

Clark County School District Health Services Department
2021-2022 Licensed Health Care Provider (LHCP) Diabetes Orders

Student Name: _____ DOB: _____ Diabetes Type: _____

Student is authorized to function independently (no supervision) in own diabetes management: Yes No
Student participating in a school sponsored overnight field trip will require separate orders for each field trip.

Student using an insulin pump is authorized to independently suspend or disconnect from pump during treatment for blood glucose (BG) below 70 mg/dl and until blood glucose is 70 mg/dl or above: Yes No

ROUTINE CARE:

1. Procedures and Student/Family Education:

- Blood Glucose Testing and Parameters as Ordered
- Ketone Testing
- Glucagon Administration: 3 mg nasal powder or injectable SQ 0.5 mg 1.0 mg, if trained personnel available. If student does not respond after 15 minutes, another glucagon dose may be administered if available.

2. Blood Glucose Testing:

- Before food intake
- If symptomatic
- Variable per parent/guardian/LHCP/school nurse
- CGM sensor glucose reading may be used for all treatment decisions including high/low glucose readings.

3. Snacks: Snacks are not required but may be carried by child or given per parent/guardian request.

Give _____ gm snack @ (time) _____ and/or
 before PE if BG is less than _____ mg/dl with protein
 covered uncovered

Follow the CCSD Diabetes Emergency Care Guidelines blood glucose below 70 mg/dl or above 300 mg/dl

4. Insulin Administration SQ Injection or Insulin Pump and Student/Family Education as ordered:

May use insulin pump calculator to calculate carbohydrate insulin and correction insulin if available.

Student may receive any of the following U-100 insulins: Humalog/Lispro/Admelog/Novolog/Fiasp/Apidra/Lyumjev, Other: _____

Carbohydrate Ratio:

Breakfast/morning snack: _____ unit of insulin for every _____ grams of carbohydrates

Lunch/afternoon snack: _____ unit of insulin for every _____ grams of carbohydrates

Correction Factor:

_____ unit of insulin for every _____ mg/dl of blood glucose greater than _____ mg/dl (target BG)

School nurse may, in collaboration with the parent/guardian, make adjustments +/- 10 gms to carbohydrate ratio and +/- 10 mg/dl to correction factor. Target BG cannot be adjusted or changed without a new LHCP order.

Do not administer blood glucose correction unless it has been at least 2 hours or 3 hours (time interval) since last dose of insulin; correction insulin should be administered when BG is greater than target BG. Insulin pump student may provide a blood glucose correction dose at any time if using the pump calculator.

Pre-Meal Insulin Administration

Post-Meal Insulin Administration

May use Control IQ (see standing order)

LHCP is providing sliding scale order on an additional document

Insulin dose is to be rounded up or down to the nearest measurable half or whole unit-SEE BELOW

Pen/syringe with 0.5 unit increments: Round up dose ≥ 0.25 to nearest 0.5 unit, dose ≥ 0.75 to nearest whole unit

Pen/syringe with 1.0 unit increments: Round up dose ≥ 0.50 to nearest whole unit

If above box is not checked insulin dose will be rounded down to the nearest measurable unit.

5. Additional Pump Orders: Enter all BG readings and carbohydrates consumed for meals and snacks into the pump.

- Non-routine site change can be performed by the nurse, student or parent/guardian if supplies are available.
- In place of insulin, saline is used in the pump during training; follow above orders for injectable insulin.
- Student may disconnect from pump for a maximum of 60 minutes. Check BG and ketones after 60 minutes or upon reconnect.
- If pump failure and/or unable to use pump after 60 minutes, administer insulin with pen or syringe per above orders and contact parent/guardian.

Name of Licensed Health Care Provider: _____ Phone: _____

Licensed Health Care Provider Signature: _____ NPI: _____ Date: _____

Stamped LHCP Signature Not Allowed

National Provider Identifier

Reviewed by School Nurse Printed Name: _____ Signature: _____ Date: _____

Diabetes Emergency Care Guidelines
2021-2022 Licensed Health Care Provider (LHCP) Diabetes Orders

Student Name: _____ DOB: _____

**EMERGENCY MEDICAL SERVICES (EMS) WILL BE ACTIVATED IF STUDENT IS
EXPERIENCING A LIFE-THREATENING DIABETES EMERGENCY**

If student is feeling ill, check blood glucose and treat per LOW/HIGH blood glucose treatment steps listed below. If student is symptomatic, check ketones. Ketones may be checked at any time.

