

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

Specific Duration of Order _____
Health Care Provider Signature _____
Phone _____

<i>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.</i>	
Parent/Guardian Signature _____	Home Phone _____
Date _____	Work Phone _____
Other Phone (Cell or Pager) _____	