

# 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)

**DISASTER INSULIN DOSAGE**—in case of disaster how much insulin should be given? Recommend **80%** of usual dose.

A.M.	_____ units	R - H - other _____	_____ units	Lente	NPH	Ultralente	other
Noon	_____ units	R - H - other _____	_____ units	Lente	NPH	Ultralente	other
P.M.	_____ units	R - H - other _____	_____ units	Lente	NPH	Ultralente	other
Bedtime	_____ units	R - H - other _____	_____ units	Lente	NPH	Ultralente	other

<b>STUDENT'S SELF-CARE</b> (ability level) <u>Initials of:</u>	Parent	HCP	School Nurse
<b>Totally independent management or</b>	_____	_____	_____
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	_____	_____	_____

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.