (Other orders) _____

Blood sugar < 60 and symptomatic _____ (juice, pop, candy) _____

Blood sugar < 100 and symptomatic _____ (crackers/cheese) _____

Blood sugar < 80 and asymptomatic _____ (feed partial meal) _____

Blood sugar > 100 and symptomatic _____ (feed partial meal) _____

Blood sugar at which parent should be notified—low _____ high _____

BLOOD SUGAR AND INSULIN DOSAGE prior to lunch (R is regular and H is lis-pro,) _____ any other insulin requests _____

Blood sugar < 100 _____ units R - H - other _____ (see hypoglycemia above)

Blood sugar 100–149 _____ units R - H - other _____

Blood sugar 150–199 _____ units R - H - other _____

Blood sugar 200–249 _____ units R - H - other _____

Blood sugar 250–299 _____ units R - H - other _____ (check ketones)

Blood sugar 300–349 _____ units R - H - other _____ (check ketones)

Blood sugar 350–399 _____ units R - H - other _____ (check ketones)

Blood sugar > 400 _____ units R - H - other _____ (check ketones)

- Licensed medical personnel allowed to give _____ units (minimum) of insulin to _____ units (maximum) of R, H, _____ insulin after consultation with the parent/guardian.
- Other insulin instructions (i.e. CHO counting): _____
- If urine ketones (trace, small, moderate, large) call parents (circle one or more)

DISASTER INSULIN DOSAGE—in case of disaster how much insulin should be given? Recommend **80%** of usual dose.

A.M. _____ units R - H - other _____ units Lente NPH Ultralente other

Noon _____ units R - H - other _____

P.M. _____ units R - H - other _____ units Lente NPH Ultralente other

Bedtime _____ units R - H - other _____ units Lente NPH Ultralente other

STUDENT'S SELF-CARE (ability level) Initials of:

Totally independent management or

	Parent	HCP	School Nurse
1. Student tests independently or	_____	_____	_____
Student needs verification of number by staff or	_____	_____	_____
Assist/Testing to be done by school nurse	_____	_____	_____
2. Student administers insulin independently or	_____	_____	_____
Student self-injects with verification of number or	_____	_____	_____
Student self-injects with nurse supervision or	_____	_____	_____
Injection to be done by school nurse	_____	_____	_____
3. Students self-treats mild hypoglycemia	_____	_____	_____
4. Student monitors own snacks and meals	_____	_____	_____
5. Student tests and interprets own urine ketones	_____	_____	_____

HCP _____ (print/type) _____ signature ____/____/____ date

Parent _____ (print/type) _____ signature ____/____/____ date

School Nurse _____ (print/type) _____ signature ____/____/____ date

Start date: ____ day ____ mo. ____ yr. **Termination** date ____ day ____ mo. ____ yr. **or** end of school year _____

Must be renewed at beginning of each school year.