HEALTHCARE PROVIDER ORDERS/DIABETES MEDICAL MANAGEMENT PLAN

STUDENT WITH DIABETES ON INSULIN **INJECTIONS** (MONTANA FORM VERSION 3/23/15)

EFFECTIVE DATE:	End Date:
STUDENT'S NAME:	Date of Birth:

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

SCHOOL: School Fax:

⇨See accompanying Algorithm for Blood Glucose Results as supplement to these orders***

Monitor Blood Glucose: ☒ Check as needed for signs and symptoms of low or high blood glucose, or does not feel well.

☐ Before lunch ☐ Other:_____
☐ Before PE ☐ Other:_____
☐ Before leaving school ☐ Other:_____

Where to check: ☐ Anywhere ☐ Classroom ☐ Health office ☐ Other: _____

Insulin: ☐ *Humalog/NovoLog/Apidra* ☐ *Other:* _____

Insulin Delivery: ☐ Syringe/vial ☐ Pen

Carbohydrate Coverage:

Breakfast: Give 1 unit for _____ grams of carbohydrate **OR** ☐ Standard daily insulin injection (please describe):
AM Snack: Give 1 unit for _____ grams of carbohydrate _____
Lunch: Give 1 unit for _____ grams of carbohydrate _____
PM Snack: Give 1 unit for _____ grams of carbohydrate _____

☐ **Correction scale:** **OR** ☐ **Correction Formula**:

BG Range: _____ Give_____ units
BG Range: _____ Give _____ units
BG Range: _____ Give_____ units
BG Range: _____ Give _____ units
BG Range: _____ Give_____ units
BG Range: _____ Give _____ units

Give _____ units of insulin for every _____ mg/dl of blood glucose above target blood glucose of _____mg/dl.

Formula used to calculate correction:
Blood glucose _____ minus(-) target blood glucose _____ = _____.
Then divide (÷) by correction factor (_____) = **_____.**

☐ Give Correction Scale Before Lunch Only ☐ Other: _____

Do not give insulin correction dose more than once every 3 hours to prevent "stacking" insulin.

Check ketones if nausea, vomiting or abdominal pain OR if blood glucose >300 twice when checked 2-3 hours apart.

- ☐ Use correction scale **OR** ☐ Use correction scale plus an additional _____ units for moderate and _____ units for large.
- Repeat ketone check in 2 hours, and repeat additional insulin if moderate or large ketones are still present.

Exercise and Sports: ☐ Student should monitor blood glucose hourly ☐ Other:_____

Parent/Guardian Authority: To adjust insulin dose: ☐ Yes ☐ No
To change frequency of blood glucose monitoring: ☐ Yes ☐ No

Diabetes Medications:

☐ **Glucagon (for emergency low blood glucose) -** Dose: ☐ 0.5 mg ☐ 1.0 mg Given IM or SC per thigh or arm
☐ Medication: _____ Dose: _____ Times to be given: _____
☐ Medication: _____ Dose: _____ Times to be given: _____

HCP Assessment of Student's Diabetes Management Skills:

Skill	Independent	Needs supervision	Cannot do
Check blood glucose			
Count carbohydrates			
Calculate insulin dose			
Injection			

☐ Student may advance in independence through school year if school/parent agrees.

Notes:

HEALTHCARE PROVIDER SIGNATURE/STAMP:	Date:
Parent/Guardian Signature:	Date:

UPDATES TO THE
HEALTHCARE PROVIDER ORDERS/DIABETES MEDICAL MANAGEMENT PLAN
STUDENT WITH DIABETES ON INSULIN **INJECTIONS**

STUDENT'S NAME:	Date of Birth:
DIABETES HEALTHCARE PROVIDER INFORMATION Name: Phone #: Fax #: Email:	
SCHOOL:	School Fax:

Effective Date: **Update:**

Healthcare Provider signature:	
Parent/Guardian signature:	

Healthcare Provider signature:	
Parent/Guardian signature:	

Healthcare Provider signature:	
Parent/Guardian signature:	

Healthcare Provider signature:	
Parent/Guardian signature:	

Healthcare Provider signature:	
Parent/Guardian signature:	