

DIABETES MEDICATION ADMINISTRATION FORM

Provider Medication Order Form—Office of School Health—School Year 2017-2018

Student Last Name	First Name	Middle	Date of birth _____ / _____ / _____ MM DD YYYY	<input type="checkbox"/> Male	<input type="checkbox"/> Female	OSIS # _____
School (include name, number, address and borough)			DOE District _____	Grade _____		Class _____

Type 1 Diabetes
 Type 2 Diabetes
 Other Diagnosis: _____
 Recent A1C: Date ____/____/____ Result ____ %

<p style="text-align: center;">EMERGENCY ORDERS</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Severe Hypoglycemia Administer Glucagon and call 911</p> <p><input type="checkbox"/> 1 mg SC/IM <input type="checkbox"/> ____ mg SC/IM</p> <p>Give PRN: unconsciousness, unresponsiveness, seizure, or inability to swallow EVEN if bG is unknown. Turn onto left side to prevent aspiration.</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Risk for Diabetic Ketoacidosis (DKA)</p> <p><input type="checkbox"/> Test ketones if bG > ____ mg/dL, or if vomiting, or fever ≥ 100.5F</p> <p>➢ If small or trace give water; re-test ketones & bG in ____ hrs</p> <p>➢ If initial or retest ketones are moderate or large, give water</p> <p><input type="checkbox"/> Call parent and PMD</p> <p><input type="checkbox"/> No Gym</p> <p><input type="checkbox"/> If vomiting, unable to take PO, and MD not available, CALL 911</p> <p><input type="checkbox"/> Give insulin correction dose if > ____ hours since last insulin.</p> </td> </tr> </table>	<p>Severe Hypoglycemia Administer Glucagon and call 911</p> <p><input type="checkbox"/> 1 mg SC/IM <input type="checkbox"/> ____ mg SC/IM</p> <p>Give PRN: unconsciousness, unresponsiveness, seizure, or inability to swallow EVEN if bG is unknown. Turn onto left side to prevent aspiration.</p>	<p>Risk for Diabetic Ketoacidosis (DKA)</p> <p><input type="checkbox"/> Test ketones if bG > ____ mg/dL, or if vomiting, or fever ≥ 100.5F</p> <p>➢ If small or trace give water; re-test ketones & bG in ____ hrs</p> <p>➢ If initial or retest ketones are moderate or large, give water</p> <p><input type="checkbox"/> Call parent and PMD</p> <p><input type="checkbox"/> No Gym</p> <p><input type="checkbox"/> If vomiting, unable to take PO, and MD not available, CALL 911</p> <p><input type="checkbox"/> Give insulin correction dose if > ____ hours since last insulin.</p>	<p style="text-align: center;">BLOOD GLUCOSE (bG) MONITORING SKILL LEVEL</p> <p><input type="checkbox"/> Student may check bG without supervision. <input type="checkbox"/> Student to check bG with nurse/school staff supervision. <input type="checkbox"/> Nurse / school personnel must check bG.</p> <p style="text-align: center;">INSULIN ADMINISTRATION SKILL LEVEL</p> <p><input type="checkbox"/> Nurse-Dependent Student: nurse must administer medication <input type="checkbox"/> Supervised student: student self-administers, under supervision <input type="checkbox"/> Independent Student: Self-carry / Self-administer.*</p> <p style="font-size: small;">_____ practitioner's initials</p> <p>I attest student demonstrated the ability to self-administer the prescribed medication effectively for school, field trips, & school/sponsored events *PARENT MUST INITIAL REVERSE SIDE</p>
<p>Severe Hypoglycemia Administer Glucagon and call 911</p> <p><input type="checkbox"/> 1 mg SC/IM <input type="checkbox"/> ____ mg SC/IM</p> <p>Give PRN: unconsciousness, unresponsiveness, seizure, or inability to swallow EVEN if bG is unknown. Turn onto left side to prevent aspiration.</p>	<p>Risk for Diabetic Ketoacidosis (DKA)</p> <p><input type="checkbox"/> Test ketones if bG > ____ mg/dL, or if vomiting, or fever ≥ 100.5F</p> <p>➢ If small or trace give water; re-test ketones & bG in ____ hrs</p> <p>➢ If initial or retest ketones are moderate or large, give water</p> <p><input type="checkbox"/> Call parent and PMD</p> <p><input type="checkbox"/> No Gym</p> <p><input type="checkbox"/> If vomiting, unable to take PO, and MD not available, CALL 911</p> <p><input type="checkbox"/> Give insulin correction dose if > ____ hours since last insulin.</p>		

