

SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### PHYSICIAN'S ORDERS

#### Parent Consent and Authorized Health Care Provider Authorization for Care of Diabetes at School and School Sponsored Events

Individualized School Healthcare Plan (ISHP) and Procedures will provide details for implementation

PUPIL:	DOB:	SCHOOL:	GRADE:
<b>PHYSICIAN'S WRITTEN AUTHORIZATION: PLEASE INITIAL AND CHECK ALL BOXES THAT APPLY</b>			
<p><b>1. Blood Glucose Testing:</b></p> <p><input type="checkbox"/>Before meals    <input type="checkbox"/>As needed</p> <p><input type="checkbox"/>Prior to P.E. or strenuous exercise</p> <p><input type="checkbox"/>By pupil    <input type="checkbox"/>Needs assistance or monitoring</p> <p><b>2. Snacks:</b>    <input type="checkbox"/>None    <input type="checkbox"/>Morning    <input type="checkbox"/>Afternoon</p> <p><input type="checkbox"/>Independent    <input type="checkbox"/>Needs reminder</p> <p><input type="checkbox"/>Needs verification</p> <p><b>3. Treat low blood sugar below _____ as follows:</b></p> <p>Standard procedure attached    <input type="checkbox"/>Modified    <input type="checkbox"/>O.K.</p> <p><input type="checkbox"/>Self treatment of mild lows    <input type="checkbox"/>Needs assistance</p> <p><input type="checkbox"/>Notify physician for blood sugar below _____</p> <p><b>4. Emergency care of severe hypoglycemia</b></p> <p><input type="checkbox"/>Glucose gel:    <input type="checkbox"/>Conscious    <input type="checkbox"/>Unconscious    <input type="checkbox"/>Both</p> <p><input type="checkbox"/>Glucagon injection (unconscious):    <input type="checkbox"/>0.5 mg    <input type="checkbox"/>1 mg</p> <p><b>5. Treat high blood sugar above _____ as follows:</b></p> <p>Standard procedure attached    <input type="checkbox"/>Modified    <input type="checkbox"/>O.K.</p> <p><input type="checkbox"/>Record reading only, take no action</p> <p><input type="checkbox"/>Notify parent    <input type="checkbox"/>Immediately    <input type="checkbox"/>Written notice only</p> <p><input type="checkbox"/>Increase water intake</p> <p><input type="checkbox"/>Give extra Insulin (order on next column)</p> <p><input type="checkbox"/>Withhold exercise or    <input type="checkbox"/>Encourage exercise</p> <p><input type="checkbox"/>Check ketones when blood sugar is above _____</p> <p><b>6. Hemoglobin A<sub>1c</sub> _____ mg/dl on _____ (date)</b></p>	<p><b>7. If Insulin Regimen at School:</b></p> <p>Brand name and type: _____</p> <p>Equipment used:</p> <p><input type="checkbox"/>Syringe    <input type="checkbox"/>Insulin pen    <input type="checkbox"/>Insulin pump</p> <p><b>Physician's Insulin Orders for School Administration</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Blood Sugar Correction</b></p> <p>Blood Glucose from _____ to _____ = _____ Units</p> <p>Blood Glucose from _____ to _____ = _____ Units</p> <p>Blood Glucose from _____ to _____ = _____ Units</p> <p>Blood Glucose from _____ to _____ = _____ Units</p> <p><b>In your opinion, is student independent in both determining dose and self-administering Insulin?</b></p> <p><input type="checkbox"/>Yes    <input type="checkbox"/>No</p> <p><b>8. Daily Carb Intake Counting Regime</b></p> <p>Breakfast _____ # of carbs</p> <p>Snack _____ # of carbs</p> <p>Lunch _____ # of carbs</p> <p>Snack _____ # of carbs</p> <p><b>9. Insulin Pump at School Regime</b></p> <p><b>Physician's Initial _____</b> <b>(Signatures <u>required</u> on page two)</b></p>		