

**HEALTH CARE PROVIDER (HCP) ORDERS FOR STUDENTS WITH DIABETES IN  
WASHINGTON STATE SCHOOLS**

**STUDENT'S NAME** \_\_\_\_\_ Student's Birthdate / / School: \_\_\_\_\_ Grade \_\_\_\_\_  
 Emergency numbers for parents (phone) \_\_\_\_\_ (cellular) \_\_\_\_\_ (cell#2) \_\_\_\_\_  
 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 \_\_\_\_\_

**BLOOD SUGAR AND INSULIN DOSAGE** prior to lunch (R is regular and H is lis-pro,) \_\_\_\_\_ any other insulin requested

Blood Sugar <100 \_\_\_\_\_ units R - H - other \_\_\_\_\_ (see hypoglycemia above )  
 Blood Sugar 100-149 \_\_\_\_\_ units R - H - other \_\_\_\_\_  
 Blood Sugar 150-199 \_\_\_\_\_ units R - H - other \_\_\_\_\_  
 Blood Sugar 200-249 \_\_\_\_\_ units R - H - other \_\_\_\_\_  
 Blood Sugar 250-299 \_\_\_\_\_ units R - H - other \_\_\_\_\_ (Check ketones)  
 Blood Sugar 300-349 \_\_\_\_\_ units R - H - other \_\_\_\_\_ (Check ketones)  
 Blood Sugar 350-399 \_\_\_\_\_ units R - H - other \_\_\_\_\_ (Check ketones)  
 Blood Sugar >400 \_\_\_\_\_ units R - H - other \_\_\_\_\_ (Check ketones)

•Licensed medical personnel allowed to give \_\_\_\_\_ units (minimum) of insulin to \_\_\_\_\_ units (maximum) of R,H, other \_\_\_\_\_ insulin after consultation with the parent/guardian.

•Other insulin instructions (ie., CHO counting): \_\_\_\_\_

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

<b>DISASTER INSULIN DOSAGE</b> - in case of disaster how much insulin should be given?		Recommend 80% of usual dose.			
A.M.	_____ units R – H – other _____	_____ units	Lente	NPH	Ultralente Lantus other
Noon	_____ units R – H – other _____	_____ units	Lente	NPH	Ultralente Lantus other
P.M.	_____ units R – H – other _____	_____ units	Lente	NPH	Ultralente Lantus other
Bedtime	_____ units R – H – other _____	_____ units	Lente	NPH	Ultralente Lantus other

<b>Student=s Self Care</b> - (ability level)	Initials of:	Parent	HCP	School Nurse
<b>Totally independent management</b> 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 administers insulin independently or Student self-injects with verification of number or Injection done by school nurse		_____	_____	_____
4. Student self treats mild hypoglycemia		_____	_____	_____
5. Student monitors own snacks and meals		_____	_____	_____
6. Student tests and interprets own urine ketones		_____	_____	_____
7. Student carries own supplies		_____	_____	_____

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.**