

**BRISTOL TENNESSEE CITY SCHOOLS
HEALTH SERVICES**

DIABETIC IHP - PHYSICIAN'S ORDER FORM

Student's Name _____ Date of Birth _____ Grade _____
School _____ Teacher _____

Diagnosis:

- Type I Diabetes
- Type II Diabetes

Diet:

- Carbohydrate Counting _____ (# of grams per meal)
- Mid Morning Snack _____ (# of calories or carbs)
- Afternoon Snack _____ (# of calories or carbs)

Check Blood Sugar:

- Mid-Morning
- Lunch
- Afternoon
- Gym/Recess: (please circle)
Before After
- Prior to Boarding the Bus

Times to Use Sliding Scale:

- Mid-Morning
- Lunch
- Afternoon
- Gym/Recess: (please circle)
Before After
- Prior to Boarding the Bus
- Onset of any symptoms of hyperglycemia

INSULIN ORDERS:

- Injection
- Pump
- Set Meal Bolus _____ units at Breakfast/Lunch (Circle one or both)
- Insulin to Carb ratio: _____ units of insulin for _____ grams of Carbohydrates
- Daily insulin doses can be managed by parent / guardian if deemed appropriate by school nurse

Sliding Scale: Blood Sugar / Insulin Units

Student capable of managing: Glucometer Insulin Dose Injection/Pump Unable

EMERGENCY CARE:

Hyperglycemia-Blood Sugar > than _____

- Give bottle of water
- Call parent
- Use sliding scale
- Sit out of Gym/recess if Blood sugar is _____

Hypoglycemia-Blood Sugar < _____

- Give 4 oz juice/ regular soda/4 glucose tablets and 15 grams of carbs (i.e. crackers)
- Administer Glucagon _____ mg if blood sugar < _____ or is unconscious or uncooperative (trained volunteer only)-call EMS and Disconnect Pump

PHYSICIAN'S SIGNATURE _____ DATE: _____

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

Reviewed by _____ Date _____

- Glucometer at School Insulin and Supplies at School Glucagon at School

