

KENAI PENINSULA BOROUGH SCHOOL DISTRICT HEALTH SERVICES

**INDIVIDUALIZED HEALTHCARE PLAN – DIABETES WITH PUMP
HEALTHCARE PROVIDER ORDERS**

EFFECTIVE DATE:		End Date:																													
STUDENT'S NAME:		Date of Birth:																													
DIABETES HEALTHCARE PROVIDER INFORMATION Name: _____																															
Phone #: _____		Fax #: _____ Email _____																													
SCHOOL:		School Fax: _____																													
STUDENTS WITH DIABETES TREATED BY PUMP	Monitor Blood Glucose – test ... <input checked="" type="checkbox"/> If student has symptoms of high or low blood glucose <input type="checkbox"/> Before breakfast <input type="checkbox"/> Before mid-morning snack <input type="checkbox"/> Before lunch <input type="checkbox"/> All test results should be entered into pump to determine need for bolus correction. Where to test: <input type="checkbox"/> Classroom <input type="checkbox"/> Health office <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Without moving student if has low blood glucose symptoms																														
	Insulin Pump Information <input type="checkbox"/> Humalog or NovoLog or Apidra by pump Basal rates during school: _____ <input type="checkbox"/> Place pump on suspend when blood glucose is less than _____ mg/dl and re-activate it when blood glucose is at least _____ mg/dl. <p align="center">Pump settings should not be changed by school staff.</p>																														
	Carbohydrate Bolus <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Give 1 unit of insulin per</td></tr> <tr><td>_____ gm carbohydrate at breakfast</td></tr> <tr><td>_____ gm carbohydrate at AM snack</td></tr> <tr><td>_____ gm carbohydrate at lunch</td></tr> <tr><td>_____ gm carbohydrate at PM snack</td></tr> </table> Bolus should occur: <input type="checkbox"/> before eating, or <input type="checkbox"/> other: _____		Give 1 unit of insulin per	_____ gm carbohydrate at breakfast	_____ gm carbohydrate at AM snack	_____ gm carbohydrate at lunch	_____ gm carbohydrate at PM snack	Correction Bolus for Hyperglycemia Time to be given: <input type="checkbox"/> Before lunch <input type="checkbox"/> Other: _____ Do not give correction dose of insulin more than once every 2 to 3hrs <ul style="list-style-type: none"> Give _____ units of insulin for each _____ mg/dl of blood glucose with a target blood glucose of _____ mg/dl. Check ketones if nausea, vomiting or abdominal pain OR if blood glucose >300 twice when tested 2 hours apart. Via syringe, give _____ rapid-acting insulin for moderate ketones, or _____ for large. Repeat blood glucose test in 2 hours, and repeat additional insulin as above if moderate or large ketones are still present. <input type="checkbox"/> If BG <70 before a meal treat with carbohydrate per algorithm.																							
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	If infusion set comes out or needs to be changed: <input type="checkbox"/> Change set at school <input type="checkbox"/> Insulin via syringe every 3 hours																														
	Exercise and Sports with Pump Temporary Basal Decrease: <input type="checkbox"/> No <input type="checkbox"/> Yes (____% or _____ units for _____ minutes or <input type="checkbox"/> duration of exercise) <input checked="" type="checkbox"/> Student should monitor blood glucose hourly.																														
HCP Assessment of Student's Diabetes Management Skills: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Skill</th> <th>Independent</th> <th>Needs supervision</th> <th>Cannot do</th> </tr> </thead> <tbody> <tr><td>Check blood glucose</td><td></td><td></td><td></td></tr> <tr><td>Count carbohydrates</td><td></td><td></td><td></td></tr> <tr><td>Calculate insulin dose</td><td></td><td></td><td></td></tr> <tr><td>Change infusion set</td><td></td><td></td><td></td></tr> <tr><td>Injection</td><td></td><td></td><td></td></tr> <tr><td>Trouble shoot alarms, malfunctions</td><td></td><td></td><td></td></tr> </tbody> </table> Notes: _____			Skill	Independent	Needs supervision	Cannot do	Check blood glucose				Count carbohydrates				Calculate insulin dose				Change infusion set				Injection				Trouble shoot alarms, malfunctions				Note _____
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Parent/Guardian Authority to Adjust Insulin Dose Dose adjustment allowed up to 20% higher or lower <input type="checkbox"/> Yes <input type="checkbox"/> No																															
Other health concerns: _____		Allergies: _____																													
<input type="checkbox"/> Glucagon Dose: _____ IM or SC per thigh or arm <input type="checkbox"/> Oral diabetes medication(s)/dose: _____ Times to be given: _____ <input type="checkbox"/> Other medication(s)/dose: _____ Times to be given: _____																															
HEALTHCARE PROVIDER SIGNATURE/STAMP:		Date:																													
UPDATED Change		Date	Initials																												

