

FERNDAL SCHOOL DISTRICT NO. 502  
Ferndale, WA 98248

# HEALTH CARE PROVIDER (HCP) ORDERS FOR STUDENTS WEARING AN INSULIN PUMP IN WASHINGTON SCHOOLS

(MUST BE RENEWED AT BEGINNING OF EACH SCHOOL YEAR)

Students Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_ RN \_\_\_\_\_ School Fax # \_\_\_\_\_  
Parent or guardian name \_\_\_\_\_  
Emergency numbers for parents (phone) \_\_\_\_\_ (cell) \_\_\_\_\_  
Other Contact: \_\_\_\_\_

## INSULIN PUMP INFORMATION

Pump Type \_\_\_\_\_ Child Lock on? ☐ YES ☐ NO Insulin Type: \_\_\_\_\_

How long has student been on insulin pump therapy? ☐ 0-6 mo. ☐ 6-12 mo. ☐ 1-2 yrs. ☐ 2+ yrs.

\*\*Student to receive carbohydrate bolus **before** or **after** eating (Circle one)\*\*\*\*

• Insulin to Carbohydrate Ratio: \_\_\_\_\_ BG Correction Factor: \_\_\_\_\_

Additional Pump Supplies that should be furnished by parent/guardian:

- 2 Infusion Sets & 2 Reservoirs or 2 pods
- Batteries for pumps and meters
- 1 Insulin vial labeled with name
- Syringes/insulin pen
- Alcohol Wipes &/ or IV Prep
- Copy of Basal Rates and bolus dosing
- Transparent dressing, if used
- Ketone test strips

## STUDENT'S PUMP SKILLS

Skill Set		COMMENTS:
1. TOTALLY INDEPENDENT CARE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<b>NEEDS HELP WITH:</b>	
1. Counting Carbs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Giving correct Boluses for carbs eaten?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Using Correction Bolus Feature?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Setting a temporary basal rate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Disconnect/Reconnection pump if needed	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Preparing reservoir and tubing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Inserting new infusion set?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8. Giving injection with syringe/insulin pen if needed	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9. Recognizing signs/symptoms of site infection?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10. Recognizing alarm and malfunction?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## BLOOD GLUCOSE MONITORING

Blood Glucose traditionally monitored before every meal, bedtime and AS NEEDED.

Skill Set		COMMENTS:
1. Student tests independently or	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Student needs verification of number by staff or PDA	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Assist/Testing to be done by school nurse	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## EXERCISE

Children frequently need 15 grams of carbohydrate for every 30-60 minutes of real physical exertion/activity, not stretching. These carbohydrates DO NOT require an insulin dose.

## HYPERGLYCEMIA (HIGH BLOOD SUGAR)

Insulin pumps use rapid acting insulin only. If insulin delivery is interrupted, THEN hyperglycemia and ketosis can develop very quickly! Possible Causes could be:

- Empty insulin cartridge
- Kink in the cannula or the tubing
- Insulin that has lost it's potency or is expired
- The infusion set is inserted into scar tissue
- The infusion set is disconnected from the pump

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**Treatment for unexplained blood sugar > 300 mg/dL:**

- Test for ketones *immediately*
- Give Correction bolus and retest in 1 hr
- Check the tubing for leaks, air bubbles, kinks and that it is connected/inserted properly.
- IF ketones are **MODERATE/LARGE** → Contact Parents immediately, and child should be sent home for treatment, following Woodinville Pediatrics "Sick Day Management" Guidelines. IF you are unable to reach the parent/guardian in a timely manner, THEN call the diabetes nurse or prescribing physician.
- **IF blood sugar is not lower in 1 hour:**
  1. \*Give another correction dose by injection (with a syringe or insulin pen)
  2. Change the infusion set
  3. Retest urine for ketones, immediately call parent for moderate/large ketones to pick up child. (See above note on ketones)
  4. Retest in another hour to check if BS is lowering.

**URINE KETONES**

1. Monitor the urine for ketones if BG is > 250 on 2 consecutive BG Checks or any time there is illness.
2. \*\*IF urine ketones measure MODERATE or LARGE, parents need to be contacted and child needs to be sent home for treatment following Woodinville Pediatrics Sick Day Management Guidelines.\*\*

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

Unconscious- call 911, give Glucagon IM if ordered

Blood sugar < 80 and asymptomatic \_\_\_\_\_ (juice, pop, candy) \_\_\_\_\_

Blood sugar < 100 and symptomatic \_\_\_\_\_ (crackers/cheese) \_\_\_\_\_

Blood sugar < 80 and symptomatic \_\_\_\_\_ (granola bar/crackers) \_\_\_\_\_

Blood sugar > 100 and symptomatic \_\_\_\_\_ (feed partial meal) \_\_\_\_\_

\*\*Recheck Blood glucose Levels after 15 minutes. IF BG still < 80, then repeat treatment as above.

\*\* If low BG recurs without explanation, notify parents for instructions to suspend insulin pump\*\*\*

Blood sugar at which parent should be notified- low \_\_\_\_\_ high \_\_\_\_\_

**If Seizure or unconscious occurs:**

1. **Treat with** \_\_\_\_\_ mg Glucagon IM injection **AND/OR phone 911**
2. **STOP** insulin pump by
  - Placing in suspend mode OR
  - Disconnecting tubing from Infusion site OR
  - Cut Tubing
3. **NOTIFY PARENT**
4. Send insulin pump with EMS to hospital

**PUMP MALFUNCTION**

If an insulin pump should stop functioning, the child/young adult should utilize their **insulin-to carbohydrate ratio(s)** **AND Correction ratios(s)** that were programmed in the pump to give bolus injections every 3-4 hours. Call parents so they can contact pump company to overnight ship replacement pump.

**ADDITIONAL TIMES TO CONTACT PARENT**

- Soreness or redness at infusion site
- Leakage of insulin from pump or infusion set and/or detect insulin odor

HCP \_\_\_\_\_ (print/type) \_\_\_\_\_ signature \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent \_\_\_\_\_ (print/type) \_\_\_\_\_ signature \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School Nurse \_\_\_\_\_ (print/type) \_\_\_\_\_ signature \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Start date:** \_\_\_\_\_ **Termination date:** \_\_\_\_\_ **or end of school year** \_\_\_\_\_