



Lancaster School District Physician Authorization for Diabetic Management at School

Student's Name: _____ Date of Birth: _____
 School: _____ Grade: _____

Blood Glucose Monitoring:

Blood sugar levels will be tested before lunch daily and at any other time as needed, if feeling high, low, or ill. Student will also be tested at the following times:

☐ before snacks ☐ a.m. recess ☐ p.m. recess ☐ other

Hypoglycemia: (low blood sugar) Treatment if blood sugar <70.

Lunch time lows:

- If lunch time blood sugar is 50-70, give 4 oz. juice/soda or 3 glucose tabs. May go directly to lunch if no symptoms.
- If lunch time blood sugar is less than 50, give 4 oz. juice/soda or 3 glucose tabs. Needs to eat lunch in the Health Office.
- If student requires insulin to cover lunch carbs, refer to "Insulin Regime" section.

Non lunch time lows:

- If blood sugar is less than 70, and lunch is within an hour, give 4 oz. juice/soda or 3 glucose tabs; recheck blood sugar in 10-15 mins. Repeat dose if blood sugar remains less than 70. May return to class when blood sugar is greater than 70 and no symptoms.
- If blood sugar is less than 70, and lunch/next meal is more than an hour away give 4 oz. juice/soda or 3 glucose tabs and one of the following 10 minutes after the juice.
 - ☐ 15 gm. carb. snack ☐ 7-8 gm. carb. snack

Glucagon injection- 1 mg./cc Dose prescribed _____

Glucagon will be administered only if unconscious, having a seizure or losing consciousness-unable to swallow liquids (juice/soda) 911 will be called immediately if glucagon is administered.

Hyperglycemia: (High Blood Sugar)

- Insulin correction can be given: ☐ before lunch ☐ before a.m. snack ☐ other _____
- Do not give insulin more frequently than every 2 hours or if food was eaten within 2 hours.
- Check urine ketones if blood sugar is greater than 300, more than 3 hours after last meal. Call physician if ketones are moderate to large, encourage water.
- Call parent or physician to notify of any level greater than 450.

	<input type="checkbox"/> Low Dose Scale	<input type="checkbox"/> High Dose Scale	<input type="checkbox"/> Other
BG 150-200	0.5 units	1.0 units	
BG 201-250	1.0 units	2.0 units	
BG 251-300	1.5 units	3.0 units	
BG 301-350	2.0 units	4.0 units	
BG 351-400	2.5 units	5.0 units	
BG 401-450	3.0 units	6.0 units	
BG 451-500	3.5 units	7.0 units	
BG 501-550	4.0 units	8.0 units	
BG 551-Hi	4.5 units	9.0 units	

Insulin therapy in case of disaster: For all students other than on insulin pump, check blood sugar every 4 hours and give insulin according to selected correction scale.

Students on Basal Bolus Insulin with Multiple Daily Injections (MDI): ☐ N/A

Type of basal insulin: given at home _____ dose _____ time _____

(Usually taken at home/given by parents)

Type of bolus insulin: ☐ Humalog ☐ Novalog Insulin/Carb ratio: _____ units per _____ gms carbs

Correction/carb. insulin at lunch time testing.

- If blood sugar is high at lunch time: Administer correction and carb dose, then may directly eat lunch.
- If blood sugar is greater than 450:
 - ☐ Give correction dose only, hold lunch and call parent or physician, check ketones. Encourage water.
 - ☐ Other _____
- If blood sugar is low at lunchtime:

Give juice/soda or glucose tabs as ordered and may eat lunch directly.

Recheck blood sugar when done eating and give insulin per carbs. eaten as follows when BG is over 100.

 - ☐ Full calculated dose ☐ _____ % of calculated dose
 - ☐ Other _____

Students with Insulin Pumps ☐ N/A

Basal rates can change often. Pump is programmed by parent according to doctor's order.

Insulin/carbohydrate ratio: One unit of insulin will cover _____ grams CHO

Correction/Sensitivity factor: one unit of insulin will decrease blood glucose _____ mg/dl

Insulin therapy in case of disaster for students on pump: Maintain basal rates as above with meal and corrections boluses as needed.

If unable to administer insulin by the pump check blood glucose every 4 hours and give correction according to the correction protocol above in addition to insulin for carbohydrates.

Exercise and Sports

The student may participate in sports: ☐ Yes ☐ No

Activity Restrictions: ☐ None ☐ Other: _____

Student should not exercise if urine ketones are present or if blood glucose is less than 70 mg./dl.

Supplies to be Kept at School: Blood glucose meter and strips, insulin, glucagon, syringes, juice or glucose tabs, carbohydrate snacks, and urine ketone strips.

Physician: _____

Phone Number: _____

Print Name

Signature Physician: _____

Date: _____

I give permission to the school nurse, trained diabetes personnel and other designated staff members to perform and carry out the diabetes care tasks outlined in this form. I also consent to the release of the information contained in this plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

Parent/Guardian Signature

Date: _____