

## DIABETIC LHCP AUTHORIZATION/ORDER (RCW28A.210.320)

### 911 for seizure or loss of consciousness

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

LHCP: \_\_\_\_\_ Office Name/location: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

How long has the student been a diabetic? \_\_\_\_\_ Other health issues: \_\_\_\_\_

Type of insulin at school: \_\_\_\_\_ Blood Glucose Target Range: \_\_\_\_\_

Blood glucose at which the parent/guardian should be notified: Low: \_\_\_\_\_ High: \_\_\_\_\_

Student to check Blood Sugar Before:  Meals  PE  Recess  Snacks  Other: \_\_\_\_\_

**Insulin Dosage:** Child to receive lunch dosage:  All before eating  ½ dose before ½ after eating  All after eating

See Blood Sugar/Carbohydrate/Insulin Chart attached  Other dosing protocol attached

Parent/guardian may decrease insulin by \_\_\_\_\_ units or increase insulin by \_\_\_\_\_ units without a new LHCP signed order.

**Disaster Plan:** \_\_\_\_\_

#### Student's Level of Self-Care

**Student Totally Independent in all areas listed below and understands not to share supplies/medication.**

Skill	Independent	Needs Assistance/ Verification	Skill	Independent	Needs Assistance/ Verification
Blood Sugar Testing			Tests and interprets urine ketones		
Insulin Injection			Monitors/treats mild hypoglycemia		
Calculates Insulin based on Blood Sugar			Monitors own snacks and meals		
Calculates Insulin based on Carbohydrates and Blood Sugar					

**Hypoglycemia:**

Blood glucose below 45: \_\_\_\_\_

Blood glucose 45-65: \_\_\_\_\_

Blood glucose 65-80: \_\_\_\_\_

Blood glucose greater than 80 with symptoms: \_\_\_\_\_

*Repeat Test after 15 minutes. If blood sugar is still less than 80, repeat treatment and continue to notify parent.*

**Hyperglycemia:** Contact parent/guardian if blood sugar is greater than desired range.

**Ketones:** Check ketones if blood glucose is greater than \_\_\_\_\_, and notify parent/guardian.

Student should go home if ketones are moderate or large.

**Exercise (recess/PE) plan:**

Student to have 15 grams of carbohydrates before  PE  Recess.

**End of school day:**  Student should not ride bus or walk home if blood sugar is below \_\_\_\_\_.

I request and authorize that the above named student receive the above identified medication and instructions beginning on (date): \_\_\_\_\_ to (date): \_\_\_\_\_ (Not to exceed the current school year).

► **LHCP Signature:** \_\_\_\_\_ LHCP Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian:** The diabetic/snack supplies are to be furnished by parent/guardian. The LHCP name is on the label of medication. The school accepts no responsibility for adverse reactions when the LHCP's directions are followed. I also understand the importance of being available for consultation and support during school hours and activities.

► **Parent/Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

► **Student Signature if totally independent:** \_\_\_\_\_ Date: \_\_\_\_\_