

June 29, 2010

Dear Parents,

In preparation for the coming school year, please print, complete, & sign the following school orders for your child. A dosing grid based on the carbohydrate ratio & blood glucose correction factor you have listed on these forms will be attached. Fax or mail the completed form back to us for Dr. Mauseth's signature. Please contact us with any questions you may encounter.

Fax: 425-488-4904
Mail: Woodinville Pediatrics
Attn.: Amanda Parsons
17000 140th Ave. NE Suite 102
Woodinville, WA 98072-9001

Be sure that the name of your child's *school, school nurse, and fax number* are completed on the school forms. To ensure adequate time for us to review, sign & submit your forms to your school, **please return by Monday, August 10, 2010.**

Thank you,

Richard S. Mauseth, M.D.

Additional explanation on some sections follows:

Student's Self Care

The intent of this section is to document agreements as to the extent to which the student can manage his/her own care and to clarify to what degree the school is responsible for care. If the student is totally independent, the first statement only needs to be initialized.

Hypoglycemia

The blank lines are available for you to write in what you normally use for low blood glucose treatment at home. The examples in parenthesis are guidelines that can either be used or crossed out if another treatment is desired.

Insulin Dosing

There are many insulin regimens available for use by those requiring insulin. Select the regimen that applies to your child's care.

Disaster Insulin Dosing

This includes doses of insulin that are normally not given at school, but that during a disaster situation may be needed. For those on a Fixed Insulin Regimen (NPH), it is recommended that the usual dosage be reduced to 80% since food supply may be limited during a disaster. For those on Basal Bolus Regimens (Lantus/Levemir or pump therapy), insulin may be given as usual.

HEALTH CARE PROVIDER (HCP) ORDERS FOR STUDENTS WITH DIABETES IN WASHINGTON SCHOOLS
(MUST BE RENEWED AT BEGINNING OF EACH SCHOOL YEAR)

STUDENT'S NAME _____ DOB _____ Grade _____
 School _____ RN _____ School Fax # _____
 Parent or guardian name _____
 Contact information: home _____ cell _____
 Other contact _____

Dr. Richard S. Mauseth's phone number: (425) 483-5437 (office) (425) 488-4904 (fax)

| STUDENT'S SELF-CARE (Ability level) | <u>Initials of:</u> | Parent | HCP | School RN |
|--|---------------------|--------|-------|-----------|
| Totally independent management or | | _____ | _____ | _____ |
| 1. Student tests independently or Student needs verification of number by staff or Assist/Testing to be done by school nurse | | _____ | _____ | _____ |
| 2. Student administers insulin independently or Student self-injects with verification of number or Student self-injects with nurse supervision or Injection to be done by school nurse | | _____ | _____ | _____ |
| 3. Students self-treats mild hypoglycemia | | _____ | _____ | _____ |
| 4. Student monitors own snacks and meals | | _____ | _____ | _____ |
| 5. Student tests and interprets own urine ketones | | _____ | _____ | _____ |

BLOOD GLUCOSE MONITORING

Blood glucose (BG) is monitored before every meal, snack, before bed, and AS NEEDED.

EXERCISE

Children frequently need 15 grams of carbohydrate for every 30-60 minutes of physical activity. These carbohydrates DO NOT require an insulin injection and are not added into the carbohydrate total.

HYPOGLYCEMIA (Fill in individualized instruction on line or use those in parenthesis)

Unconscious - call 911, give Glucagon IM if ordered (see district medical form)

Blood glucose <80 and symptomatic _____ (4 oz juice, 3-4 glucose tabs)**

Blood glucose <100 and symptomatic _____ (cracker/cheese, granola bar)

Blood glucose <70 and asymptomatic _____ (4 oz juice, 3-4 glucose tabs)**

Blood glucose >100 and symptomatic, retest BG in 15 minutes

Recheck BG levels after 15 minutes. If BG still <80, then repeat treatment as above

Blood glucose at which parent should be notified – low _____ high _____

HYPERGLYCEMIA

- To determine a correction dose, USE TOP ROW OF GRID that reads 0 grams carbohydrate
- If GRID unavailable, then use the equation - **Current BG – Target BG ÷ Correction Factor**
- CORRECTION DOSES ARE ONLY GIVEN EVERY 3-4 HOURS** and will most likely coincide with a meal dosage.

URINE KETONES

- Monitor the urine for ketones if BG is >250 on 2 consecutive BG checks or any time there is illness.
- **IF urine ketones measure MODERATE or LARGE, parents need to be contacted and child needs to be sent home for treatment following Woodinville Pediatrics Sick Day Management Guidelines.**

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Provider to sign after parent section is filled out.

HEALTH CARE PROVIDER (HCP) ORDERS FOR STUDENTS WITH DIABETES IN WASHINGTON SCHOOLS
(MUST BE RENEWED AT BEGINNING OF EACH SCHOOL YEAR)

INSULIN DOSING

1. ****PARENTS ABLE TO ADJUST DOSE OF INSULIN**, as this is a goal of intensive insulin therapy.**
2. Licensed medical personnel allowed to give _____ units (minimum) to _____ units (maximum) of rapid acting insulin (Novolog/Humalog/Apidra) insulin
3. Type of regimen (check one) Basal Bolus Regimen (Lantus or Levemir)
 Fixed Regimen (NPH)

For Basal Bolus Regimen:

1. Use the attached grid or use the ratios below to determine the dose of Novolog / Humalog / Apidra (circle one).

_____ unit per _____ grams of carbohydrate
per _____ mg/dl over 100 or 150 (circle one)

2. **Disaster Insulin Dosing:** In case of disaster, rapid acting and long acting insulin should be given as usual.

Lantus or Levemir (circle one) _____ units @ _____ time of day

For Fixed Regimen:

1. Use the attached grid for correction of high BG, sometimes referred to as "sliding scale" OR use the ratio below to determine the dose of Novolog / Humalog / Apidra (circle one).

_____ unit per _____ mg/dl over 100 or 150 (circle one)

2. **Disaster Insulin Dosing:** In case of disaster, 80% of the usual rapid acting and NPH insulin should be given as follows:

A.M. _____ units Novolog / Humalog / Apidra (circle one) at _____ time of day
_____ units NPH at _____ time of day

P.M. _____ units Novolog / Humalog / Apidra (circle one) at _____ time of day
_____ units NPH at _____ time of day

ORAL DIABETES MEDICATION

Medication: _____ Strength: _____ Frequency: _____
Medication: _____ Strength: _____ Frequency: _____
Other: _____

ADDITIONAL STUDENT CARE

HCP _____ print _____ signature Date _____

Parent _____ print _____ signature Date _____

School Nurse _____ print _____ signature Date _____

Start date: _____ **Termination date:** _____ *or* end of school year 2011

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Provider to sign after parent section is filled out.