Emergency numbers for parents (phone)_____(cellular)_____(pager)_____

Doctor=s Phone Number _____   Other

contacts_____

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

Unconscious _____**(Phone 911)**   (Other orders)_____

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** _____

Target range for blood glucose is: ☐ 70-150   ☐ 70-180   ☐ Other

Type of pump: _____   **Basal rates:**   _____   12:00 am to _____

_____   _____ to_____

_____   _____ to_____

Type of insulin in pump: _____   **Type of infusion set:** _____

Insulin/carbohydrate ratio: _____   **Correction factor:** _____

Blood sugar check with Insulin Bolus: ☐ Before lunch   ☐ Before snack   ☐ Other: _____

Check urine ketones: ☐ ≥ 250 blood sugar   ☐ ≥_____blood sugar   ☐ never

If urine ketones (trace, small, moderate, large) call parents (circle one or more)

DISASTER INSULIN DOSAGE - in case of disaster how much insulin should be given?   Recommend **80%** of usual dose.

Basal rates: _____   12:00 am to _____

_____   _____ to_____

_____   _____ to_____

Insulin/carbohydrate ration: _____   Correction factor: _____

Student=s Self Care - (ability level) Initials of:	Parent	Doctor	School Nurse
Totally independent management or			
1. Student tests independently **or**	_____	_____	_____
Student needs verification of number by staff **or**	_____	_____	_____
Assist/Testing to be done by school nurse	_____	_____	_____
2. Student counts carbohydrates independently **or**	_____	_____	_____
Student consults with parent for carb count	_____	_____	_____
3. Student calculates corrective bolus independently **or** _____	_____	_____	_____
Student needs assistance calculating corrective bolus _____	_____	_____	_____
4. Student gives bolus independently **or**	_____	_____	_____
Student gives bolus with verification of number **or**	_____	_____	_____
Bolus to be done by school nurse	_____	_____	_____
5. Student self treats mild hypoglycemia	_____	_____	_____
6. Student monitors own snacks and meals	_____	_____	_____
7. Student tests and interprets own urine ketones	_____	_____	_____

HCP _____ (print/type) _____ (Signature) ___/___/___(Date)

Parent _____ (print/type) _____ (Signature) ___/___/___(Date)

School Nurse_____ (print/type) _____ (Signature) ___/___/___(Date)

Start date: _____day _____mo. _____yr.   **Termination** date: _____day _____mo. _____yr. **Or** _____end of school year

Must be renewed at beginning of each school year.