MONITORING	<input type="checkbox"/> At LUNCH Time	<input type="checkbox"/> At SNACK Time**	<input type="checkbox"/> At GYM Time	<input type="checkbox"/> PRN
<p>Hypoglycemia</p> <p>For bG < ____ mg/dL</p> <p>Give ____ oz juice, or ____ glucose tabs, or ____ grams carbs. Re-check in ____ minutes; if bG < ____ repeat carbs and re-check until bG > ____. THEN Insulin is given BEFORE Lunch, unless otherwise indicated.</p> <p><input type="checkbox"/> Give insulin AFTER Lunch</p> <p>Use pre-treatment bG to calculate insulin dose, unless otherwise prescribed</p>	<p>Insulin is given BEFORE Lunch, unless otherwise instructed.</p> <p><input type="checkbox"/> Give insulin AFTER Lunch</p>	<p>Insulin is given BEFORE Snack, unless otherwise instructed.</p> <p><input type="checkbox"/> Give insulin AFTER Snack**</p>	<p>Give ____ oz juice, or ____ glucose tabs, or ____ grams carbs. Re-check in ____ minutes; if bG < ____ repeat carbs and re-check until bG > ____.</p> <p><input type="checkbox"/> If initial bG < ____, No Gym</p> <p><input type="checkbox"/> Give Snack** AFTER treatment THEN send to Gym</p>	<p>Give ____ oz juice, or ____ glucose tabs, or ____ grams carbs. Re-check in ____ minutes; if bG < ____ repeat carbs and re-check until bG > ____.</p> <p><input type="checkbox"/> Give Snack** AFTER treatment</p>
<p>Between hypo & hyperglycemia</p>	<p>Insulin is given BEFORE Lunch, unless otherwise instructed.</p> <p><input type="checkbox"/> Give insulin AFTER Lunch</p>	<p>Insulin is given BEFORE Snack, unless otherwise instructed.</p> <p><input type="checkbox"/> Give insulin AFTER Snack**</p>	<p><input type="checkbox"/> Give Snack** BEFORE Gym</p>	<p><input type="checkbox"/> For bG > ____ No Gym</p> <p><input type="checkbox"/> For bG > ____ AND at least ____ hours since last insulin, give insulin correction</p>
<p>Hyperglycemia bG > ____ mg/dL</p>	<p>Insulin is given BEFORE Lunch, unless otherwise instructed.</p> <p><input type="checkbox"/> Give insulin AFTER Lunch</p>	<p>Insulin is given BEFORE Snack, unless otherwise instructed.</p> <p><input type="checkbox"/> Give insulin AFTER Snack**</p>	<p><input type="checkbox"/> For bG > ____ No Gym</p> <p><input type="checkbox"/> For bG > ____ AND at least ____ hours since last insulin, give insulin correction</p>	<p><input type="checkbox"/> For bG > ____ No Gym</p> <p><input type="checkbox"/> For bG > ____ AND at least ____ hours since last insulin, give insulin correction</p>
<p>Carb Coverage Insulin Instructions</p>	<p><input type="checkbox"/> Carb coverage ONLY</p> <p><input type="checkbox"/> Carb coverage PLUS Correction Dose when bG > Target bG AND at least ____ hours since last insulin</p> <p><input type="checkbox"/> Correction Dose ONLY</p>	<p><input type="checkbox"/> Carb coverage ONLY</p> <p><input type="checkbox"/> Carb coverage PLUS Correction Dose when bG > Target bG AND at least ____ hours since last insulin</p> <p><input type="checkbox"/> Correction Dose ONLY</p>	<p>**SNACK Student may carry and self-administer snacks: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Time of day _____ AM _____ PM</p> <p>Type, Amount _____</p> <p><input type="checkbox"/> NO INSULIN TO BE GIVEN AT SNACK TIME</p> <p><input type="checkbox"/> Hold snack if bG > ____ mg/dL</p>	

Correction Dose Method (with or without Carb Coverage) using:
 Insulin Sensitivity Factor or Sliding Scale
 Sliding Scale
 Fixed Dose (enter time and dose in Other Orders box)
 No Insulin at School Glucose Monitoring ONLY

Name of Insulin: _____ Delivery Method: Syringe Pen Insulin Pump (Brand): _____

Target bG = ____ mg/dL	Insulin Sensitivity Factor (ISF) 1 unit decreases bG by ____ mg/dL	Insulin to Carbohydrate Ratio (I:C) For LUNCH: 1 unit: per ____ grams carbs For SNACK: 1 unit: per ____ grams carbs	Basal Rate In School ____ units/hour ____ to ____ AM / PM ____ units/hour ____ to ____ AM / PM	Basal Rate for Gym ____ percent for ____ hours <input type="checkbox"/> Disconnect Pump for gym
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Correction Dose by ISF:

$$\frac{bG - Target\ bG}{Insulin\ Sensitivity\ Factor} = \text{units insulin}$$

Carb Coverage: # grams carb in meal = ____ units insulin
 # grams carb in I:C = ____ units insulin

Follow Pump recommendation for bolus dose (If not using Pump recommendation, round dose **DOWN** to nearest 0.1 unit).
 For bG > ____ mg/dL that has not decreased ____ hours after correction, consider pump failure and notify parent.
 For suspected pump failure: **DISCONNECT** pump; give insulin by syringe or pen.

