

Jefferson County Public Schools Health Services
Primary Care Provider (PCP) Authorization: Diabetes/ Blood Glucose Monitoring (Side One)
2012-2013 School Year

Student Name: _____ **Date of Birth:** _____ **School:** _____

DIAGNOSIS:

- Type I Diabetes Type II Diabetes Pre-Diabetes
 Other Condition Requiring Glucose Monitoring _____

Where should blood glucose monitor & equipment be?

- kept with child kept in classroom/office/nurse's office

Required blood sugar testing/monitoring at school:

- Trained personnel must perform blood sugar test
 Trained personnel must supervise blood sugar test
 Student can perform testing independently

When should blood sugar monitoring be done?

- Before lunch Other (Specify): _____
 As needed to determine hypoglycemia or hyperglycemia

Diet Requirements:

- No Concentrated Sweet Diet
 Carbohydrate Count _____ carbs/meal

- Does student require a SCHEDULED snack during the school day?** Yes No
 • If yes, do they need insulin with snack? (See Insulin dose on back) Yes No

HYPERGLYCEMIA (HIGH BLOOD SUGAR)

- SIGNS & SYMPTOMS:** • dry mouth • increased urination • tired • thirsty
 • sores or infections that will not heal • hungry • sleepy • dry, itchy skin
 • headache
 * If symptoms persist -- can lead to nausea, vomiting, stomach pain, fruity smelling breath

HIGH BLOOD SUGAR FOR THIS CHILD REQUIRING THE FOLLOWING INTERVENTIONS IS GREATER THAN Fill in number _____

Interventions:

- Encourage extra liquids without sugar such as water. No extra juice or milk.
 Allow frequent trips to the restroom.
 Ketone monitoring: _____
 (If student is positive for ketones, MUST notify parent/guardian)
 Other: _____

PARENTS MUST PROVIDE SNACKS, EMERGENCY SUPPLIES, & WASTE CONTAINER FOR NEEDLES/SHARPS

HYPOGLYCEMIA (LOW BLOOD SUGAR)

- SIGNS & SYMPTOMS:** •hunger • staring • becoming very quiet
 • dizzy • crying • headache • clammy sweat • nervous • unable to think clearly
 • shaky • blurry vision • restless • weak • combative • unusually sleepy • pale
 • pounding heart • confused or disoriented • stumbling around •change in personality (mean/hateful)

LOW BLOOD SUGAR FOR THIS CHILD REQUIRING THE FOLLOWING INTERVENTIONS IS LESS THAN Fill in number _____

Examples of a simple sugar are one of the following:

- 3-4 glucose tablets • 15 skittles • 1 small tube of glucose gel • 12 Sweet Tarts • 3-5 small sugar cubes • 2-3 rolls of Smarties • 2-3 packs of table sugar

Examples of a 15 gram complex carbohydrate are one of the following:

- 4 peanut butter or cheese crackers • ½ sandwich • 1 small bag of pretzels

Interventions:

- Give 15 grams of simple sugar and recheck in 15 minutes
 Follow immediately with a 15 gram snack of complex carbohydrate or lunch.
 If no improvement within 15 minutes, then repeat simple sugar.
 Staff/student may check blood sugar 30 minutes after initial treatment.
 Call parent if the blood sugar does not rise above _____ mg/dl.
 Allow 30-60 minutes for complete recovery before resuming normal school activities (tests, PE). It may not be necessary to send the student home.
 Other: _____

Emergency Glucagon: Given only if ordered for a student when that student is having a **seizure, unconscious or severely neurologically impaired** related to severe hypoglycemia or low blood sugar. Glucagon kits are to be provided by the parent/guardian.

Does this student have glucagon? Yes No (see back for instructions)

Blood sugar should be checked 30 minutes before riding bus or walking home in the afternoon. If the box has been checked that the student can perform testing independently, the student should monitor their own blood sugar before afternoon dismissal.

****Glucagon will not be transported on the bus except for field trips. During the field trip glucagon should be kept and administered by trained school personnel ONLY.****

If the above treatments for low or high glucose are required, ALWAYS notify the parent/guardian or emergency contact by phone or in writing that day.

