PHYSICIAN AUTHORIZATION FOR HEALTH CARE SERVICES AT SCHOOL
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Children's Hospital LOS ANGELES
We Treat Kids Better

Children's 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 Type 1 ☐ Diabetes Type 2 ☐ Secondary Diabetes

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

Blood glucose checking	☐ Ind	☐ supv	☐ total	Give insulin by injection	☐ Ind	☐ supv	☐ total
Carbohydrate management	☐ Ind	☐ supv	☐ total	Give insulin by insulin pen	☐ Ind	☐ supv	☐ total
Carbohydrate counting	☐ Ind	☐ supv	☐ total	Give insulin by insulin pump	☐ Ind	☐ supv	☐ 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 check as necessary.
If supervised or total care is required, student should have blood glucose checked before lunch and if exhibiting signs/symptoms of high or low blood glucose. Student should also be checked at the following times:

☐ before snacks ☐ before exercise ☐ before getting on bus
☐ mid-morning ☐ after exercise ☐ other

Hypoglycemia (treatment of low blood glucose)

1. Treatment is given for low blood glucose less than 70 mg/dL.
2. Treat with one of the following 15 gram sugar sources: 4 oz. any type of juice, 4 oz. regular soda, 3-4 glucose tablets, 15 grams glucose gel, or 1 tablespoon sugar in water.
3. If initial blood glucose is less than 60 mg/dL or if symptoms persist, re-check in 15 minutes and **repeat step 2 if blood glucose is still below 70 mg/dL.**
4. If lunch or snack is more than one hour away give one of the following 15 minutes after the juice:
   ☐ 15 gram CHO choice per parent or student
   ☐ 7-8 gram CHO choice per parent or student
5. 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.
6. 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 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

1. Send notification of blood glucose levels to parents weekly unless patient is capable of self-management.
2. If blood glucose is greater than 300 mg/dL, have child wash and dry hands thoroughly and re-check blood glucose.
3. If blood glucose is greater than 300 mg/dL, check urine for ketones. If ketones are moderate to large, call Diabetes Hotline **prior** to giving insulin. Encourage water. Student should not exercise if ketones present.
4. If blood glucose is greater than 450 mg/dL, call Diabetes Hotline and parent.
5. Insulin correction can be given: ☐ before AM snack (Mid-AM) ☐ before lunch ☐ other _____
6. Do not give correction more frequently than every 2 hours or if food was eaten within 2 hours.
7. Insulin for correction OR **as determined and given by parent**: **[ ] Humalog [ ] NovoLog [ ] Apidra**

	☐ **Low Dose Scale**	☐ **High Dose Scale**	☐ **Other**
BG 151-200	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

Children's Hospital Los Angeles
Student Name _____
Date of Birth_____

Students on Fixed Regimen ☐ 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 to keep child from developing ketoacidosis.

Students on Basal Bolus Insulin Regimen with Multiple Daily Injections (MDI) ☐ N/A

On this regimen, 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 Apidra
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 correction 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 70 mg/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 sugar, carbohydrate containing snacks, Glucagon emergency kit and back-up insulin pump supplies.

Other Instructions:

_____

CHLA Diabetes Team

Dr. Lily Chao; Dr. Clement Cheung; Dr. Lynda Fisher; Dr. Debra Jeandron; Dr. Francine Kaufman; Dr. Isabel Hsu; Dr. Mimi Kim; Dr. Anna Ryabets-Lienhard; Dr. Maria Lin; Dr. Brian Miyazaki; Dr. Roshanak Monzavi ; Dr. Cedric Ng; Dr. Pisit Pitukcheewanont; Dr. Anna Sandstrom; Dr. Erin Shih; Dr. Teresa Tseng; Dr. Amy Vedin; Dr. Jamie Wood; Anna Bitting RN/CDE; Louise Brancale RN/CDE; Eulalia Carcelen RN/CDE; Nancy Chang NP; Mary Halvorson RN/CDE; Christine Hertler, RN/CDE; Barbara Hollen RN/CDE; Mary McCarthy RN/CDE; Maria Nuques RN/CDE; Dolores Rangel RN; Kailee Roeser RN/CDE; Cassie Song RN/CDE; Sharon Braun RD/CDE; Katie Klier RD/CDE; Denise Manchanda RD/CDE

Physician Signature: _____ **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 Signature Date