



Type 1 Diabetes – School Communication and Treatment Authorization Form

Diabetes Overview: Type 1 diabetes is an autoimmune disease in which the insulin producing cells of the pancreas no longer produce insulin, resulting in deficiency of insulin. The daily regimen for managing Type 1 diabetes includes blood glucose monitoring, insulin, and management of high and low blood glucose levels.

Blood Glucose Monitoring

Blood Glucose Target Range: _____ - _____ mg/dl

Blood Glucose Testing Times: _____ Test times per parent request: _____
(Pre-meal; pre-exercise)

- PRN Blood Glucose Testing Symptom of Hypoglycemia/Hyperglycemia
- Permission to test independently Supervision of testing/results
- Trained personnel must perform blood glucose test
- Results sent home per parent request
- Student is wearing a continuous glucose sensor

Diabetes Medication

No insulin at school: Current regimen at home: Multiple shots/day Insulin at home: _____

Insulin at school:
Current regimen: Pump Basal/Bolus Other

Other diabetes medication at school: _____

The insulin given at school is: Humalog Novolog Apidra Other: _____

- Permission to administer insulin independently Verify insulin dose and supervise injection/doses
- Injections/Insulin Doses should be done by trained personnel
- Follow dosage calculator program in the insulin pump
- In case of pump failure: Step 1: Contact family for recommendations

Step 2: If unable to contact family and need to give injections, follow dosing listed below

- Dose calculation based on food intake and current blood glucose (see scale below)
- Meal bolus 1 unit/ _____ grams of carbohydrate
- Other meal/snack dose as prescribed: _____
- Blood glucose correction scale: _____ unit/ _____ points BG is > _____

***Correction bolus can be given with meals or every 3 hrs if blood glucose levels are high; Do not give insulin for blood glucose if rapid acting insulin has been given in the last 3 hrs, but cover carbohydrates as needed**

Blood Glucose Value	Units of Insulin

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Note: Insulin dose is a total of meal bolus and correction bolus (if correction dose is warranted).

Parent authorized to adjust insulin doses as needed.
Device Used: Pen (recommend for school setting) Syringe Pump

(Note: insulin pens expire 28 days after opening, insulin vials 30 days after opening, unopened vials/cartridges that are stored in the refrigerator may be used through manufacturer expiration dates.)

My Meal Plan

Meal plan variable Specific meal plan: _____

Celiac diet (requires gluten-free foods) **Name:** _____ **DOB:** _____

Provider: _____

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Hypoglycemia

Low Blood Glucose < = _____ mg/dl

- If able, check blood glucose
- **Immediately** treat with 15 gm of fast-acting carbohydrate (ex. 4 oz. juice, 4 oz. REGULAR pop, 3-4 glucose tabs, 8 oz. skim milk) in classroom
- Re-check blood glucose in 15 minutes and repeat 15 gm of carbohydrate if blood glucose remains low
- If child will be participating in additional exercise/activity before the next meal, follow exercise guidelines listed below
- Notify parent of low blood sugars

Severe Hypoglycemia

If the child is unconscious or having seizures due to low blood glucose, immediately administer injection of Glucagon Emergency Kit:

- Less than 6 yrs: 0.3 mg or 30 units on insulin syringe
- 6-18 yrs: 0.5 mg
- Over 18 yrs: 1 mg
 - Immediately after administering Glucagon, turn child onto their side. Vomiting is a side effect of Glucagon.
 - Notify parent and EMS per protocol

Hyperglycemia

- High blood glucose is generally not an emergency
- Check ketones if:
 - Sick
 - **Patient on injections:** if blood sugar greater than 300 twice in a row
 - **Patient on pump:** if blood sugar is greater than 300
- If ketones are present, encourage water and notify parent
- Do not exercise to lower blood glucose if ketones are present
- If child is vomiting, notify parent
- Ketostix at school for as needed use
- Unlimited bathroom pass
- Notify parent immediately of blood glucose >300 with positive ketones**
- Refer to the attached DKA Prevention Protocol for BG>300, sick-day, and ketone management**

Special Occasions

- Class parties: Notify parent of party ahead of time, if possible. The child should be given the same food as everyone else and notify parent this occurred. Follow insulin orders for any carbohydrates eaten.
- Arrange for appropriate monitoring, access to supplies, and plan for management of hypoglycemia for all field trips.

Authorization for medications and diabetes procedures:

Date: _____ Authorized by: _____ MD/PNP

Parent Signature: _____ Child Signature (if applicable): _____

Diabetes management at school resources:

NDEP (National Diabetes Education Program) Guidelines: www.ndep.nih.gov Toll-free: 1-800-438-5383

Minnesota Supplement: www.minnesotaschoolnurses.org

Children's Clinic McNeely Diabetes Center 347 North Smith Avenue, St. Paul, MN 55102

Phone: 651-220-6624 Fax: 651-220-6064