Round **DOWN** insulin dose to the closest **0.5 unit** for syringe/pen or to the nearest **whole unit** if the syringe/pen doesn't have half-units: **unless** otherwise instructed by the PCP/endocrinologist.

<p>Sliding Scale</p> <p>Do NOT overlap ranges (e.g., enter as 0-100, 101-200, etc.). If ranges overlap, the lower dose will be given.</p>	<p><input type="checkbox"/> Pre-Lunch</p> <p><input type="checkbox"/> Pre-Snack</p> <p><input type="checkbox"/> Correction dose</p>	<p>bG Range mg/dL</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	0					<p>Insulin</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>						<p><input type="checkbox"/> Other time</p>	<p>bG Range mg/dL</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	0					<p>Insulin Units</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					
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Home Medications	Dose	Frequency	Time	OTHER ORDERS (such as "Fixed Dose" orders, adjustments for rounding)
Insulin:				
Oral:				

Health Care Practitioner LAST NAME (Please Print)	FIRST NAME	Signature	Date ____/____/____
Address		Tel. (____) _____ - _____	Fax: (____) _____ - _____
NYS License # (Required) _____	NPI # _____	CDC & AAP recommend annual seasonal influenza vaccination for all children diagnosed with diabetes.	

DIABETES MEDICATION ADMINISTRATION FORM
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MONITORING BLOOD SUGAR, MEDICATION AND DIETARY NEEDS:
 The Following Section To Be Completed By Student's Parent/Guardian

Nan papye sa a, mwen bay konsantman m pou:
 (1) kontwòl kantite sik nan san pitit mwen an ;
 (2) bay pitit mwen tretman doktè preskri li ak/oswa;
 (3) bay pitit mwen an tretman lè sik li desann twò ba nan building lekòl la oswa nan aktivite lekòl la patwone dapre eksplikasyon ajan sante li ki vini avèk lèt sa a.

Nan dokiman sa a, mwen bay otorizasyon pou yo bay pitit mwen an medikaman li ak pou yo mete medikaman an ansanm avèk ekipman nesèsè pou ba l medikaman an nan kabinè enfimri lekòl la, dapre rekòmandasyon doktè pitit mwen an. Mwen rekonèt mwen dwe bay lekòl la medikaman an ak ekipman nesèsè pou bay medikaman, tankou ponp pou opresyon *non-Ventolin inhalers*. Mwen rekonèt mwen dwe bay medikaman an nan flakon famasi vann li a ak tout etikèt li (mwen dwe mande famasi a yon lòt flakon orijinal pou pitit mwen itilize nan lekòl la); etikèt ki sou medikaman doktè preskri a dwe gen non elèv la, non ak nimewo telefòn famasi a, non doktè ki preskri medikaman an, dat ak kantite fwa yo ka renouvle preskripsyon an, non medikaman an, dòz yo preskri a, kantite fwa pou yo bay timoun lan medikaman an, jan pou yo bay li ak/oswa lòt enstriksyon; yo dwe kite medikaman yo vann san preskripsyon ak echantiyon medikaman nan flakon orijinal fabrikan an yo, avèk non elèv la sou flakon an.

Mwen konnen nenpòt medikaman mwen bay, mwen dwe bay li nan bwat orijinal medikaman an ki PAKO OUVRI. Mwen rekonèt mwen dwe founi tout ekipman, medikaman ak snack ki nesèsè, epi tou mwen dwe avèti imedyatman enfimyè lekòl la si gen nenpòt chanjman nan preskripsyon an oswa nan eksplikasyon ki pi wo a.

Mwen konprann konsantman sa a valab jis nan fen sesyon pwogram ansèyman pandan ete Depatman edikasyon Vil Nouyòk patwone a sèlman; oswa lè mwen bay enfimyè lekòl la yon nouvo preskripsyon oswa enstriksyon ajan sante pitit mwen an bay osijè kòman pou yo fè siveyans ak tretman pi wo a (nenpòt sa ki vin avan an).