Please complete both sides of form

Reviewed by Health Services	Date/Initials
Entered by Health Services	_____
School received/sent to Health Services	_____

Jefferson County Public Schools Health Services
Primary Care Provider (PCP) Authorization: Diabetes/Blood Glucose Monitoring (Side Two)
2012-2013 School Year

Student Name: _____ **Date of Birth:** _____ **School:** _____

EMERGENCY PLAN OF ACTION

If student becomes unconscious or unresponsive, administer **GLUCAGON** _____ cc into the muscular area of the upper arm, if kit provided by parent/guardian.

1. Call EMS 9-911.
2. Notify school personnel trained in CPR/first aid to respond and initiate CPR if needed prior to EMS arrival.
3. Contact parent/guardian or emergency contact immediately.
4. If EMS is called the student must be transported via EMS to emergency facility, or parent/guardian must sign release with EMS and then parent/guardian assumes responsibility for student. The student may not return to school that day.
5. When student is transported via EMS, JCPS staff must ride with student unless parent and/or emergency contact accompanies them.
6. If student requires medical treatment while on the bus, the driver will contact EMS.
7. Other: _____

Updated Orders:

YES NO

Date Updated: _____

Does this student require insulin during school?

YES NO

Can this child administer his/her own insulin independently if **needed at school**?

YES NO

Trained personnel must **supervise** insulin administration:

YES NO

Student can calculate his/her own insulin dose: YES NO

Insulin to be administered: Before lunch After lunch

Does this student have an insulin pump? YES NO

Insulin/Carbohydrate ratio dose (to be given at lunch only)

___ unit for every ___ gram(s) of carbohydrate eaten,

plus ___ unit(s) for every ___ mg/dl points above ___ mg/dl

• Should insulin dose calculations be rounded? YES NO

Half Unit Whole Unit

Correction Dose N/A

Insulin (subcutaneous injection) using Humalog/ NovoLog /Apidra/ Regular
 (Circle type) **given at lunch only:**

___ Unit(s) if blood sugar is between ___ and ___

___ Unit(s) if blood sugar is between ___ and ___

___ Unit(s) if blood sugar is between ___ and ___

___ Unit(s) if blood sugar is between ___ and ___

Nutritional information is available
 at www.jefferson.k12.ky.us/Departments/NutritionServices
 or you may call 3186 for information.

If a student requires insulin while at school and cannot draw up and administer independently, or needs assistance with carbohydrate counting to determine insulin dosage a nurse will be provided for this service. A non-licensed person cannot administer insulin.

Printed Name of MD, APRN, or PA

Address

Telephone No. /Fax No.

Signature of MD, APRN, or PA

Date

* Parent/guardian hereby acknowledges that if this medication is not self-administered, it will most likely be administered by trained, unlicensed JCPS personnel. Parent/guardian acknowledges and agrees when authorizing their child to attend a school sponsored field trip this medication may also be administered by a licensed volunteer. By signing this form, the parent/guardian acknowledges that the Jefferson County Board of Education, its employees and agents shall incur no liability as a result of any injury sustained by the student from any reaction to any medication to treat a hypoglycemic episode or from the administration of such medication, unless the injury is the result of negligence or misconduct on behalf of the school or its employees. The parent/guardian shall hold harmless the school and its employees against any claims made for any reaction to any medication to treat a hypoglycemic episode or the administration of such medication unless the reaction is due to negligence or misconduct on behalf of the school or its employees. Also, I hereby give permission for the healthcare provider completing and signing this form to verify this information with JCPS and to consult with JCPS staff regarding this information.

Signature of Parent/Guardian

Telephone No.

Date

****Parent/Guardian signature required only for INITIAL 2012-2013 PCP form. Parent/Guardian signature not required for updated 2012-2013 PCP forms**

Emergency Contact

Telephone No.

Relationship

Please return to: Jefferson County Public Schools Health Service Lam Building, 4309 Bishop Lane, Louisville, KY 40218

Telephone No. (502) 485-3387 Fax (502) 485-3670

FINAL January 30, 2012