**Brooks Academies Parent Consent and Authorized Health Care Provider**

**ISHP Authorization for Management of Diabetes at School**

1. **Authorized Health Care Provider Opinion on Student’s Competence with Procedures: Student can self-perform the following procedures (parent must confirm competency as well).**
* **Blood glucose testing**
* **Carry supplies for blood glucose monitoring**
* **Testing in class**
* **Self-treatment for lows**
* **Measuring insulin**
* **Injecting insulin**
* **Injection in classroom**
* **Determining insulin dose**
* **Independently operate insulin pump**
* **Carry supplies for insulin administration**
1. **Blood glucose testing (desired range \_\_\_\_\_\_\_\_mg/dl to \_\_\_\_\_\_\_mg/dl)**
* **Before a.m. snack**
* **Before lunch**
* **2 hours after lunch**
* **2 hours after a correction dose**
* **For suspected hypoglycemia**
* **At student’s or parent’s discretion except always for suspected hypoglycemia**
* **No blood glucose testing at school required at this time**

**3. Mild hypoglycemia \_\_\_BG<70 mg/dl or \_\_\_BG<\_\_\_\_\_\_\_\_mg/dl. \*Student must never be alone when hypoglycemia is suspected and should be treated on site.**

 **Give \_\_\_\_15 gm or \_\_\_\_\_\_ gm fast-acting glucose and recheck in \_\_\_\_15 minutes or \_\_\_\_\_\_\_minutes. If still hypoglycemic, treat again with same dose of glucose and recheck at same interval until normal. Notify parent if not improved after 3 treatments.**

* **Provide extra protein and carb snack after treating lows if next meal/snack not scheduled for \_\_\_\_1 hr. \_\_\_\_ 2 hr.**
* **Call parent for symptoms of hypoglycemia, but BG is normal.**

**4. Severe hypoglycemia (seizure, unconscious, combative, unable to swallow)**

**CALL 911! Ensure airway is open.**

* **O.K. to give glucose gel inside of cheek if conscious**
* **Glucagon injection IM \_\_\_\_ 0.5mg \_\_\_\_ 1mg, if seizure or unconscious**

 **5. Hyperglycemia (intervention if BG greater than \_\_\_\_\_\_\_mg/dl). \*If thirsty or looks dry, provide water. If student is ill or vomiting, call parent to strongly consider pick-up. For confusion, labored breathing, or coma-call 911!**

* **Call parent if BG >\_\_\_\_\_\_\_mg/dl, or if ketones \_\_\_\_\_\_\_\_\_\_or larger.**
* **If BG> \_\_\_\_\_\_\_\_\_\_mg/dl, initiate insulin orders**
* **If BG> \_\_\_\_\_\_\_\_\_\_mg/dl, check ketones in \_\_\_\_urine \_\_\_\_blood**

**Return to class if asymptomatic, doesn’t meet above criteria, or if the above action items are not ordered.**

**6. Illness**

**If student is ill, check ketones and blood glucose if provided.**

**If ketones are \_\_\_\_\_\_\_\_\_or greater, provide fluids, call parents, and consider pickup.**

**If ketones and blood glucose are within range, follow standard procedures for an ill child and notify parent.**

**7. Bus transportation**

* **Blood glucose test not required prior to boarding bus.**
* **Test blood glucose 10-20 minutes before boarding bus and treat as indicated.**

 **8. Insulin Orders (complete only if insulin needed at school). Brand of insulin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

 **Routine administration times (fill in times for all those that apply).**

 **\_\_\_Breakfast \_\_\_\_AM snack \_\_\_\_Lunch \_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Insulin administration via:**

 **\_\_\_\_Syringe \_\_\_\_Pump \_\_\_\_Pen \_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Food/Bolus insulin dose (complete only those that apply:**

* **Insulin to carb ratio: \_\_\_\_\_\_unit(s) insulin per \_\_\_\_\_\_\_\_gm carbohydrate or**
* **Routine breakfast dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_unit(s) if given at school**
* **Routine AM snack dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_unit(s)**
* **Routine lunch dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_unit(s)**
* **Routine other dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_unit(s) Time of this dose \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Correction dose (complete only those that apply)**

* **Give \_\_\_\_\_\_\_\_\_unit(s) for every \_\_\_\_\_\_\_\_mg/dl above \_\_\_\_\_\_\_\_mg/dl.**
* **Sliding scale as follows:**

 **Blood glucose from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_unit(s)**

 **Blood glucose from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_units**

 **Blood glucose from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_units**

 **Blood glucose from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_units**

 **Blood glucose from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_units**

* **OK to add food/bolus dose to correction dose**

 **9. Meal Plan**

 **Meal/snack will be considered mandatory unless student’s discretion is also checked. Attach orders for breakfast or**

 **snacks if needed. Timing will be routine school times unless indicated. Content of meal/snack to be specified by:**

 **\_\_\_parent \_\_\_student \_\_\_health care provider**

 **\_\_\_ AM snack \_\_\_At student’s discretion \_\_\_Special time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_Lunch \_\_\_At student’s discretion \_\_\_Special time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **10. Exercise (only if needed)**

 **\_\_\_Eat \_\_\_\_\_\_\_\_\_\_\_extra grams of carbs for vigorous exercise:**

 **\_\_\_before \_\_\_\_every 30 minutes during \_\_\_\_after exercise**

 **\_\_\_ Student may disconnect pump for up to \_\_\_\_\_\_\_\_\_\_\_hour(s) or decrease basal rate at their discretion.**

 **11. Any extra needs, please attach on letterhead or prescription pad.**

**Health Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Health Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fig 16**