

**Parent Consent and Physician Authorization
 For Management of Diabetes at School and School Sponsored Events**

Pupil: _____ **DOB:** _____ **School:** _____ **Grade:** _____

Physician's Written Authorization: Please initial and check all boxes that apply

- 1. Blood Glucose Testing:** Before meals AND as needed
 By Pupil Needs Assistance
- 2. Routine Care of Hypoglycemia When Below 70:**
 Self-treatment of mild lows Assistance for all lows
 Notify physician when: _____
- 3. Emergency Care of Severe Hypoglycemia:**
 Glucose gel: 1-2 tsp along cheek/gum line, give only if conscious
 Glucagon injection: 0.5 mg 1 mg
 (Given only by trained staff; causes nausea/vomiting – place on his/her side.)
- 4. Care of Hyperglycemia:**
 Check ketones if 300 or above as follows:
 By pupil independently Needs assistance
- 5. Insulin at school:**
 Not at this time
 Lunchtime dose:
 Use sliding scale
 Correction dose: ____ units for every ____ mg/dl over ____
 Carb Counting: ____ # units per ____ grams Carbohydrate

- 6. Insulin at School:** Humalog Novolog
- 7. Dose Prep/Admin By:** **Equipment Used:**
 Pupil w/ supervision Syringe and vial
 Parent Insulin pen
 Parent Designee Insulin pump
 Licensed nurse
 (All parent designees are trained by the parent and are not employees of the school or district)
- 8. # of SQ Insulin Units Determined By:**
 Pupil w/ supervision Pupil Licensed nurse
- 9. Insulin Pump basal Rates:**
 (1) _____ U/hr (3) _____ U/hr
 (2) _____ U/hr (4) _____ U/hr
- 10. Written sliding scale as follows:**
 Blood Glucose from 60 to 150 = _____ Units
 Blood Glucose from 151 to 200 = _____ Units
 Blood Glucose from 201 to 250 = _____ Units
 Blood Glucose from 251 to 300 = _____ Units
 Blood Glucose from 301 to 350 = _____ Units
 Blood Glucose from 351 to 400 = _____ Units
 Blood Glucose > 400 = _____ Units

In the event of a disaster: If insulin is available but there is a limited food supply then decrease the usual morning dose of NPH by 25%, or the usual evening (dinner or bedtime) dose of Lantus by 10%. Novolog or Humalog should not be given (hypoglycemia will be less likely to occur with these lower insulin doses and mild hyperglycemia for 1-3 days is acceptable). If the food supply meets the needs of the student's regular meal plan, decrease the NPH or Lantus for breakfast and evening (dinner or bedtime) by 10% and decrease the Novolog or Humalog before breakfast and before evening meal by 25%. If using an insulin pump: Continue usual basal rates. If pump becomes inoperable: disconnect pump, check blood glucose every 2-3 hours and give food bolus and/or correction as needed via injection every 3 hours.

Physician Authorization For Diabetes Management In School

My signature below provides authorization for the above written orders and the algorithm on page 2 of this document titled 'Algorithms for Blood Glucose Results at School'. I understand that all procedures will be implemented in accordance with Education Code Section 49423.5. I understand that specialized physical health care services may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This authorization is for a maximum of one year. If changes are indicated, a new written authorization may be provided per parent's request. I have instructed _____ in the proper way to use his/her medications. It is my professional opinion that this student should be allowed to carry and use that medication by him/herself. _____ (Physician Initials)

