

June 29, 2010

Dear Parents,

In preparation for the coming school year, please complete 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 WEARING AN INSULIN PUMP 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)

INSULIN PUMP INFORMATION

Pump Type _____ Child Lock on? YES NO Insulin Type: _____

How long has student been on insulin pump therapy? 0-6 mo. 6-12 mo. 1-2 yrs. 2+ yrs

Basal rates and bolus calculator (carbohydrate ratio & correction factor) programmed? YES NO

Student to receive bolus **before or **after** eating (circle one)**

- Insulin to Carbohydrate Ratio: _____ BG Correction Factor: _____
- Blood glucose (BG) Target Range: _____
- Additional pump supplies that should be furnished by parent/guardian:
 - 2 infusion sets & 2 reservoirs **or** 2 pods
 - Extra batteries for pumps & meters
 - 1 vial of insulin labeled with name
 - Transparent dressings, if used
 - Alcohol wipes &/or IV prep
 - Syringes/insulin pen
 - Copy of basal rates and bolus dosing
 - Urine ketone test strips

STUDENT'S PUMP SKILLS

Skill Set	YES	NO	COMMENTS:
1. TOTALLY INDEPENDENT CARE			
	NEEDS HELP WITH:		
1. Counting carbs			
2. Giving correct bolus for carbs eaten			
3. Giving correct bolus for BG correction			
4. Setting a temporary basal rate			
5. Disconnecting/reconnecting pump if needed			
6. Preparing reservoir and tubing or pod			
7. Inserting new infusion set or pod			
8. Giving injection with syringe/insulin pen if needed			
9. Recognizing signs/symptoms of site infection			
10. Recognizing alarms and malfunction			

BLOOD GLUCOSE MONITORING

BG is traditionally monitored before every meal, bedtime and AS NEEDED.

Skill Set	YES	NO	COMMENTS:
1. Student tests independently or			
2. Student needs verification of number by staff or PDA			
3. Assist/Testing to be done by school nurse			

EXERCISE

Children frequently need 15 grams of carbohydrate for every 30-60 minutes of real physical exertion/activity, not stretching. These carbohydrates DO NOT require an insulin dose.

HYPERGLYCEMIA

Insulin pumps use rapid acting insulin only. IF insulin delivery is interrupted, THEN hyperglycemia and ketosis can develop very quickly! Possible causes could be:

- Empty insulin cartridge
- Kink in the cannula or the tubing
- Insulin that has lost it's potency or is expired
- The infusion set is inserted into scar tissue
- The infusion set is disconnected from the pump

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Provider to sign after parent section is filled out.

HEALTH CARE PROVIDER (HCP) ORDERS FOR STUDENTS WEARING AN INSULIN PUMP IN WASHINGTON SCHOOLS
(MUST BE RENEWED AT BEGINNING OF EACH SCHOOL YEAR)

Treatment for unexplained blood glucose >300 mg/dL:

1. Test for ketones *immediately*.
2. Give correction bolus and retest in 1 hour.
3. Check the tubing for leaks, air bubbles, kinks *and* that it is connected & inserted properly.
4. IF ketones are **MODERATE/LARGE** → Contact parents immediately and child should be sent home for treatment following Woodinville Pediatrics "Pumper DKA or Sick Day Management" Guidelines. IF you are unable to reach the parent/guardian in a timely manner, THEN call the diabetes nurse or Dr. Mauseth @ Woodinville Pediatrics (425) 483-5437.

IF blood glucose is not lower in 1 hour:

1. *Give another correction dose by injection (with a syringe or insulin pen).
2. Change the infusion set or pod.
3. Retest urine for ketones, immediately call parent for moderate/large ketones to pick up child.
4. Retest in another hour to check if BG is lowering.

URINE KETONES

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

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

****IF low BG recurs without explanation, notify parents for instructions to suspend insulin pump.****

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

If seizure or unconscious occurs:

1. **Treat with** _____ mg Glucagon IM injection **AND/OR phone 911**
2. **STOP** insulin pump:
 - Place in suspend mode OR
 - Disconnect tubing from infusion site OR
 - Cut tubing
3. NOTIFY PARENT
4. Send insulin pump with EMS to hospital

PUMP MALFUNCTION

If an insulin pump should stop functioning, the child/young adult should use their **insulin-to carbohydrate ratio(s) AND BG correction factor(s)** that were programmed in the pump to give injections every 3-4 hours. Call parents so they can contact the pump company to overnight ship a replacement pump.

ADDITIONAL TIMES TO CONTACT PARENT

- Soreness or redness at infusion site
- Leakage of insulin from pump or infusion set and/or detect insulin odor

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.