

Lynden School District Diabetes Health Care Form

Student's Name _____ Student's birthdate ___ / ___ / ___ School _____ Grade _____

Emergency numbers for parents (phone) _____ (phone) _____ (cell) _____

Doctor's Phone number _____ Other contacts _____

Unconscious - phone 911 and call parents (other orders) _____

BLOOD SUGAR AND INSULIN DOSAGE prior to lunch (R is regular and H is lis-pro) _____ any other insulin request

Blood sugar <100 _____ units R – H – other _____

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 _____

Blood sugar 300-349 _____ units R – H – other _____

Blood sugar 350-399 _____ units R - H – other _____

Blood sugar > 400 _____ units R – H – other _____

- Licensed medical personnel allowed to give ___ units (min) of insulin to ___ units (max) of R,H, _____ insulin after consultation with the parent/guardian.
- Other insulin instructions (i.e. CHO counting): _____

HYPOGLYCEMIA – (fill in individualized instructions on line or use those in parenthesis)

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 _____

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	Other
Noon	_____ units	R – H – other	_____ units	Lente	NPH	Ultralente	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

1. Totally independent management including mild hypoglycemia, meals and snacks

2. Student tests independently -or- needs verification –or- done by nurse

3. Student administers insulin independently –or- w/ verification of # -or- w/ nurse supervision –or- done by nurse

HCP _____

Date _____

Parent _____

Date _____

School Nurse _____

Date _____

Start date: _____

Termination date: _____ (or end of school year)

Must be renewed at beginning of each school year.