

Students Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

Insulin standing orders with **MEALS:** \_\_\_\_\_ Units \_\_\_\_\_ Insulin per \_\_\_\_\_ Grams of Carbohydrates.

**PLUS:** Insulin correction orders (with meals, if needed for high blood sugar) \_\_\_\_\_.

Normal blood sugar target range: Between \_\_\_\_\_.

Blood sugar monitoring times: \_\_\_\_\_.

**If low blood sugar (reaction) IMMEDIATELY give:**

- \* 15 grams of fast acting carbohydrate.
- \* Recheck blood sugar in 10-15 minutes.
- \* Repeat 15 grams of fast acting carb, if needed.
- \* Repeat as needed.
- \* Snack such as cheese and crackers may be needed after the blood sugar has recovered if not at meal time.
- \* Notify parent if low blood sugar does not resolve after 2 repeats of 15 grams of carbs.

**Examples of 15 grams of carbs:**

- 4 oz juice
- 4-6 oz regular pop (NOT DIET)
- 3-4 glucose tabs
- 15 Skittles

**Symptoms of low blood sugar:**

**(PLEASE CIRCLE BELOW)**

- Hunger
- Weakness/Shakiness
- Tired/sleepiness
- Behavior changes
- Dizziness/staggering
- Headache
- Rapid heart beat
- Nausea
- Clamminess/sweating
- Blurred vision
- Confusion
- Loss of consciousness

**If high blood sugar (reaction):**

- \* Follow Insulin correction orders.
- \* Check urine ketones for blood sugar > 250/or if nausea, vomiting or ill.
- \* Give 8 ounces water per hour.
- \* Allow free restroom privileges
- \* Notify parent if ketones are moderate or above

**Correction dose instructions:**

**Symptoms of high blood sugar:**

**(PLEASE CIRCLE BELOW)**

- Thirst
- Frequent urination
- Nausea
- Vomiting
- Warm, dry or flushed skin
- Abdominal pain
- Rapid shallow breathing
- Weakness/muscle aches
- Fruity breath odor
- Other \_\_\_\_\_

Medical History: Age and date of Diabetes diagnosis: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_