



**Authorized Orders Completed by Medical Provider**

Student Name: \_\_\_\_\_

**HYPOGLYCEMIA (LOW BLOOD SUGAR)**

Common signs of **low blood sugar** may include, but not limited to, shakiness, sweatiness, hunger, or headache.

**Recommended treatment** for low blood sugar (< \_\_\_\_\_) is:

1. Give 15 grams of **fast acting** carbohydrate (i.e.: ½ cup fruit juice or 3-4 glucose tablets—**NO PROTEIN and NO FAT until blood sugar is above 70**).
2. If meal time is greater than an hour away, then protein and some additional carbohydrates can be added (i.e.: crackers & cheese)
3. **GLUCAGON:** Glucagon is reserved for low glucose levels associated with loss of consciousness or convulsions. If weight < 20 kg, administer 0.5 mg IM. If weight >20 kg, administer 1.0 mg. IM (Weight \_\_\_\_\_). **Call 911 following injection.**

Additional comments \_\_\_\_\_

**HYPERGLYCEMIA (HIGH BLOOD SUGAR)**

Signs of **high blood sugar** may include, but not limited to: nausea, headache, increased urination, and/or thirst.

**Recommended treatment** for high blood sugar (> \_\_\_\_\_) is:

1. **Correction formula:** Current blood sugar \_\_\_\_\_ minus (-) \_\_\_\_\_ divided by \_\_\_\_\_. Use when blood sugar is above \_\_\_\_\_ - **Correction insulin must be spaced 2 hours apart.**
2. Check for **ketones** if blood glucose > 240. If moderate to large ketones, call medical provider for instructions and notify parent/guardian.
3. Parent/guardian to provide Regular Insulin at school for moderate to large urine ketones as directed by provider.

Additional comments \_\_\_\_\_

**Authorized Prescriber's Instructions:**

Targeted Blood Glucose level \_\_\_\_\_ to \_\_\_\_\_

Test blood glucose level **as needed** and:

\_\_\_\_\_ hours after eating \_\_\_\_\_ before meals/snacks \_\_\_\_\_ before going home

\_\_\_\_ unit of NovoLog/Humalog/Apidra for every \_\_\_\_\_ grams of carbohydrate for meals/snacks with \_\_\_\_\_ hours between doses. **Exception:** \_\_\_\_\_

**Correction formula:** Current blood sugar \_\_\_\_\_ minus (-) \_\_\_\_\_ divided by \_\_\_\_\_. Use when blood sugar is above \_\_\_\_\_. **Correction insulin must be spaced 2 hours apart.**

\_\_\_\_ Student is independent and may test blood glucose without supervision.

\_\_\_\_ Student is independent and may administer insulin without supervision.

**Additional Comments/Instructions:** \_\_\_\_\_  
\_\_\_\_\_

Authorized Prescriber's Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Prescriber's Address \_\_\_\_\_

Nurse Signature \_\_\_\_\_ Date: \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

**\*\*\*ALL changes in insulin doses administered during the school day require written instruction from the authorized prescriber.\*\*\***