


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
D E P A R T M E N T O F H E A L T H

PHYSICIAN ORDERS FOR STUDENTS WITH DIABETES

DATE OF ORDERS: _____ EFFECTIVE DATES: _____

STUDENT'S NAME: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN: _____

TELEPHONE: HOME _____ WORK _____ CELL _____

STUDENT'S DOCTOR/HEALTH CARE PROVIDER

NAME: _____ OFFICE TELEPHONE: _____

EMERGENCY TELEPHONE: _____ FAX NUMBER: _____

HYPOGLYCEMIA (LOW BLOOD SUGAR) Blood glucose level: Below _____ mg/dl

Treatment of hypoglycemia : Give 15 grams of fast acting sugar (3 glucose tabs OR 4 oz. of juice OR 3 tsp sugar)
Recheck blood glucose after fifteen minutes, repeat if necessary. Follow up all low blood sugar treatments with an
additional 15 gram snack if meal/snack not scheduled within next half hour.

ADMINISTRATION OF GLUCAGON Dosage: _____ mg. intramuscularly

Glucagon should be given if the student is unconscious, having a seizure, or unable to swallow.

If glucagon is required, administer it promptly. Then, call 911 and the parent(s)/guardian.

HYPERGLYCEMIA (HIGH BLOOD SUGAR) Blood glucose level: Above _____ mg/dl

No treatment is necessary for hyperglycemia without moderate or large ketones. Student should be allowed free
access to liquids and the bathroom. Food should NOT be withheld. Student should NOT be excluded from school.

CHECKING FOR URINE KETONES

Urine should be checked for ketones if student has hyperglycemia, feels ill, or is vomiting.

Treatment for moderate or large ketones: Parent/health care provider should be contacted for further management.

BLOOD GLUCOSE MONITORING/INSULIN ADMINISTRATION ORDERS

_____ Student may self-administer insulin without supervision.

_____ Parent may adjust dosing after speaking with diabetes team.

Student's Parent/Guardian

Date

Student's Physician/Health Care Provider

Date

PHYSICIAN ORDERS FOR STUDENTS WITH AN INSULIN PUMP

Type of pump: _____

Type of insulin in pump: _____

Type of infusion set: _____

Basal rates: _____

Insulin/carbohydrate ratio(s): _____

Correction factor(s): _____

Pump manufacturer hotline: _____

STUDENT PUMP ABILITIES/SKILLS

NEEDS ASSISTANCE

Count carbohydrates

Yes / No

Bolus correct amount for carbohydrates consumed

Yes / No

Calculate and administer corrective bolus

Yes / No

Calculate and set basal profiles

Yes / No

Calculate and set temporary basal rates

Yes / No

Disconnect pump

Yes / No

Reconnect pump at infusion set

Yes / No

Prepare reservoir and tubing

Yes / No

Insert infusion set

Yes / No

Troubleshoot alarms and malfunctions

Yes / No