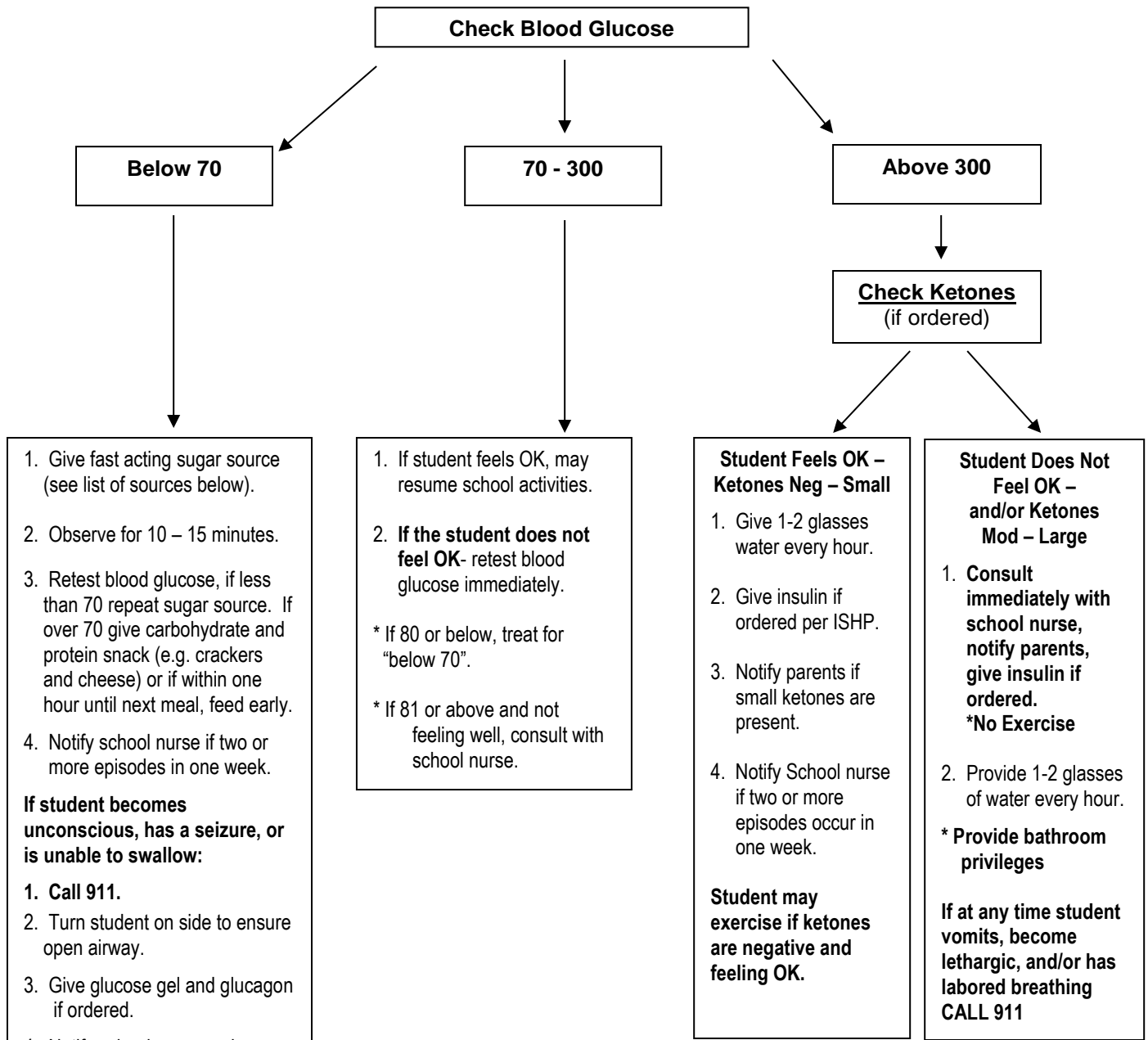
Physician Name: _____ Ca Lic #: _____

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____

General guidelines for added activity (PE, field trips, etc.): Student's blood glucose level will often decrease with activity in excess of his/her normal level. It is recommended to test blood glucose more frequently if activity is increased. If blood glucose level is <120mg/dl, it is recommended to give a small 15 gram snack to student prior to moderate to strenuous activity. Students should sit out from planned activity only if experiencing hypoglycemia, suspected hypoglycemia, or if urine or blood ketones are present.

Algorithms for Blood Glucose Results at School



1. Give fast acting sugar source (see list of sources below).

2. Observe for 10 – 15 minutes.

3. Retest blood glucose, if less than 70 repeat sugar source. If over 70 give carbohydrate and protein snack (e.g. crackers and cheese) or if within one hour until next meal, feed early.

4. Notify school nurse if two or more episodes in one week.

If student becomes unconscious, has a seizure, or is unable to swallow:

1. Call 911.
2. Turn student on side to ensure open airway.
3. Give glucose gel and glucagon if ordered.
4. Notify school nurse and parents.

1. If student feels OK, may resume school activities.

2. **If the student does not feel OK-** retest blood glucose immediately.

* If 80 or below, treat for “below 70”.

* If 81 or above and not feeling well, consult with school nurse.

Student Feels OK – Ketones Neg – Small

1. Give 1-2 glasses water every hour.
2. Give insulin if ordered per ISHP.
3. Notify parents if small ketones are present.
4. Notify School nurse if two or more episodes occur in one week.

Student may exercise if ketones are negative and feeling OK.

Student Does Not Feel OK – and/or Ketones Mod – Large

1. **Consult immediately with school nurse, notify parents, give insulin if ordered.**
***No Exercise**
2. Provide 1-2 glasses of water every hour.

*** Provide bathroom privileges**

If at any time student vomits, become lethargic, and/or has labored breathing CALL 911

- *Fast Acting Sugar Sources (15 gms Carbohydrates)**
- 3-4 glucose tablets
 - 15 gm glucose gel
 - ½ cup sugared soda
 - ½ cup orange juice
 - ½ cup apple or grape juice
 - ½ tube cake mate gel
 - 3 tsp sugar (dissolved in water)

(To be completed by parent/ school nurse)

Student's Name: _____

School: _____

School Nurse: _____

Nurse contact number: _____

Parent's phone number: _____

Alternate number: _____