



WASHINGTON COUNTY DEPARTMENT OF EDUCATION
Coordinated School Health

University School
Phone: (423) 439-8674 Fax: (423) 439-5921

Student: _____ DOB: _____ Teacher: _____ Grade: _____

Medical Orders for Diabetic Children requiring insulin injections

Insulin: _____ Dose: _____ Time: _____

Blood sugar testing orders: _____

Sliding Scale:

Blood Sugar	Insulin Dose

Diet: Morning: _____ Mid-Morning Snack: _____ Lunch: _____ Afternoon Snack: _____

Glucagon required for school: Yes No Glucagon must be provided by parent/guardian

Have trained personnel administer Glucagon _____mg IM or SQ for treatment of severe low blood sugar

Medical Orders for Diabetic Children on an Insulin Pump

Model of insulin pump: _____

Insulin Bolus during school: Yes No

If yes, can student:

- Determine correct dose Yes No
- Give own bolus? Yes No
- Needs supervision? Yes No

1 Calculate insulin bolus dose for carbohydrate intake: Yes No

1 (one) unit per _____ grams Carbohydrate
Calculating a food bolus:
Add up the total grams of carbohydrate to be eaten.
Divide the # of grams of carbohydrate by _____.

2 Correction bolus of insulin for high blood glucose above target blood sugar: Yes No

Current blood glucose – target blood glucose _____
Divided by _____ = _____ units of insulin to be given.

OR

Determine dose per Sliding Scale:

Blood Sugar	Insulin Dose

3 Add food bolus (1) + correction bolus (2) = total dose to give.

Glucagon required for school: Yes No Glucagon must be provided by parent/guardian

Have trained personnel administer Glucagon _____mg IM or SQ for treatment of severe low blood sugar

