Individualized Healthcare Plan ±Diabetes with Multiple Daily Injections
Healthcare Provider Orders

EFFECTIVE DATE:	END DATE:
STUDENT$ NAME:	Date of Birth:
DIABETES HEALTHCARE PROVIDER INFORMATION Name:	
Phone #: Fax #:	
SCHOOL: / Grade School Fax:	

Monitor Blood Glucose ±test ... (reference Hypo /Hyperglycemia treatment protocol for BG < 70 and BG H250)

☐ If student has symptoms of high or low blood glucose

Breakfast ☐ Before ☐ After Exercise /PE/gym/recess: ☐ Before ☐ After

Lunch: ☐ Before ☐ After ☐ Before leaving school

Snack: ☐ Before ☐ After ☐ Other : ______________________________________

Where to test: ☐ Classroom ☐ Health office ☐ Other: ____

☐ Without moving student if has low blood glucose symptoms

Continuous Glucose Monitoring: Type of CGM: ________________________

Student may use reading from CGM for: ☐ Insulin dosing ☐ End of day check ☐ Before activity check

Perform a finger stick: ☐ Blood glucose is rapidly changing when dosing insulin ☐ To confirm hypoglycemia

☐ Hyperglycemia ☐ Calibrations ☐ Other: ___________________________ ___________________

Routine Daily Insulin Injection:
Insulin Delivery: ☐ Syringe/vial ☐ Pen ☐ Smart Pen
Insulin Type: ☐ rapid acting (Insulin Lispro/Insulin Aspart/FIASP) ☐ other: ___________________

Step 1. BLOOD GLUCOSE CORRECTION

☐ USE THE FOLLOWING PARAMETERS TO CALCULATE CORRECTION DOSE
Target blood glucose : ______ mg/dL Insulin sensitivity factor: _______

☐ Use correction scale
Glucose range Insu3993(

(Current Blood Glucose ±Target Blood Glucose)
Insulin Sensitivity Factor

When to give correctional insulin :

☐ Before breakfast ☐ Before lunch ☐ Other: ______________________

☐ All BG/SG results to be entered into the Smart Pen to determine dosing.
Do not give correction dose more than once every 3 hours.

ANCHORAGE SCHOOL DISTRICT

MEDICATION ADMINISTRATION: PARENTAL AUTHORIZATION FOR SCHOOL STAFF TO ADMINISTER
(for Non-Delegable Medication)

Student____Birthdate_____________Grade __________

Parent/Guardian ____________________________________Contact ______________________________

BACKGROUND: All students attending public schools must have access to health care during the school day and for school sponsored activities, if necessary, to enable the student to participate fully in the school program. The federal laws include the Americans with Disabilities Act, Individuals with Disabilities Education Act (IDEA), and was adopted as a plan to allow parents to delegate to school staff with nurse involvement in training and follow up. The trained school staff must provide care for the student consistent with the Individualized Healthcare Plan (IHP) prepared by the nurse based on healthcare provider instructions and parent input.

PARENT AUTHORIZATION: I, the parent/legal guardian, understand that in the absence of the school nurse, other trained school staff will administer this medication. I agree to defend and hold named school district employees harmless from any liability resulting from the medication or the manner, in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements. I will notify the school immediately if the medication is changed and understand that the nurse may contact the health care provider or pharmacist regarding this medication.

As a parent or guardian of ______________________________, I hereby acknowledge that I have read and understand this form and agree to its content. I have authorized the nurse to train school staff using a standardized curriculum to administer the medication(s) (below) to my child according my child's IHP when the school nurse is not available.

☐
appropriate for medication administration to my child.

☐ I did not attend the training session(s) provided to the school staff identified above but have reviewed the curriculum and agree that the content is appropriate for medication administration to my child.

Name(s) of school staff authorized to be trained to administer______________________________to my child.
Name of Medication(s)

_______________________________________ ____________ _________________ _________________