

INDIVIDUALIZED HEALTHCARE PLAN – DIABETES WITH INJECTION  
HEALTHCARE PROVIDER ORDERS

<b>EFFECTIVE DATE:</b>	End Date:
<b>STUDENT'S NAME:</b>	Date of Birth:

**DIABETES HEALTHCARE PROVIDER INFORMATION** Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ School Fax: \_\_\_\_\_

STUDENTS WITH DIABETES TREATED BY INJECTION

**Monitor Blood Glucose** – test ...

If student has symptoms of high or, **without moving student**, low blood glucose

<input type="checkbox"/> Before breakfast	<input type="checkbox"/> After lunch	<input type="checkbox"/> Before exercise/PE
<input type="checkbox"/> Before mid-morning snack	<input type="checkbox"/> Before afternoon snack	<input type="checkbox"/> After exercise/PE
<input type="checkbox"/> Before lunch	<input type="checkbox"/> Before leaving school	<input type="checkbox"/> Other: _____

Where to test:  Classroom  Health office  Other: \_\_\_\_\_

**Without moving student if has low blood glucose symptoms**

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**Routine Daily Insulin Injection:**

Insulin Delivery:  Syringe/vial  Pen

Type:  rapid acting (Humalog / NovoLog / Apidra)  regular or  other: \_\_\_\_\_

Calculate insulin dose for carbohydrate intake:  
Give \_\_\_\_ unit(s) of rapid-acting insulin for \_\_\_\_ grams of carbohydrate.  
Give at:  breakfast  AM snack  
 lunch  PM snack  parties.

OR

Standard daily insulin injection:

Type	Dose	Time

Correction insulin dose for high blood glucose:  
Time to be given:  Before lunch  Other: \_\_\_\_\_

**Do not give insulin correction dose more than once every 2 to 3 hours.**

Blood glucose range	Insulin units

**Check ketones** if nausea, vomiting or abdominal pain OR if blood glucose >300 twice when tested 2 hours apart.

- Give \_\_\_\_\_ of rapid-acting insulin for moderate ketones, or \_\_\_\_\_ for large.
- Repeat ketone test in 2 hours, and repeat additional insulin as above if moderate or large ketones are still present.

Use correction scale

Use Formula to calculate correction dose  
(Blood glucose- \_\_\_\_ ÷ \_\_\_\_ ) = \_\_\_\_ units of insulin.

Carbohydrate coverage and pre-meal correction doses may be combined.

If BG <70 before a meal treat with carbohydrate per algorithm.

**Exercise and Sports**  Student should monitor blood glucose hourly.

**Parent/Guardian Authority to Adjust Insulin Dose**  
Dose adjustment allowed up to 20% higher or lower  Yes  No

**Other Health Concerns and Medications**

Other health concerns: \_\_\_\_\_ Allergies: \_\_\_\_\_

Glucagon Dose: \_\_\_\_\_ IM or SC per thigh or arm

Oral diabetes medication(s)/dose: \_\_\_\_\_ Times to be given: \_\_\_\_\_

Other medication(s)/dose: \_\_\_\_\_ Times to be given: \_\_\_\_\_

<b>HCP Assessment of Student's Diabetes Management Skills:</b>				<b>Note</b>
Skill	Independent	Needs supervision	Cannot do	
Check blood glucose				
Count carbohydrates				
Calculate insulin dose				
Injection				

**HEALTHCARE PROVIDER SIGNATURE/STAMP:** \_\_\_\_\_ Date: \_\_\_\_\_

**UPDATED** Change \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

