



STUDENTS WITH DIABETES TREATED BY PUMP

EFFECTIVE DATE:	End Date:
------------------------	-----------

STUDENT'S NAME:	Date of Birth:
------------------------	----------------

DIABETES HEALTHCARE PROVIDER INFORMATION		Name:
Phone #:	Fax #:	

SCHOOL:	School Fax:
----------------	-------------

Monitor Blood Glucose – test ...

If student has symptoms of high or low blood glucose

<input type="checkbox"/> Before Breakfast	<input type="checkbox"/> After Lunch	<input type="checkbox"/> Before exercise/PE
<input type="checkbox"/> Before mid-morning snack	<input type="checkbox"/> Before afternoon snack	<input type="checkbox"/> After exercise/PE
<input type="checkbox"/> Before Lunch	<input type="checkbox"/> Before leaving school	<input type="checkbox"/> Other

All test results should be entered into pump to determine need for bolus correction.

Where to test: Classroom Health office Other: _____

Without moving student if has low blood glucose symptoms

Insulin Pump Information: Type of pump: **Humalog or NovoLog or Apidra by pump**

Basal rates during school: _____

Place pump on suspend when blood glucose is less than ____ mg/dl and re-activate it when blood glucose is at least ____ A.mg/dl.

Pump settings should not be changed by school staff.

Carbohydrate Bolus	Correction Bolus for Hyperglycemia										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Give 1 unit of insulin per</th> <th></th> </tr> <tr> <td style="width: 80%;"></td> <td style="text-align: center;">gm carbohydrate at breakfast</td> </tr> <tr> <td></td> <td style="text-align: center;">gm carbohydrate at AM snack</td> </tr> <tr> <td></td> <td style="text-align: center;">gm carbohydrate at lunch</td> </tr> <tr> <td></td> <td style="text-align: center;">gm carbohydrate at PM snack</td> </tr> </table> <p>Bolus should occur: <input type="checkbox"/> before eating, or <input type="checkbox"/> other: _____</p>	Give 1 unit of insulin per			gm carbohydrate at breakfast		gm carbohydrate at AM snack		gm carbohydrate at lunch		gm carbohydrate at PM snack	<p>Time to be given: Before lunch Other: _____</p> <p>Do not give correction does of insulin more than once every 2 to 3hrs</p> <ul style="list-style-type: none"> Give ____ units of insulin for each ____ mg/dl of blood glucose with a target blood glucose of ____ mg/dl. Check ketones if nausea, vomiting or abdominal pain OR if blood glucose >300 twice when tested 2 hours apart. Via syringe, give _____ rapid-acting insulin for moderate ketones, or _____ for large. Repeat blood glucose test in 2 hours and repeat additional insulin as above if moderate or large ketones are still present. <p><input type="checkbox"/> If BG <70 before a meal treat with carbohydrate per algorithm.</p>
Give 1 unit of insulin per											
	gm carbohydrate at breakfast										
	gm carbohydrate at AM snack										
	gm carbohydrate at lunch										
	gm carbohydrate at PM snack										

If infusion set comes out or needs to be changed: Change set at school Insulin via syringe every 3 hours

Exercise and Sports with Pump

Temporary Basal Decrease: No Yes (____% or ____ units for ____ minutes or ____ duration of exercise)

Student should monitor blood glucose hourly.

HCP Assessment of Student's Diabetes Management Skills

Skill	Independent	Needs Supervision	Cannot do	Note
Check blood glucose				
Count carbohydrates				
Calculate insulin dose				
Change infusion set				
Injection				
Trouble shoot alarms, malfunctions				

Notes:

Parent/Guardian Authority to Adjust Insulin Dose

Dose adjustment allowed up to 20% higher or lower Yes No

Other health concerns: _____ Allergies: _____

Glucagon Dose: _____ IM or SC per thigh or arm

Oral diabetes medication(s)/dose: _____ Times to be given: _____

Other medication(s)/dose _____ Times to be given: _____

HEALTHCARE PROVIDER SIGNATURE/STAMP	Date:
-------------------------------------	-------

Updated Change	Date	Initials
----------------	------	----------