Everett Public Schools Health Services

Blood sugar at which p	parent/guardian should be notified:
Low:	High:

DIABETIC LHCP AUTHORIZATION/ORDER (RCW28A.210.320)

911 for seizure or loss of consciousness

		D	OOB:ID#:		Jiaue
Parent/Guardian:		Home Ph	one: V	Vork Phone: _	
Cell Phone:		E	-Mail:		
LHCP:	Office Na	me/location:	Phone:	1	FAX:
How long has the student been	a diabetic?	Othe	er health issues:		
Type of insulin at school:		Blood Gl	lucose Target Range:		
Blood glucose at which the pare					
Student to check Blood Sugar I	•		_		
Insulin Dosage: Child to recei					
See Blood Sugar/Carboh		_	Other dosing protoco	· -	Thi unter eating
•	<u>-</u>				LICD signed and
	,		crease insulin by units w	ithout a new 1	LHCP signed order
Disaster Plan:					
-			Level of Self-Care		
<u> </u>			elow and understands no		
Skill	Independent	Needs Assistance/ Verification	Skill	Independent	Needs Assistance/ Verification
ood Sugar Testing			Tests and interprets urine ketones		
sulin Injection			Monitors/treats mild hypoglycemia		
lculates Insulin based on Blood Sugar			Monitors own snacks and meals		
_					
dculates Insulin based on Carbohydrates d Blood Sugar					
ε					
Hypoglycemia: Blood glucose below 45:					
Hypoglycemia: Blood glucose below 45: Blood glucose 45-65:					
Hypoglycemia: Blood glucose below 45: Blood glucose 45-65: Blood glucose 65-80:					
Hypoglycemia: Blood glucose below 45: Blood glucose 45-65: Blood glucose 65-80: Blood glucose greater than 80 y	with symptoms	:			
Hypoglycemia: Blood glucose below 45: Blood glucose 45-65: Blood glucose 65-80:	with symptoms	: s still less than 80	, repeat treatment and continue		
Hypoglycemia: Blood glucose below 45: Blood glucose 45-65: Blood glucose 65-80: Blood glucose greater than 80 v Repeat Test after 15 minutes. I Hyperglycemia: Contact pare: Ketones: Check ketones if blo	with symptoms f blood sugar i nt/guardian if b od glucose is g	: s still less than 80 plood sugar is greater than	, repeat treatment and continuenter than desired range, and notify parent/guardiar	e to notify pare	
Hypoglycemia: Blood glucose below 45: Blood glucose 45-65: Blood glucose 65-80: Blood glucose greater than 80 v Repeat Test after 15 minutes. I Hyperglycemia: Contact pare: Ketones: Check ketones if blo	with symptoms f blood sugar i nt/guardian if b od glucose is g	: s still less than 80 plood sugar is greater than	, repeat treatment and continuenter than desired range, and notify parent/guardiar	e to notify pare	
Hypoglycemia: Blood glucose below 45: Blood glucose 45-65: Blood glucose 65-80: Blood glucose greater than 80 v. Repeat Test after 15 minutes. I. Hyperglycemia: Contact pare: Ketones: Check ketones if blo Student should g. Exercise (recess/PE) plan:	with symptoms f blood sugar i nt/guardian if b od glucose is g go home if keto	: s still less than 80 blood sugar is greater than ones are moderate	, repeat treatment and continuenter than desired range, and notify parent/guardiar or large.	e to notify pare	
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