LOW BLOOD GLUCOSE MANAGEMENT AS ORDERED (below 70 mg/dl):

- 1. If student is conscious and able to swallow:**
 - Give 15-20 grams of fast-acting carbohydrates.
 - Notify school nurse and parent/guardian.
 - Recheck BG in 15 minutes after carbohydrates have been consumed.
 - If BG is equal to or greater than 70 mg/dl, student should eat a protein snack if provided by parent/guardian and return to class or go directly to lunch.
 - If BG is less than 70 mg/dl when rechecked, repeat above and recheck BG in 15 minutes.
 - If BG remains below 70 mg/dl after two consecutive interventions, per event, student must go home.
 - Insulin pump student: Enter BG reading into the pump (if pump allows).
- 2. If student is conscious, but unable to consume fast-acting carbohydrates:**
 - Rub cake gel/honey/glucose gel to inner cheek and follow steps in number 1 and/or call 911 as appropriate.
- 3. If student is unable to swallow, seizes, or becomes unconscious, call 911:**
 - For insulin pump student: Disconnect the insulin pump from insertion site.
 - Place student in side-lying position.
 - Qualified (trained) person to administer glucagon, if available.
 - Notify school nurse and parent/guardian.

HIGH BLOOD GLUCOSE MANAGEMENT (above 300 mg/dl):

- If glucose meter reads "HIGH/HI" use 500 mg/dl as BG number.
 - If student is vomiting or ill, student must go home.
 - If BG remains above 300 mg/dl after two consecutive interventions, per event, student must go home.
 - Notify school nurse and parent/guardian.
- 1. Check ketones (if ketone supplies are unavailable, student to go home or parent/guardian must bring supplies):**
 - **If ketones are negative, trace or small (blood ketones < 0.6-1.0 mmol/L):**
 - Administer correction insulin according to page 1.
 - Recheck BG and ketones when correction time interval has been met (page 1).
 - **If ketones are moderate (blood ketone 1.0-1.5 mmol/L):**
 - Administer correction insulin **via injection (pen/syringe)** according to BG correction factor and time interval on page 1. Entire correction insulin to be administered via pen/syringe. Do not administer insulin correction via pump or suspend/disconnect pump.
 - Restrict from PE.
 - Recheck BG and ketones in 1 hour; if still moderate, regardless of BG number, student must go home.
 - **If ketones are large (blood ketone 1.5 to greater than 3.0 mmol/L):**
 - Administer insulin correction **via injection (pen/syringe)** according to BG correction factor and time interval on page one. Entire insulin correction to be administered via pen/syringe. Do not administer insulin correction via pump or suspend/disconnect pump.
 - Regardless of BG number, student must go home.
 - If parent/guardian is unavailable and student is symptomatic of a high BG, call 911.
 - 2. Administer correction insulin per LHCP orders:**
 - Injection student: Administer correction insulin according to correction factor and time interval on page 1.
 - Pump student: Enter BG reading into pump and administer correction insulin at any time if using pump calculator. Insulin may need to be administered via injection, once time interval has been met (see above). Check equipment/infusion site for dislodged cannula or kinked tubing.
 - 3. Give 12-30 ounces of water or non-caloric drink.**

Based on recommendations of American Diabetic Association <http://www.diabetes.org>

2021-2022 Licensed Health Care Provider Diabetes Orders (LHCP)

PARENT/GUARDIAN REQUEST FOR HEALTH SERVICES IN SCHOOL

Student Name: _____

DOB: _____

1. This procedure is necessary for my child to attend school and cannot be provided before or after school hours.
2. I request that the treatment be administered in accordance with the above licensed health care provider's orders. I will notify the school if the health status of my child changes, our licensed health care provider changes, or the procedure is changed or canceled.
3. I agree to provide clearly labeled, functional equipment and supplies. I also agree to provide verbal or written directions for use.
4. The school is authorized to secure emergency medical services for my child whenever the need for such services is deemed necessary.
5. I have reviewed and I am in agreement with Emergency Care Guidelines. If using a CGM, I agree to calibrate the device per manufacturer recommendations prior to the start of the school day and notify health office staff if CGM is not in correlation or is not working properly.
6. The Clark County School District has advised me that my child's Licensed Health Care Provider may have prescribed a treatment regimen that may not have been studied or approved for use in children under 18 years of age. Nevertheless, I hereby direct the Clark County School District to provide such medical treatment to my child in accordance with the recommendations of my child's Licensed Health Care Provider and hereby agree to hold the Clark County School District, its Board of School Trustees, the school and its employees harmless from any liability for any injury, including the death of my child, that may result from following the Licensed Health Care Provider's orders concerning the treatment regimen prescribed for my child.

Notice: Pursuant to NAC 632.220, as a condition of providing care for the purposes related to this form, a registered nurse may need to contact the licensed health care provider or associates regarding the verification of an order given for the care of a patient to ensure that it is appropriate and properly authorized and that there are no documented contraindications in carrying out the order.

Parent/Guardian Signature

Date

Name of Procedure: Diabetes Care

Date of Order: _____

PROVIDER INFORMATION

Name of Licensed Health Care Provider: _____

Address: _____

Telephone: _____

Fax: _____

Carbohydrate Disclaimer: If your child will be eating school-prepared lunches, carbohydrate calculations are based on the most current menus provided by the Clark County School District Food Services. Food substitutions and other variables could alter the carbohydrate ratio set forth regarding calculations that are required for your child's diabetes task management.

PROVIDER AND PARENT/GUARDIAN MUST COMPLETE THIS FORM YEARLY