



**HEALTH CARE PROVIDER (HCP) ORDERS FOR STUDENTS WITH DIABETES IN WASHINGTON STATE SCHOOLS**  
Must be renewed at beginning of each school year.

**STUDENT'S NAME** \_\_\_\_\_

**Student's Birth Date** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Emergency telephone numbers for parents: Phone** \_\_\_\_\_ **Cellular** \_\_\_\_\_ **Pager** \_\_\_\_\_

**Doctor's telephone number:** \_\_\_\_\_ **Other Contacts:** \_\_\_\_\_

**HYPOGLYCEMIA** (fill in individualized instructions on line or use those in parenthesis)

**Unconscious** \_\_\_\_\_ **(phone 911)** (Other Orders) \_\_\_\_\_

Blood sugar < 60 and symptomatic \_\_\_\_\_ (juice, pop, candy) \_\_\_\_\_

Blood sugar <100 and symptomatic \_\_\_\_\_ (crackers/cheese) \_\_\_\_\_

Blood sugar < 80 and symptomatic \_\_\_\_\_ (feed partial meal) \_\_\_\_\_

Blood sugar >100 and symptomatic \_\_\_\_\_ (feed partial meal) \_\_\_\_\_

Blood sugar at which parent should be notified: low \_\_\_\_\_ high \_\_\_\_\_

**BLOOD SUGAR AND INSULIN DOSAGE** prior to lunch (R is regular and H is lis-pro) \_\_\_\_\_ any other insulin requested

Blood sugar <100 \_\_\_\_\_ units R – H – other \_\_\_\_\_ (see hypoglycemia above)

Blood sugar 100-149 \_\_\_\_\_ units R – H – other \_\_\_\_\_

Blood sugar 150-199 \_\_\_\_\_ units R – H – other \_\_\_\_\_

Blood sugar 200-249 \_\_\_\_\_ units R – H – other \_\_\_\_\_

Blood sugar 250-299 \_\_\_\_\_ units R – H – other \_\_\_\_\_ (check ketones)

Blood sugar 300-349 \_\_\_\_\_ units R – H – other \_\_\_\_\_ (check ketones)

Blood sugar 350-399 \_\_\_\_\_ units R – H – other \_\_\_\_\_ (check ketones)

Blood sugar >400 \_\_\_\_\_ units R – H – other \_\_\_\_\_ (check ketones)

- Licensed medical personnel allowed to give \_\_\_\_\_ units (minimum) of insulin to \_\_\_\_\_ units (maximum) of R, H, \_\_\_\_\_ insulin after consultation with the parent/guardian.
- Other insulin instructions (i.e. CHO counting): \_\_\_\_\_
- If urine ketones (trace, small, moderate, large), call parents (circle one or more)

**DISASTER INSULIN DOSAGE** In case of disaster how much insulin should be given? Recommended 80% of usual dose.

A.M. \_\_\_\_\_ units R – H – other \_\_\_\_\_ units Lente NPH Ultralente other

Noon \_\_\_\_\_ units R – H – other \_\_\_\_\_

P.M. \_\_\_\_\_ units R – H – other \_\_\_\_\_ units Lente NPH Ultralente other

Bedtime \_\_\_\_\_ units R – H – other \_\_\_\_\_ units Lente NPH Ultralente other

**STUDENT'S SELF-CARE (ability level)**

**Initials of:**

**Parent**

**HCP**

**School Nurse**

Totally independent management or

- |  |       |       |       |
|--|-------|-------|-------|
| 1. Student tests independently or<br>Student needs verification of number by staff or<br>Assist/Testing to be done by school nurse   | _____ | _____ | _____ |
| 2. Student administers insulin independently or<br>Student self-injections with verification of number or<br>Student self-injects with nurse/PDA supervision or<br>Injection to be done by school nurse/PDA<br>Student self-treats mild hypoglycemia | _____ | _____ | _____ |
| 3. Student monitors own snacks and meals   | _____ | _____ | _____ |
| 4. Student tests and interprets own urine ketones  | _____ | _____ | _____ |

**HCP** \_\_\_\_\_

**Name (Print/Type)**

**Signature**

**Date (Print/Type)**

**Parent** \_\_\_\_\_

**Name (Print/Type)**

**Signature**

**Date (Print/Type)**

**School Nurse** \_\_\_\_\_

**Name (Print/Type)**

**Signature**

**Date (Print/Type)**

**Start date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **termination Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ or end of school year \_\_\_\_\_  
Day Month Year Day Month Year