

NORTH HUNTERDON - VOORHEES SCHOOL DISTRICT

**Healthcare Provider Orders For School/School Diabetes Medical Management Plan**

Student's Name: \_\_\_\_\_

School Year: 20\_\_\_\_ to 20\_\_\_\_

Grade: \_\_\_\_\_

Physical Condition: \_\_\_\_\_ Diabetes Type I  
\_\_\_\_\_ Diabetes Type 2

Usual symptoms of Hypoglycemia \_\_\_\_\_  
Usual symptoms of Hyperglycemia \_\_\_\_\_

**TASK**

**ACTION(S) (Check all that apply/Fill in the blanks)**

**Blood Glucose Testing**

Name of Glucose Meter  
\_\_\_\_\_

- \_\_\_\_\_ for signs/symptoms of low blood sugar (report to school nurse)
- \_\_\_\_\_ for signs/symptoms of high blood sugar (report to school nurse)
- \_\_\_\_\_ every day before lunch
- \_\_\_\_\_ other (specify; i.e. before or after PE, sport, etc.) \_\_\_\_\_
- \_\_\_\_\_ notify parent/guardian immediately for blood sugar < \_\_\_\_\_ mg/dl and /or > \_\_\_\_\_ mg/dl
- \_\_\_\_\_ student will notify parent/guardian of blood glucose results done at school
- \_\_\_\_\_ student may test in classroom and keep daily blood glucose log with them
- \_\_\_\_\_ **OR** student should test in health office, keep daily log in health office
- \_\_\_\_\_ student to have glucose meter at all times-one with student and one in health office
- \_\_\_\_\_ student/parent will supply health office with back-up diabetic supplies (see diabetic supply list)

**Urine Ketone Testing**

- \_\_\_\_\_ for blood sugar > \_\_\_\_\_ mg/dl
- \_\_\_\_\_ for acute illness, i.e. vomiting, fever, etc.
- \_\_\_\_\_ student must have unlimited access to restroom and drinking fountain/water bottle and should drink \_\_\_\_\_ oz of fluid every \_\_\_\_\_ min. if ketones are present
- \_\_\_\_\_ notify parent/guardian immediately for \_\_\_\_\_ ketones (NOTE: if parent/guardian cannot be reached and the student has \_\_\_\_\_ ketones and is vomiting, contact paramedics for transport to E.R.)
- \_\_\_\_\_ notify parent/guardian daily of any ketone results done at school
- \_\_\_\_\_ other (specify) \_\_\_\_\_
- \_\_\_\_\_ restrict gym/sports/etc. for \_\_\_\_\_ ketones

**Meal Planning**

- \_\_\_\_\_ mid-morning snack at \_\_\_\_\_ a.m.
- \_\_\_\_\_ mid-afternoon snack at \_\_\_\_\_ p.m.
- \_\_\_\_\_ other (specify) \_\_\_\_\_
- \_\_\_\_\_ snacks should be taken (specify): \_\_\_\_\_ Classroom \_\_\_\_\_ Nurse's Office Other \_\_\_\_\_
- \_\_\_\_\_ student to carry a snack/glucose tabs at all times
- \_\_\_\_\_ student is independent in calculating carbohydrates and insulin coverage

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**TASK**

**Activity**

**ACTION(S) Check all that apply/Fill in the blanks)**

- no restrictions unless ketones are present; see above
- student to disconnect insulin pump during gym and/or sport
- Medical ID must be worn at all times including during gym/sports/etc.
- student may attend field trips with parental permission if a parent or nurse is unavailable
- other (specify) \_\_\_\_\_

**Insulin at School**

- student is capable of the proper method of self-administration of Insulin without school nurse supervision
- OR** all Insulin doses must be supervised or administered by the school nurse

**Injections/Pre-lunch**

- administer \_\_\_\_\_ Insulin subcutaneously before lunch as follows: Insulin/Carb ratio: \_\_\_\_\_
- OR** for blood sugar > 240 give \_\_\_\_\_ units; > 300 give \_\_\_\_\_ units; >350 give \_\_\_\_\_ units
- if blood sugar > 300 at any other time of the day, please call the office for assistance

