

## APPENDIX C

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

### OVERVIEW

This form is intended to help standardize information for students with diabetes. It has been designed to cover situations that may apply to the student while at school. In most cases, the majority of the blank space will not need to be filled or the answer may be similar to the previous space. Generally, the plan should be worked out between the parent and the school nurse and then submitted to the HCP to authorize.

The following is a brief description of each section:

#### **Hypoglycemia** (low blood sugar)

The blank lines are for treatment plans for various situations. The information in parenthesis are guidelines that can either be used or crossed out if another treatment is desired.

#### **Blood Sugar and Insulin Dosage**

Various situations are supplied. Not all require a response with an injection of insulin. Many situations will have the same response. "Other" is for the new forms of insulin that may soon be available. The last two lines of this section are included to allow the school nurse and the parent/guardian some degree of flexibility under the HCP's supervision and written orders.

Although ketone testing is recommended, cross out "(check ketones)" if this test will not be done. In this situation, do not fill in "If urine ketones....".

#### **Disaster Insulin Dosage**

This includes doses of insulin that are normally not given at school, but that during a disaster situation may be needed. Since the food supply may be limited, it is recommended that the usual dosage be reduced to 80%. A copy of this order form should be included in the Disaster Kit. Alternately, the disaster dose can be recorded on the form found in Appendix N. Disaster dosages must be reviewed and updated anytime the student's insulin requirements change.

#### **Self Care**

The intent is to document agreement as to the extent to which the student can manage her or his 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 initialed. The blank at the bottom of this section allows for other situations that might arise regarding the student's diabetes management.

#### **Signatures and Start/Termination Dates**

Each person involved in verifying the student's ability to participate in self-care should sign and date the form. Start and review termination dates must be noted.

# 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

<b>Totally independent management or</b>	Parent	HCP	School Nurse
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.