



UNIVERSITY SCHOOL

EAST TENNESSEE STATE UNIVERSITY
68 Martha Culp Drive, Johnson City, TN 37614
Phone: (423) 439-4333 Fax: (423) 439-5921

Diabetes Individual Health Plan: Injections

Student: _____ DOB: _____ 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 (unconscious, seizure, or unable to swallow)

Low Blood Glucose less than _____ mg/dl: Administer 3-4 Glucose tablets or 6 ounces juice or regular soda. Recheck BG in 15 minutes. If less than _____ mg/dl, repeat treatment. If still less than _____ mg/dl after two treatments, call parents. Once greater than _____ mg/dl, if more than one hour until next meal or snack of 10-15 grams carbohydrate plus protein (4-6 peanut butter crackers).

Hyperglycemia: BG >300 mg/dl on injections – Check for ketones.

Physician/PCP Name/Office Name _____ Parent Contact _____ Phone _____

Physician/PCP Phone & Fax Number: _____

Physician Signature _____ Date _____ Parent Signature _____ Date _____



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Diabetes Individual Health Plan: Pump

Student: _____ **DOB:** _____ **Grade:** _____

Medical Orders for Diabetic Children on an Insulin Pump

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

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 hypoglycemia (unconscious, seizure, or unable to swallow).

Low Blood Glucose less than _____ mg/dl: Administer 3-4 Glucose tablets or 6 ounces juice or regular soda.
 Recheck BG in 15 minutes. If less than _____ mg/dl, repeat treatment.
 If still less than _____ mg/dl after two treatments, call parents.
 Once greater than _____ mg/dl, if more than one hour until next meal or snack of 10-15 grams carbohydrate plus protein (4-6 peanut butter crackers).

Hyperglycemia: BG >250 mg/dl on pump – Check for ketones.

Physician/PCP Name/Office Name _____ Parent Contact _____ Phone _____

Physician/PCP Phone & Fax Number: _____

Physician Signature _____ Date _____ Parent Signature _____ Date _____