**Pumps-Basal/Bolus**

Name of Insulin Pump

- student has an Insulin infusion pump with \_\_\_\_\_ Insulin and shall be permitted to wear and attend to the pump as needed during school and school sponsored activities
- Basal rate during school hours \_\_\_\_\_
- Bolus Rates: Meal Bolus (Insulin/Carb ratio): \_\_\_\_\_
- Correction Bolus: \_\_\_\_\_
- other (specify) \_\_\_\_\_

**Hypoglycemia/Glucagon**

- treat all blood sugar < \_\_\_\_\_ mg/dl with \_\_\_\_\_ grams of rapid-acting carbohydrate followed by meal/snack
- for severe hypoglycemia (or suspected severe hypoglycemia) when the student is unconscious or unable to swallow, give \_\_\_\_\_ mg Glucagon I.M. or S.Q. AND \_\_\_\_\_ contact parent/guardian and paramedics immediately
- student requires a Glucagon delegate
- other (specify) \_\_\_\_\_

**Other**

- the student is capable of and has been instructed in the self-management and self-care of their diabetes
- the student has been instructed in proper handwashing and preparation of injection sites
- the student has been instructed in proper needle disposal and preventing blood exposure to others
- List oral diabetic medications (if any) \_\_\_\_\_

Healthcare provider's Name (Please Print): \_\_\_\_\_ Doctor's Stamp:

Healthcare provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Health Office**

(Revised 1/08)

**North Hunterdon High School**

**1445 Route 31**

**Annandale, NJ 08801**

**Phone: 908-713-4171 Fax: 908-713-4403**

**Authorization for Medication**  
**ONLY ONE MEDICATION PER FORM**

State law requires a signed prescription by a physician that includes the information below OR completion of the form below. If a prescription is faxed, the original must be forwarded to the Health Office.

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis Diabetes – Type 1 Allergies \_\_\_\_\_

Medication GLUCAGON EMERGENCY KIT

Dosage 1 mg Time(s) PRN for BS <  & unable to take PO glucose Route I.M.

Possible Side Effects nausea, vomiting, hypersensitivity, bronchospasm

Termination date end of each school year (Note: State law requires that medication be renewed each school year).

Student is free of contagious disease and physically fit to attend school.  
The student would not be able to attend school unless the medication is given during school hours.

\_\_\_\_\_  
Physician's Signature                      Printed Name of Physician                      Date

**Parent/ Guardian Consent for Giving Medication During School**

I request and give my consent for the School Nurse to dispense the medication prescribed by the physician on this form.

A prescription medication must be delivered to the School Nurse in the original pharmacy container labeled with the student's name, date of prescription, name of medication, dosage and the prescribing physician's name. If the medication is an over the counter medicine, it must be in the original box.

I give permission for the information on this form to be shared with the appropriate staff members, coaches, and chaperones for the safety and welfare of my child.

I give permission for the school nurse to speak with the prescribing physician regarding the medication listed above, if necessary.

\_\_\_\_\_  
Signature of Parent/ Guardian                      Date

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Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis Diabetes Type 1 – Pump Failure Allergies \_\_\_\_\_

Medication  \_\_\_\_\_ Insulin \_\_\_\_\_

Dosage \_\_\_\_\_ Time(s) \_\_\_\_\_ Route \_\_\_\_\_

Possible Side Effects hypoglycemia; pruritis; rash; dry mouth; blurred vision

Termination date \_\_\_\_\_ (Note: State law requires that medication be renewed each school year).

Student is free of contagious disease and physically fit to attend school.  
The student would not be able to attend school unless the medication is given during school hours.

\_\_\_\_\_  
Physician's Signature                      Printed Name of Physician                      Date

**Parent/ Guardian Consent for Giving Medication During School**

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Signature of Parent/ Guardian                      Date

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**DIABETES SUPPLIES**

Parents are responsible for providing all diabetic supplies. The following is a list of typical supplies:

**INSULIN SUPPLIES**

Insulin

Insulin syringes OR

Insulin pen with cartridge loaded

Insulin pen needles OR

Insulin pump supplies

Alcohol wipes

**BLOOD GLUCOSE TESTING SUPPLIES**

Blood glucose meter and manufacturer's instructions

Test strips (with code information)

Lancet device

Lancets

Logbook to record blood sugar and amounts of insulin (student to carry if approved by MD)

**FOOD SUPPLIES**

Snack foods

Low blood sugar (hypoglycemia supplies: glucose tablets, juice and carbohydrate/protein snack)

Water

**OTHER**

Urine ketone strips

Glucagon kit