

DIABETES MEDICATION ADMINISTRATION FORM ADDENDUM

Provider Medication Order Form – Office of School Health – School Year **2019-2020**

DUE: May 31st. Forms submitted after May 31st may delay processing for new school year. Please fax all DMAFs to 347-396-8932/8945.

Student Last Name	First Name	MI	Date of birth _ / _ / _ _ _ _	<input type="checkbox"/> Male <input type="checkbox"/> Female	OSIS # - - - - -
School (include ATSDBN/name, address and borough)			DOE District	Grade	Class

CONTINUOUS GLUCOSE MONITORING (CGM) ORDERS

For CGM's used to replace finger stick bG readings, only devices FDA approved for use and age may be used within the limits of the manufacturer's protocol. For any CGMs:

- 1) If the reading is not consistent with symptoms, a bG reading will be done.
- 2) School nurses may not monitor CGM values remotely. Nurses and school staff may not monitor a CGM on a personal device. If a student has an assigned para-professional, the para may monitor the CGM via the device's receiver.
- 3) Families are responsible for calibrating the CGM and changing the sensor in accordance with the device's manufacturer's protocols.
- 4) Families are responsible for notifying the school nurse if a sensor is not reliable (e.g. student took acetaminophen and uses Dexcom G5)

Name and Model of CGM: _____

For CGM used for insulin dosing: finger stick bG will be done when: the symptoms don't match the CGM readings; if there is some reason to doubt the sensor (i.e. for readings <70 mg/dL or sensor does not show both arrows and numbers)

FDA approved CGM to be used for insulin dosing and monitoring

sG Monitoring (sG = sensor glucose): Specify times to check sensor reading Breakfast Lunch Snack Gym PRN

For sG <70mg/dl check bG and follow orders on DMAF, unless otherwise ordered below.

Use CGM grid below OR See attached CGM instruction

CGM reading	Arrows	Action
sG < 60 mg/dl	Any arrows	Treat hypoglycemia per bG hypoglycemia plan; Recheck in 15-20 min. If still < 70 mg/dl check bG.
sG 60-70 mg/dl	and ↓, ↓↓, ↘ or →	Treat hypoglycemia per bG hypoglycemia plan; Recheck in 15-20 min. If still < 70 mg/dl check bG.
sG 60-70 mg/dl	and ↑, ↑↑, or ↗	If symptomatic, treat hypoglycemia per bG hypoglycemia plan; if not symptomatic, recheck in 15-20 minutes. If still <70 mg/dl check bG.
sG >70 mg/dl	Any arrows	Follow bG DMAF orders for insulin dosing
sG ≤ 120 mg/dl pre-gym or recess	and ↓, ↓↓	Give 15 gms uncovered carbs. If gym or recess is immediately after lunch, subtract 15 gms of carbs from lunch carb calculation.
sG ≥ 250	Any arrows	Follow bG DMAF orders for treatment and insulin dosing

For student using CGM, wait 2 hours after meal before testing ketones with hyperglycemia.

Check sG before dismissal

For sG values < ___ mg/dl treat for hypoglycemia if needed, and give ___ gm carb snack before dismissed

For sG values < ___ mg/dl treat for hypoglycemia if needed, and do not send on bus/mass transit, parent to pick up from school.

PARENTAL INPUT INTO INSULIN DOSING

Parent(s)/Guardian(s) (*give name*), _____, may provide the nurse with information relevant to insulin dosing, including dosing recommendations. Taking the parent's input into account, the nurse will determine the insulin dose within the range ordered by the health care practitioner and in keeping with nursing judgment.

Please select **one** option below:

1. Nurse may adjust calculated dose up or down up to ___ units based on parental input and nursing judgment.

2. Nurse may adjust calculated dose up by ___% or down by ___% of the prescribed dose based on parental input and nursing judgment

If parental recommendation is significantly different than the dose determined by the nurse, the nurse should contact the ordering health care practitioner for a one time order. If the health care practitioner cannot be immediately reached the nurse will give the lower dose that falls within the health care practitioner's ordered range.

MUST COMPLETE: Health care practitioner can be reached for urgent dosing orders at: (____) ____ - _____

If the parent requests a similar adjustment for more than two days in a row, the nurse will contact the health care practitioner to see if the in school orders need to be revised.

SLIDING SCALE

Do NOT overlap ranges (e.g. enter 0-100, 101-200, etc.). If ranges overlap, the lower dose will be given. Use pre-treatment bG to calculate insulin dose unless other orders.

<input type="checkbox"/> Lunch	bG	Units Insulin	<input type="checkbox"/> Other	bG	Units Insulin
<input type="checkbox"/> Snack	Zero - ___	___	Time	Zero - ___	___
<input type="checkbox"/> Breakfast	___	___		___	___
<input type="checkbox"/> Correction	___	___	<input type="checkbox"/> Snack	___	___
Dose	___	___	<input type="checkbox"/> Breakfast	___	___
	___	___	<input type="checkbox"/> Correction	___	___
	___	___	Dose	___	___
	___	___		___	___

OPTIONAL ORDERS

- Hypoglycemia treatment supplies to be kept in classroom(s).
- Round insulin dosing to nearest whole unit: 0.51-1.50u rounds to 1.00u.
- Round insulin dosing to nearest half unit: 0.26-0.75u rounds to 0.50 u (must have half unit syringe/pen).
- Use sliding scale for correction **AND** at meals ADD: ___ units for lunch; ___ units for snack; ___ units for breakfast (sliding scale must be marked as correction dose only).

SNACK ORDERS

Student may carry and self-administer snack
 Snack time of day: ___ AM / PM Pre-gym Snack
 Type & amount of snack: _____

Health Care Practitioner Name LAST (Please print and circle one: MD, DO, NP, PA)	FIRST	Signature	Date ___ / ___ / ___
Address		Tel. (____) ____ - _____	Fax. (____) ____ - _____
NYS License # (Required)	NPI # _____	CDC & AAP recommend annual seasonal influenza vaccination for all children diagnosed with diabetes.	