

Diabetes Insulin Injection Addendum

DIABETES – Insulin Injection Addendum to IHP Utah Department of Health & Human Services/ Utah State Board of Education			School Year:	Picture
Student:	DOB:	Grade:	School:	
Parent:	Phone:		Email:	
School Nurse:	School Phone:		Fax or Email:	

STUDENT DIABETES MANAGEMENT SKILLS	Needs Assistance	Needs Supervision	Independent
Identifying feelings of hypoglycemia			
Checking blood glucose			
Measuring out insulin			
Administering insulin injection			
Independently counts carbohydrates			
INSULIN DEVICE			
<input type="checkbox"/> Syringe and vial <input type="checkbox"/> Pen			
Type of insulin:			
Injection Site (Injections should be given subcutaneously and rotated).			
<input type="checkbox"/> Abdomen <input type="checkbox"/> Arm <input type="checkbox"/> Buttock <input type="checkbox"/> Thigh			
Mealtime Correction: <input type="checkbox"/> Before meals only			
Insulin to carb ratio: ___unit for every ___ grams of carbohydrates before meals.			
Correction dose: ___unit for every ___ mg/dl for blood glucose above ___ mg/dl.			
<i>Insulin pen/vial expires 28 days after it is opened, pierced or stored outside of refrigerator.</i>			
SPECIAL CONSIDERATIONS (PE, School Parties or Snacks, Field Trips, Academic testing)			
PE: <input type="checkbox"/> Check BG before PE <input type="checkbox"/> ___ gram carb (free) snack before PE <input type="checkbox"/> Other (specify): <input type="checkbox"/> Do not exercise if BG is below ___ mg/dl or symptomatic of hyperglycemia			
School parties or snacks: <input type="checkbox"/> Student to save snack for lunchtime <input type="checkbox"/> No coverage for snacks/parties <input type="checkbox"/> Student to take snack home <input type="checkbox"/> Parent will provide alternate snack <input type="checkbox"/> Other (specify):			
Field Trips: Parent and school nurse must be notified of field trips in advance so proper planning and training can be accomplished. Please specify instructions:			
Academic Testing: <input type="checkbox"/> Student may reschedule academic testing with teacher, as needed, if blood glucose is below ___ or over ___ <input type="checkbox"/> Other (specify): <input type="checkbox"/> Other considerations (specify):			
WHEN HYPERGLYCEMIA OCCURS OTHER THAN AT MEALTIME			
Correction doses can only be administered with meals at school. Other instructions for hyperglycemia: <input type="checkbox"/> Notify parent/guardian <input type="checkbox"/> Allow unrestricted access to the bathroom <input type="checkbox"/> Give extra water and/or non-sugar-containing drinks (not fruit juices)			
PARENT ACKNOWLEDGEMENT			
<input type="checkbox"/> I understand if I adjust insulin doses delivered during school hours that I am responsible for contacting provider and requesting an updated prescriber order be sent to the school.			
Parent Signature:			Date: