

**PHYSICIAN AUTHORIZATION FOR HEALTH CARE SERVICES AT SCHOOL**  
(Page 1 of 2)

**Childrens Hospital Los Angeles (CHLA)**  
**Comprehensive Childhood Diabetes Center**  
 4650 Sunset Blvd. Los Angeles, CA 90027 Mailstop #61  
 DIABETES HOTLINE (323) 361-2311

**Student Information**

**STUDENT'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**PHYSICAL CONDITION:**  Diabetes Type1  Diabetes Type2  Secondary Diabetes

**PATIENT IS CAPABLE OF independent self-management (Ind), self-management with supervision (supv) or total care (total) for the following:**

Blood glucose testing	<input type="checkbox"/> Ind	<input type="checkbox"/> supv	<input type="checkbox"/> total	Give insulin by injection	<input type="checkbox"/> Ind	<input type="checkbox"/> supv	<input type="checkbox"/> total
Carbohydrate management	<input type="checkbox"/> Ind	<input type="checkbox"/> supv	<input type="checkbox"/> total	Give insulin by insulin pen	<input type="checkbox"/> Ind	<input type="checkbox"/> supv	<input type="checkbox"/> total
Carbohydrate counting	<input type="checkbox"/> Ind	<input type="checkbox"/> supv	<input type="checkbox"/> total	Give insulin by insulin pump	<input type="checkbox"/> Ind	<input type="checkbox"/> supv	<input type="checkbox"/> total

**Blood Glucose Monitoring**

**Target range of blood glucose:**  70-100  70-120  70-150  70-180  100-200  Other

Check blood glucose with meter brought from home or additional meter left at school.

If independent, student may carry meter and test as necessary.

If supervised or total care is required, student should have blood glucose tested before lunch and if exhibiting signs/symptoms of high or low blood glucose. Student should also be checked at the following times:

<input type="checkbox"/> before snacks	<input type="checkbox"/> before exercise	<input type="checkbox"/> before getting on bus
<input type="checkbox"/> other	<input type="checkbox"/> after exercise	

**Hypoglycemia ( Treatment of low blood glucose)**

- Treatment is given for low blood glucose less than 70mg/dl.
- Treat with one of the following: 4 ounces any type of juice, 4 oz. regular soda, 3 glucose tablets, 15 grams glucose gel, 1 tablespoon sugar in water.
- If blood sugar is less than 50 retest in 15 minutes and **repeat step 2 if blood sugar is still below 70**. Also repeat step 2 if symptoms persist.
- If lunch or snack is more than one hour away give one of the following 10 minutes after the juice:
  - 15 gram CHO choice per parent or student
  - 7-8 gram CHO choice per parent or student
- Whenever possible the school nurse or trained personnel should administer glucagon if child begins to lose consciousness, is having a seizure or is unable to swallow. This is called a **severe low blood glucose event** and it is a medical emergency. Glucagon can be given subcutaneously or IM in the arm or thigh.
- Dosage of Glucagon is 0.5 mg = ½ cc for students under 10 years of age and 1 mg = 1 cc if ten years or older. If it is not possible to give glucagon, call 911

***After a treatment for a severe low blood glucose event the parent and the medical team should be informed.***

**Hyperglycemia (Treatment of high blood glucose)**  See Insulin Pump section

- Send notification of blood glucose levels to parents weekly unless patient is capable of self-management.
- Call parents or Diabetes Hotline to inform if blood sugar is greater than 450mg/dL.
- Have child wash and dry hands thoroughly and repeat blood sugar test if blood sugar is greater than 300mg/dL.
- Check urine for ketones if blood sugar is greater than 300 more than 3 hours after last meal. Do not allow student to exercise if ketones are present. Encourage water. Call Hotline if ketones are moderate to large.
- Insulin correction can be given:  before AM snack  before lunch  other \_\_\_\_\_
- Do not give correction more frequently than every 2 hours or if food was eaten within 2 hours.
- Insulin for correction OR **as determined and given by parent:** [ ] Humalog [ ] NovoLog [ ] Apidra

	<input type="checkbox"/> Low Dose Scale	<input type="checkbox"/> High Dose Scale	<input type="checkbox"/> Other
BG 150-200	0.5 units	1.0 units	_____
BG 201-250	1.0 units	2.0 units	_____
BG 251-300	1.5 units	3.0 units	_____
BG 301-350	2.0 units	4.0 units	_____
BG 351-400	2.5 units	5.0 units	_____
BG 401-450	3.0 units	6.0 units	_____
BG 451-500	3.5 units	7.0 units	_____
BG 501-550	4.0 units	8.0 units	_____
BG 551-Hi	4.5 units	9.0 units	_____

*\*If using Freestyle meter, Hi is 500 and over use correction dose for 501-550 mg/dl range*

**PHYSICIAN AUTHORIZATION FOR HEALTH CARE SERVICES AT SCHOOL**

**(Page 2 of 2)**

Childrens Hospital Los Angeles

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Students on Fixed Regime**  N/A

Student is on a fixed meal plan with the following amount of carbohydrate (CHO) during school:

AM snack \_\_\_\_\_ Lunch \_\_\_\_\_ PM snack \_\_\_\_\_

Student can take insulin for additional carbohydrates: \_\_\_\_\_ units per \_\_\_\_\_ grams CHO

**Insulin therapy in case of disaster: For all students other than those on an insulin pump, check blood glucose every 4 hours and give insulin using scale in #7 keep child from developing ketoacidosis.**

**Students on Basal Bolus Insulin Regime with Multiple Daily Injections (MDI)**  N/A

**On this regime, students need to take insulin every time carbohydrates are eaten!**

Type of basal insulin: \_\_\_\_\_ dose: \_\_\_\_\_ time: \_\_\_\_\_ (Usually taken at home/given by parent)

Type of bolus insulin: Novolog Humalog

Insulin/carbohydrate ratio: \_\_\_\_\_ units per \_\_\_\_\_ grams CHO. Correction insulin: See Hyperglycemia

**Insulin therapy in case of disaster for students on MDI: Check blood glucose every 4 hours and give correction according to the hyperglycemia protocol (#7) in addition to insulin for carbohydrates**

**Students with Insulin Pumps**  N/A

*(Technical support: call pump company number on back of pump. Clinical support: call Diabetes Hotline)*

Basal rates can change often. These can be reviewed in the pump or written down by parents.

Insulin/carbohydrate ratio. One unit of insulin will cover \_\_\_\_\_ grams CHO

Correction/Sensitivity factor: one unit of insulin will decrease blood glucose \_\_\_\_\_ mg/dL

**Insulin therapy in case of disaster for students on pump: Maintain basal rates as above with meal and corrections boluses as needed.**

**If unable to administer insulin by the pump check blood glucose every 4 hours and give correction according to the correction protocol above in addition to insulin for carbohydrates.**

**Exercise and Sports**

The student may participate in sports:  Yes  No

Activity Restrictions:  None  Other: \_\_\_\_\_

Fast-acting carbohydrate should be readily available at all times for low blood glucose symptoms.

Student should not exercise if urine ketones are present or if blood glucose is less than 70mg/dL.

**Supplies to be Kept at School:** A blood glucose meter and strips along with back-up insulin (vial with syringes or pen) should be available for all students. Other items that may be brought in by parents include urine ketone strips, fast-acting source of glucose, carbohydrate containing snacks, Glucagon emergency kit and back-up insulin pump supplies.

**Other Instructions:**

\_\_\_\_\_

**CHLA Diabetes Team**

*Dr. Francine Kaufman; Dr. Lynda Fisher; Dr. Pisit Pitukcheewanont; Dr. Debra Jeandron; Dr. Roshanak Monzavi; Dr. Anna Sandstrom; Dr. Jamie Wood; Dr. Mimi Kim, Mary Halvorson RN/CDE; Nancy Chang RN/CDE; Eulalia Carcelen RN/CDE; Mary McCarthy RN/CDE; Barbara Hollen RN/CDE; Louise Brancale, RN/CDE; Sharon Braun RD/CDE; Katie Klier RD/CDE*

Signature Physician: \_\_\_\_\_

Date: \_\_\_\_\_

**This form is the only form that will be signed and replaces all school diabetes instructions and serves as authorization to have and receive medication at school**

I give permission to the school nurse, trained diabetes personnel and other designated staff members to perform and carry out the diabetes care tasks outlined in this form. I also consent to the release of the information contained in this plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

Parent/Guardian

Date