

OXNARD UNION HIGH SCHOOL DISTRICT

ACHS 389-6402	CIHS 484-6321	FHS 394-4760	HHS 385-2753	OHS 278-2929	PHS 278-5008	RCHS 394-4760	RMHS 278-5519
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PHYSICIAN AUTHORIZATION FOR DIABETIC HEALTH CARE SERVICES AT SCHOOL

Student Information

STUDENT'S NAME: _____ **DATE OF BIRTH:** _____

PHYSICAL CONDITION: Diabetes Type 1 Diabetes Type 2 Secondary Diabetes

PATIENT IS CAPABLE OF independent self-management (Ind), self-management with supervision (Supr) or total care (Total) for the following:

Blood Glucose testing	<input type="checkbox"/> Ind	<input type="checkbox"/> Supr	<input type="checkbox"/> Total	Give insulin by injection	<input type="checkbox"/> Ind	<input type="checkbox"/> Supr	<input type="checkbox"/> Total
Carbohydrate management	<input type="checkbox"/> Ind	<input type="checkbox"/> Supr	<input type="checkbox"/> Total	Give insulin by insulin pen	<input type="checkbox"/> Ind	<input type="checkbox"/> Supr	<input type="checkbox"/> Total
Carbohydrate counting	<input type="checkbox"/> Ind	<input type="checkbox"/> Supr	<input type="checkbox"/> Total	Give insulin by insulin pump	<input type="checkbox"/> Ind	<input type="checkbox"/> Supr	<input type="checkbox"/> Total

Blood Glucose Monitoring

Target Range of blood glucose 70-100 70-120 70-150 70-180 100-200 Other: _____

Check Blood Glucose with meter brought from home or additional meter left at school.

If independent, student may carry meter and test as necessary

If supervised or total care is required, student should have blood glucose tested before lunch and when exhibiting signs/symptoms of low blood glucose. Student should also be checked at the following times:

- | | | |
|--|--|--|
| <input type="checkbox"/> Before Snacks | <input type="checkbox"/> Before Exercise | <input type="checkbox"/> Before getting on bus |
| <input type="checkbox"/> Other | <input type="checkbox"/> After Exercise | |

Hypoglycemia (Treatment of low blood glucose)

1. Treatment is given for low blood glucose less than 70mg/dL.
2. Treat with one of the following: 4 ounces any type of juice, 4 ounces regular soda, 3 glucose tablets, 15 grams glucose gel, 1 tablespoon sugar in water.
3. If initial blood glucose is less than 60mg/dL, retest in 15 minutes and **repeat step 2 if blood sugar is still below 70**. Also repeat step 2 if symptoms persist.
4. If lunch or snack is more than one hour away give one of the following 10 minutes after the juice:
 - 15 gram CHO choice per parent or student
 - 7-8 gram CHO choice per parent or student
5. The school nurse or trained personnel should administer glucagon if child begins to lose consciousness, is having a seizure or is unable to swallow. This is called a severe low blood glucose event and it is a medical emergency. Call 911 and parent.

Dosage of Glucagon- 1 mg = 1 cc if ten years or older Other (dose) _____ 3 mg (nasal)

Route- subcutaneous (SC) intramuscular (IM) nasal

Hyperglycemia (Treatment of high blood glucose) See Insulin Pump section

1. Send notification of blood glucose levels to parents weekly unless patient is capable of self-management.
2. Call Parents to inform if blood sugar is greater than 450mg/dL.
3. Have child wash and dry hands thoroughly and repeat blood sugar test if blood sugar is greater than 300 mg/dL.
4. Check urine for ketones if blood sugar is greater than _____. Do not allow student to exercise if ketones are present. Encourage water. Call Parent and Physician if ketones are moderate to large.
5. Insulin correction can be given: Before AM snack Before Lunch Other _____
6. Do not give correction more frequently than every 2 hours or if food was eaten within 2 hours.
7. Insulin for correction Humalog Novalog Apidra

	<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 >550	4.5 units	9.0 units	_____

**If using Freestyle meter, Hi is 500 and over, use correction dose for 501-550 mg/dL*

PHYSICIAN AUTHORIZATION FOR DIABETIC HEALTH CARE SERVICES AT SCHOOL

Student Name: _____

Date of Birth: _____

Student on Fixed Regimen N/A

Student is on a fixed meal plan with the following amount of carbohydrates during school:

AM snack _____ Lunch _____ PM snack _____

Student can take insulin for additional carbohydrate: _____ units per _____ grams CHO

Insulin therapy in case of disaster: For all students other than those on an insulin pump, check blood glucose every 4 hours and give insulin using scale in #7 keep child from developing ketoacidosis

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

On this regimen, students need to take insulin every time carbohydrates are eaten!

Type of basal insulin: _____ dose: _____ time: _____ (usually given at home by parent)

Type of bolus insulin: Novalog Humalog Other: _____

Insulin/carbohydrate ratio: _____ units per _____ grams of CHO. Correction insulin: See Hyperglycemia

Insulin therapy in case of disaster for student on MDI: Check blood glucose every 4 hours and give correction according to the hyperglycemia protocol (#7) in addition to insulin for carbohydrates.

Students with Insulin Pump N/A

(Technical support: call pump company number on back of pump)

Basal rates can change often. These can be reviewed in the pump or written down by parents.

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 sugar 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: _____

Fast Acting carbohydrates should be readily available at all times for low blood glucose symptoms.

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: A blood glucose meter and strips along with back-up insulin (vial with syringes or pen) should be available for all students. Other items that should be brought in by parents include urine ketone strips, fast acting source of glucose, carbohydrate containing snacks, Glucagon emergency kit and back-up insulin pump supplies.

Other Instructions: _____

Physician Signature: _____

Date: _____

Physician Name (print): _____

Phone Number: _____

I request that designated school personnel assist my child in following these Health Care Service instructions. I agree to, and do hereby hold the district and its employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of acts or omissions with respect to these instructions. I understand that my child may not have nor take medication at school unless all requirements are met. I hereby give consent for a school nurse to communicate with my child's Physician and counsel school personnel as needed with regard to these instructions.

x _____
Parent or Legal Guardian Signature

Date: _____