Mwen rekonèt Depatman Sante ak Ijyèn Mantal (DOHMH), DOE, ak moun ki reprezante l yo, gen responsablite garanti yon anvwonman sandanje nan enfimri a ak tout lòt kote pitit mwen an ka teste nivo sik nan san li. M ap fè tout efò pou bay lekòl la lansèt ak lòt ekipman pou pèmèt antre zegwi yo ak plis fasilite pou kontwòl kantite sik nan san pitit mwen an e pou administre l ensilin.

Lè m soumèt fòm pou yo bay medikaman dyabèt la, mwen mande pou DOHMH bay pitit mwen sèvis sante espesifik atravè Biwo sante lekòl (OSH). Mwen konprann kapab gen nan sèvis sa yo ki oblije yon ajan swen sante OSH fè yon evalyasyon klinik ak yon konsiltasyon fizik. Nou mete tout enstriksyon konsènan fason pou ofri sèvis sante yo mande pi wo a nan Fòm sa a. Mwen konnen OSH, reprezantan yo, ak anplwaye k ap ede ofri sèvis sante yo mande pi wo a konte sou prezizyon enfòmasyon moun bay nan fòm sa a. Mwen rekonèt fòm sa a pa reprezante yon kontra OSH ni DOE pou bay sèvis mwen mande yo, men li reprezante pito demann mwen fè pou sèvis sa yo ak konsantman mwen pou pitit mwen an resevwa sèvis sa yo. Si yo wè sèvis sa yo nesèsè, li ka nesèsè tou pou tabli yon plan akomodasyon pou elèv la, epi se lekòl la ki pral mete plan an anplas.

Mwen konprann OSH ak DOE ak anplwaye yo, ak moun ki reprezante yo kapab kontakte, mande avi tout founisè sèvis sante ak/oswa famasyon ki founi pitit mwen an sèvis sante ak/oswa tretman pou jwenn tout lòt enfòmasyon yo ka jije apwopriye osijè eta sante pitit mwen an, medikaman li pran ak/oswa tretman y ap ba li.

MEDIKAMAN POU TIMOUN LAN PRAN POUKONT LI :

Mete inisyal ou akote paragaf sa a pou itilizasyon epinephrine, ponp medikaman pou opresyon ak lòt medikaman yo apwouve pou timoun lan pran poukont li

INISYAL	Mwen sètifye la a yo byen montre pitit mwen an jan pou l pran medikaman yo preskri l la poukont li, epi li ka pran l poukont li. Mwen konsanti tou pou pitit mwen an pote, konsève ak pran medikaman ki preskri pi wo a poukont li nan lekòl la. Mwen rekonèt se responsablite m pou bay pitit mwen an medikaman sa a nan flakon ki gen etikèt jan yo dekri sa pi wo a, pou kontwòl jan pitit mwen itilize medikaman sa a, epi pou nenpòt konsekans ki rive akòz pitit mwen ap itilize medikaman sa a nan lekòl la. Mwen konnen enfimyè lekòl la ap konfime kapasite pitit mwen an pou pote ak pou pran medikaman an poukont li yon fason responsab. Anplis, mwen dakò pou bay lekòl la "lòt flakon" medikaman ki gen etikèt kote yo ekri aklè non medikaman an pou konsève nan enfimri lekòl la si pitit mwen an pa ta rete ase nan medikaman li pote pou pran poukont li.
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INISYAL	Mwen bay konsantman m pou enfimyè lekòl la pou kenbe nan lekòl la ak/oswa bay pitit mwen an medikaman sa a nan ka kote pitit mwen an pa ta kapab kenbe oswa pran medikaman sa pou kont li pou yon ti bout tan.
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Siyati elèv la	Non	MI	Dat nesans	Lekòl
Ekri ak lèt detache Non Paran/Responsab			Siyati paran/responsab	
Adrès Paran/Responsab			Dat ou siyen fòm lan	
Nimewo telefòn	Lajounen	Kay	Selilè	
Adrès imèl paran an/responsab legal				
Lòt non moun nou ka kontakte lè gen yon ijans			Nimewo telefòn moun pou kontakte	

DO NOT WRITE BELOW – FOR OFFICE OF SCHOOL HEALTH (OSH) USE ONLY

Received by: Name	Date	Reviewed by: Name	Date
bG monitoring without supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No		Insulin administration without supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Services provided by: <input type="checkbox"/> Nurse <input type="checkbox"/> OSH Public Health Advisor <input type="checkbox"/> School Based Health Center			
Signature and Title (RN OR MD/DO/NP)			
Revisions per OSH after consultation with prescribing health care practitioner.			