



Student Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School Yr: \_\_\_\_\_  
Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
Walker/Car Rider/Bus Rider: # \_\_\_\_\_ AM # \_\_\_\_\_ PM

Insulin Dosing  
School Health Care Plan

### Lantus/Levemir Units

Give the same dose each day, around the same time each day, regardless of blood sugar when you give it.

### Basal Rates: (Apidra/Humalog/Novolog)

MN: \_\_\_\_\_, \_\_\_\_\_: \_\_\_\_\_, \_\_\_\_\_: \_\_\_\_\_

### Apidra/Humalog/Novolog (Bolus and Correction insulin)

Give immediately before eating if you are sure of amount of carbs your child will eat, OR, if you are unsure of amount of carbs your child will eat, give immediately after meal, using the pre-meal sugar.

-Give with meals and snacks greater than 15 grams carbohydrate.

Meals: 1 unit to \_\_\_\_\_ grams of carbs breakfast.  
1 unit to \_\_\_\_\_ grams of carbs lunch.  
1 unit to \_\_\_\_\_ grams of carbs dinner.

-Give insulin to cover carbs to be eaten (insulin to carb ratio/I:C) PLUS extra insulin if blood sugar is high (correction factor):

**Correction Factor (Insulin Sensitivity Factor-ISF):**

**ADD 1 unit for every \_\_\_\_\_ the blood sugar is over \_\_\_\_\_**

**Example:** If I:C is 1:15 and ISF is 1/50 >150, and BS is 324, and meal contains 60grams of carbs...

60grams = 4 units

+ 324 blood sugar = 4 units

8 units total dose Apidra/Humalog/Novolog

Blood Glucose	Extra Insulin
Less than 80	-
80-150	None
151-200	+
201-250	+
251-300	+
301-350	+
351-400	+
Over 400	+

YOUR HgbA1c	HgbA1c	Avg. Blood Glucose
	10.0	250
	9.0	215
	8.0	180
	7.0	150
	6.0	115

Infants & children under 6 years old tend to have slightly higher HgbA1c than older children &

These orders supersede all previous insulin orders & remain in effect until the end of school year.

**Blood Glucose Monitoring:** To be done before meals, for symptoms of low or high blood sugar, at bedtime, and for the first several weeks of school before & after PE/recess (until a trend can be established).

### Low Blood Sugar (Hypoglycemia): Blood sugar less than 70

- Symptoms of low blood sugar:

Feeling shaky	Sweaty	Hungry
Irritable	Sleepy	Headache
Rapid Heart Beat	Dizzy	Anxious
- Confirm low blood sugar with fingerstick. Do not leave child alone if hypoglycemia suspected.

**Treatment if AWAKE: Give 15 grams of fast acting carbs & recheck in 15 minutes. Notify parent of occurrence.**  
**Repeat if blood sugar <70. If next meal > 1 hr. away, provide snack with carbohydrate, fat, & protein.**

### 15 Grams Fast Acting Carbs:

4oz orange juice	8 oz Gatorade	½ can regular soda
3-4 glucose tabs	4-5 hard candies	½ pack Life Savers

**Treatment if UNCONSCIOUS, having a SEIZURE, or unable to take food by mouth:**

- Do not put anything in the child's mouth.**
- Use Red/Orange Glucagon Emergency Kit**
  - Mix powder with water in kit.
  - Inject 0.5mg into muscle (thigh).
  - Call 911-immediately after giving Glucagon; notify parent.
  - Position on left side in case vomits.
  - Recheck blood sugar in 5-10 minutes.
  - Give fast acting carb when regains consciousness.
  - If hypoglycemia recurs, 0.5ml glucagon may be repeated.

### High Blood Sugar (Hyperglycemia): Blood sugar >300

- Symptoms of high blood sugar: excessive urination or thirst
- If the child is ill/complaining of abdominal pain/nausea, check urine ketones as outlined on back in Ketone Protocol. (See reverse.) Notify parent if ketones present.
- If ketones negative, provide insulin dose if at meal, or resume routine, & test at next scheduled time.



Student Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School Yr: \_\_\_\_\_  
Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
Walker/Car Rider/Bus Rider: # \_\_\_\_\_ AM # \_\_\_\_\_ PM

Sick Day Management  
School Health Care Plan

**Sick Day Management: Fever, Belly, Vomiting, or Diarrhea**

Check blood sugar and ketones.

- If ketones are MODERATE (40) or LARGE (80, 160) use ketone protocol.
- If ketones are SMALL (15) or LESS, the abdominal pain and vomiting are not from ketones and usual diabetes care should be used.
- Continue checking blood sugars more frequently while sick. Check ketones every void while sick. Write these down.
- Do NOT skip long acting insulin.

Fluids/foods to have on hand for Sick Day Management: Double stick Kool-Aid type Popsicles, regular soda, ginger ale, Gatorade, Jell-O without added fruit, plain crackers, apple sauce, chicken noodle/rice soup.

**Additionally For Pumpers:**

- Calculate correction on pump, but give correction by SHOT
- Change your pump site.
- Recheck blood sugar in 2 hours; check for ketones with every void while sick.

**Please contact the student's physician with questions or concerns. Please have fingerstick & ketone results available.**

**Ketone Protocol**

**To treat ketones, you must give extra insulin to shut off ketone production. (Remember, ketones are the problem, not the high blood sugar.)**

- 1. Give shot of Apidra/Humalog/Novolog. Use correction factor to determine amount. (See front side of form.)**
- 2. Give fluids based on age. Drink sugared fluids—yes, SUGARED fluids, (regular soda, & juice) to keep blood sugar from running low with extra insulin.**

<b>2-4 years old:</b>	<b>10-12 oz. per hour</b>
<b>5+years old:</b>	<b>14-16 oz. per hour</b>
<b>Teenager:</b>	<b>24-36 oz. per hour</b>
- 3. Check blood sugar and urine ketones 2 hours after giving insulin.**

**If ketones are small (15) or less, you are done. Go back to usual diabetes care, but check ketones every void while sick.**  
**If ketones are moderate (40) or large (80-160), then repeat steps 1 and 2 until ketones are small or less.**
- 4. If your child experiences heavy breathing, chest pain, severe stomach pain, trouble staying awake, is unable to tolerate fluids, or develops hypoglycemia, go to the emergency room or call 911 immediately.**

\_\_\_ Student able to perform self-glucose monitoring.

\_\_\_ Student able to give insulin by injection or insulin pump.

1. Parent/Guardian \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell/Emergency phone: \_\_\_\_\_  
2. Parent/Guardian \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell/Emergency phone: \_\_\_\_\_  
3. Emergency Contact \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell/Emergency phone: \_\_\_\_\_

**I understand that all treatments and procedures may be performed by school personnel or in the event of loss of consciousness or seizure by EMS. I give permission for school personnel to contact my child's diabetes care provider for guidance & recommendations.**

PARENT SIGNATURE \_\_\_\_\_  
PHYSICIAN SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_  
Date \_\_\_\_\_