

# HEALTH CARE PROVIDER (HCP) ORDERS FOR STUDENTS WITH DIABETES IN WASHINGTON STATE SCHOOLS

**STUDENT'S NAME** \_\_\_\_\_ Student's birthdate \_\_\_/\_\_\_/\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Emergency numbers for parents (phone) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (cellular) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (pager) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Doctor's phone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other contacts \_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**HYPOGLYCEMIA**—(fill in individualized instructions on line or use those in parenthesis)

**Unconscious--** \_\_\_\_\_ **(phone 911)** (Other orders) \_\_\_\_\_

Blood sugar < 60 and symptomatic \_\_\_\_\_ (juice, pop, candy) \_\_\_\_\_

Blood sugar < 100 and symptomatic \_\_\_\_\_ (crackers/cheese) \_\_\_\_\_

Blood sugar < 80 and asymptomatic \_\_\_\_\_ (feed partial meal) \_\_\_\_\_

Blood sugar > 100 and symptomatic \_\_\_\_\_ (feed partial meal) \_\_\_\_\_

Blood sugar at which parent should be notified—low \_\_\_\_\_ high \_\_\_\_\_

**BLOOD SUGAR AND INSULIN DOSAGE** prior to lunch (R is regular and H is lis-pro.) \_\_\_\_\_ any other insulin requested \_\_\_\_\_

Blood sugar < 100 \_\_\_\_\_ units R - H - other \_\_\_\_\_ (see hypoglycemia above)

Blood sugar 100–149 \_\_\_\_\_ units R - H - other \_\_\_\_\_

Blood sugar 150–199 \_\_\_\_\_ units R - H - other \_\_\_\_\_

Blood sugar 200–249 \_\_\_\_\_ units R - H - other \_\_\_\_\_

Blood sugar 250–299 \_\_\_\_\_ units R - H - other \_\_\_\_\_ (check ketones)

Blood sugar 300–349 \_\_\_\_\_ units R - H - other \_\_\_\_\_ (check ketones)

Blood sugar 350–399 \_\_\_\_\_ units R - H - other \_\_\_\_\_ (check ketones)

Blood sugar > 400 \_\_\_\_\_ units R - H - other \_\_\_\_\_ (check ketones)

- Licensed medical personnel allowed to give \_\_\_\_\_ units (minimum) of insulin to \_\_\_\_\_ units (maximum) of R, H, \_\_\_\_\_ insulin after consultation with the parent/guardian.
- Other insulin instructions (i.e. CHO counting): \_\_\_\_\_
- If urine ketones ( trace, small, moderate, large ) call parents (circle one or more)

<b>DISASTER INSULIN DOSAGE</b> —in case of disaster how much insulin should be given? Recommend <b>80%</b> of usual dose.							
A.M.	_____	units	R - H - other	_____	units	Lente NPH Ultralente other	
Noon	_____	units	R - H - other	_____			
P.M.	_____	units	R - H - other	_____	units	Lente NPH Ultralente other	
Bedtime	_____	units	R - H - other	_____	units	Lente NPH Ultralente other	

**STUDENT'S SELF-CARE** (ability level) Initials of: Parent HCP School Nurse

**Totally independent management or**

- |  |       |       |       |
|--|-------|-------|-------|
| 1. Student tests independently or<br>Student needs verification of number by staff or<br>Assist/Testing to be done by school nurse   | _____ | _____ | _____ |
| 2. Student administers insulin independently or<br>Student self-injects with verification of number or<br>Student self-injects with nurse supervision or<br>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  | _____ | _____ | _____ |

HCP \_\_\_\_\_ (print/type) \_\_\_\_\_ signature \_\_\_/\_\_\_/\_\_\_ date

Parent \_\_\_\_\_ (print/type) \_\_\_\_\_ signature \_\_\_/\_\_\_/\_\_\_ date

School Nurse \_\_\_\_\_ (print/type) \_\_\_\_\_ signature \_\_\_/\_\_\_/\_\_\_ date

**Start date:** \_\_\_ day \_\_\_ mo. \_\_\_ yr. **Termination date** \_\_\_ day \_\_\_ mo. \_\_\_ yr. **or** end of school year \_\_\_\_\_

Must be renewed at beginning of each school year.