

**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) _____ (cell#2) _____
 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 _____
 Target range for blood glucose is: 70-150 70-180 Other _____

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, other _____ insulin after consultation with the parent/guardian.
- Other insulin instructions (ie., 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 Lantus other
Noon	_____ units R – H – other _____	_____ units	Lente	NPH	Ultralente Lantus other
P.M.	_____ units R – H – other _____	_____ units	Lente	NPH	Ultralente Lantus other
Bedtime	_____ units R – H – other _____	_____ units	Lente	NPH	Ultralente Lantus other

Student=s Self Care - (ability level)	Initials of:	Parent	HCP	School Nurse
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 counts carbohydrates independently or Student consults with parent for carb count		_____	_____	_____
3. Student administers insulin independently or Student self-injects with verification of number or Injection done by school nurse		_____	_____	_____
4. Student self treats mild hypoglycemia		_____	_____	_____
5. Student monitors own snacks and meals		_____	_____	_____
6. Student tests and interprets own urine ketones		_____	_____	_____
7. Student carries own supplies		_____	_____	_____

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.