MEDICAL ORDER FOR MEDICATION AND TREATMENT IN SCHOOL

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name | |  | | | | | | | | | | | Date of Birth | | |  | | |
| Diagnosis | |  | | | | | | | Grade |  | | | Home Phone | | |  | | |
| School | |  | | | | | | | | | | | Today’s Date | | |  | | |
| Health Care Provider | | |  | | | | | | | | | | Office Phone | | |  | | |
|  | | | | | | | | | | | | | | | | | | |
| **Student Pump Skills** | | | | | | | | | | | | | | **Needs Assistance?** | | | | |
| 1. Independently count carbohydrates. | | | | | | | | | | | | | |  |  | **YES** |  | **NO** |
| 2. Give correct bolus for carbohydrates consumed. | | | | | | | | | | | | | |  |  | **YES** |  | **NO** |
| 3. Calculate and administer supplemental/correction bolus. | | | | | | | | | | | | | |  |  | **YES** |  | **NO** |
| 4. Set temporary basal rate for exercise. | | | | | | | | | | | | | |  |  | **YES** |  | **NO** |
| 5. Disconnect pump if needed. | | | | | | | | | | | | | |  |  | **YES** |  | **NO** |
| 6. Reconnect pump at infusion set. | | | | | | | | | | | | | |  |  | **YES** |  | **NO** |
| 7. Fill reservoir and prime tubing. | | | | | | | | | | | | | |  |  | **YES** |  | **NO** |
| 8. Insert new infusion set. | | | | | | | | | | | | | |  |  | **YES** |  | **NO** |
| 9. Give injection with syringe, if needed. | | | | | | | | | | | | | |  |  | **YES** |  | **NO** |
| 10. Troubleshoot all alarms. | | | | | | | | | | | | | |  |  | **YES** |  | **NO** |
|  | | | | | | | | | | | | | | | | | | |
| **Medication & Treatment** | | | | | | | **Dose** | | | | | **Time** | | | | | | |
| Blood glucose testing with meter, lancets and strips | | | | | | | NA | | | | | Before lunch or any time student does not feel well | | | | | | |
| Urine ketone testing | | | | | | | NA | | | | | Any time blood glucose is > 250 or when student is ill – follow emergency plan | | | | | | |
| Glucose tablets, Sweetarts®, LifeSavers®, juice or regular soda | | | | | | | * 2-4 glucose tablets * 6-9 Sweetarts® * 4-6 LifeSavers® * 4-6 oz juice or soda | | | | | Any time blood glucose is <70 – follow emergency plan | | | | | | |
| Glucagon – injectable | | | | | | | ½ or 1 mg (circle appropriate dose)  intramuscularly in leg, arm or buttock | | | | | Severe low blood glucose – the student cannot swallow, is unconscious or having a seizure – follow emergency plan | | | | | | |
| Treatment for nausea or vomiting | | | | | | | * Keep student turned on side * Call 911 * Call parent and physician immediately | | | | | When student is nauseated or vomiting as a result of side effects of glucagons administration or high urine ketones – follow emergency plan | | | | | | |
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| Specific Duration of Order | | | |  | | | | | | |  | | | | | | | |
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| Health Care Provider Signature | | | | |  | | | | | | | | | | | | |  |
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| Phone |  | | | | | | |  | | | | | | | | | | |
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| *I hereby give permission for the school to administer the medications and treatments as prescribed above. I also give permission for the school to contact the above health care provider regarding the administration of this medication.* | | | | | | | | | | | | | | | | | | |
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| Parent/Guardian Signature | | | | | | | | | | | | Home Phone | | | | | | |
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| Date | | | | | |  | | | | | | Work Phone | | | | | | |
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|  | | | | | |  | | | | | | Other Phone (Cell or Pager) | | | | | | |