

### Management of Diabetes at DHC Form

This order is valid only for the dates the student is attending camp.

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Dates at camp/retreat: December 7-8 and 9

#### CONTACT INFORMATION:

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

#### INSULIN ORDERS:

##### 1. Insulin administration via:

Syringe and vial       Insulin pen       Insulin pump       Other \_\_\_\_\_

If on insulin pump indicate type of pump \_\_\_\_\_ and basal rates \_\_\_\_\_

\*must also fill out insulin pump form

##### 2. Insulin Before Meals and at Bedtime: Name of insulin: \_\_\_\_\_

Routine dose: \_\_\_\_\_ ↑

Per sliding scale as follows

Blood Glucose \_\_\_\_\_ to \_\_\_\_\_ give \_\_\_\_\_ units

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Calculated insulin dose (**add** carbohydrate coverage and correction dose for total insulin does):

• Carbohydrate Coverage: Insulin to carbohydrate ratio

○ Give \_\_\_\_\_ units insulin per \_\_\_\_\_ grams carbohydrate

○ Correction: Give \_\_\_\_\_ units insulin per \_\_\_\_\_ mg/dl of glucose **above** \_\_\_\_\_ mg/dl

Subtract \_\_\_\_\_ units insulin per \_\_\_\_\_ mg/dl of glucose **below** \_\_\_\_\_ mg/dl

##### 3. Other times insulin may be given:

Snack:       Dose: \_\_\_\_\_ ↑  Calculated as above

Ketones:      If ketones are \_\_\_\_\_ Give/Add \_\_\_\_\_ units

                    If ketones are \_\_\_\_\_ Give/Add \_\_\_\_\_ units

#### Health Care Provider Authorization for Management of Diabetes at Dragonfly Heart Camp

My signature below provides authorization for the above written orders. This authorization is for while the student is attending Dragonfly Heart Camp.

Health Care Provider Name: \_\_\_\_\_ Signature: \_\_\_\_\_

(original or stamped signature) \*Sign both sides.

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

#### Parent Consent for Management of Diabetes at Dragonfly Heart Camp

I (We) request designated North Bay personnel to administer the medication and treatment orders as prescribed above. I agree:

1. To provide the necessary supplies and equipment

2. To notify the school nurse if there is a change in the student's diabetes management or health care provider.

I authorize the school nurse to communicate with the health care provider as necessary.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Sign both sides.

Order reviewed and signed by Camp Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

# Dragonfly Heart Management of Diabetes at Camp Order Form

Student: \_\_\_\_\_ School: \_\_\_\_\_ Dates attending: \_\_\_\_\_

## Blood Glucose Monitoring:

Target range for blood glucose monitoring at school: \_\_\_\_\_

- Before snacks
- Before meals
- As needed for symptoms of hypo/hyperglycemia
- With signs and symptoms of illness
- Other times: \_\_\_\_\_
- 2 hours or \_\_\_\_\_ hours after lunch
- 2 hours or \_\_\_\_\_ hours after a correction dose

## Hypoglycemia – Blood glucose less than \_\_\_\_\_

- Self-treatment for mild lows.
- Give \_\_\_\_\_ grams of fast-acting carbohydrate according to care plan. Recheck BG in 10-15 min. Repeat treatment if BG < \_\_\_\_\_ mg/dl
- Provide extra protein & carbohydrate snack after treating low if next meal/snack is greater than \_\_\_\_\_ minutes away
- Suspend pump for severe hypoglycemia for \_\_\_\_\_ minutes

If student is unconscious, having a seizure or unable to swallow, presume student is having a low blood sugar Call 911 & notify parent and school point person.

- Glucagon injection (1mg in 1cc) \_\_\_\_\_ mg, SQ or IM
- OK to use glucose gel inside cheek, even if unconscious or seizing
- Other: \_\_\_\_\_

\*\* Transport to local ED may be needed with vomiting and large ketones. \*\*

## Meal Plan

- AM snack time: \_\_\_\_\_
- Breakfast: \_\_\_\_\_
- Extra food allowed:  Parent discretion  Student discretion
- PM snack time: \_\_\_\_\_
- Lunch: \_\_\_\_\_
- Dinner: \_\_\_\_\_
- Avoid snack of BGL is > \_\_\_\_\_ mg/dl.

## Exercise (check and/or complete all that apply)

Fast-acting carbohydrate source must be available before, during and after all exercise

- With student
- With teacher

If most recent blood glucose is less than \_\_\_\_\_, exercise can occur when blood glucose is corrected and above \_\_\_\_\_

- Eat \_\_\_\_\_ grams of carbohydrate;  Before exercise  Every 30 minutes during  After vigorous exercise
- Avoid exercise when blood glucose is greater than \_\_\_\_\_ or ketones are \_\_\_\_\_

## Bus Transportation

- Blood glucose monitoring not required prior to boarding bus
- Check blood glucose 15 minutes prior to boarding bus
- Allow student to eat on bus if having symptoms of low blood glucose
- Provide care as follows: \_\_\_\_\_

## Health Care Provider Assessment

Student can self-perform the following procedures (school nurse and parent must verify competency):

- Blood glucose monitoring
- Independently operating insulin pump
- Other: \_\_\_\_\_
- Measuring insulin
- Injecting insulin
- Determining insulin dose

## Disaster Plan (if needed for lockdown, 24hr shelter in place):

- Follow insulin orders as on Management Form
- Additional insulin orders as follows: \_\_\_\_\_
- Administer long acting insulin as follows: \_\_\_\_\_
- Other: \_\_\_\_\_

## Other Instructions:

Health Care Provider Signature (required): \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (required): \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Order reviewed by North Bay nurse: \_\_\_\_\_ Date: \_\_\_\_\_