Santa Rosa District Schools

Berryhill Administrative Complex 6751 Berryhill Street Milton, Florida 32570



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Sherry Smith Director of Student Services

July 19, 2013

Sherry Smith

Milton, FI 32570 850-983-5052

Director of Student Services

Santa Rosa County School District BAC Complex – 6751 Berryhill Road

MEMO:	
TO:	School Board Members
	Superintendent Tim Wyrosdick
RE:	Authorization for Diabetes Management and Authorization for Diabetes
	Management with Insulin Pump Forms
for Diabete Policy and	rou will find updated Authorization for Diabetes Management and Authorization es Management with Insulin Pump forms which are contained in the School Health Procedure Manual. These forms are developed by the Nemours Pediatric logy Department. Nemours has recently updated these forms on Part II and IV.
The new la	anguage added is as follows:
Part IV: I supplies, in	udents may or may not carry diabetes supplies or medication. assume all risks and liability in respect to my child's use of diabetes management nsulin, and/or glucagon including any related injection device when authorizing o carry and/or self administer prescribed supplies and/or medication.
	rove, these newly updated forms will replace the current forms in our School icy and Procedure Manual.
Should you	u have further questions, please call me at 983-5052.
Sincerely,	A

							ETES MANAGEMENT			
Student's Name:	Birth		Medicaid #:	Grade:			Emergency Phone #:			
			rovider to complete	initially; scho	ol nurse will upd	ate as need	ed).			
Student's Compe	tency:	S	Self-Care		Assisted Care		Dependent Care			
Performs glucose		·								
Determines insul										
Administers insu					4					
Part II Treatme		he completed	hy Physician)		***	.				
				e: Blood Gluc	ose Monitorina h	v finger st	ick. Check blood glucose before meals ar			
			carry diabetes sup			y migor st	ion. Check blood glucose before meals a			
Action Plan for			_ 0011) 01000000 50p	pines or medici						
			rency snack with sir	nnle sugars (e	a 4 alucose table	etc 1 tube	of alvance gel or 1/3 can of regular			
below	Immediately give an emergency snack with simple sugars (e.g. 4 glucose tablets, 1 tube of glucose gel, or 1/3 can of regular soda). Note: Anytime the student becomes unconscious, uncooperative, combative, or cannot take the emergency snack, give glucagon STAT, call 911 and then call the parent. Observe the student for hypoglycemic symptoms (altered mental status, shakiness, sweating or weakness). DO NOT LEAVE THE STUDENT ALONE! Recheck blood glucose in 15 minutes.									
	• If sym	otoms persist :	after 15 minutes, g	ive a second er	nergency snack	with simple	e sugars.			
		_	-			-	e for meal. If it is not mealtime, give a			
			llowing the student			it of the lili	e for mean. If it is not meantime, give a			
61-80 mg/dl										
or-on mg/ar		-	nptoms (altered me				,			
	gel, or	1/3 can of regu	lar soda). Recheck	blood glucose	in 15 minutes.		(e.g. 4 glucose tablets, 1 tube of glucose			
	before	allowing the st	udent to return to cl		of the line for me	al. If it is	not mealtime, give a regular snack			
81-300 mg/dl			his normal routine.							
Above 300 w/	If the studer	ıt has an insulir	n dose correction or	der, then give	nsulin if it has b	een 3 hour	s or greater since the last dose of insulin			
Neg - Sm	was given.	The student she	ould return to class.	Recheck bloo	d glucose and ke	tones at th	e next scheduled time or in 3 hours			
Ketones							water or other sugar free fluids.			
Above 300 w/							ort acting insulin orders for moderate or			
Mod - Lg							lood glucose and ketones at the next			
Ketones							iled at this time. Encourage water or			
							ool. Notify parent if ketones are still			
	present.		J	-		Ū	1			
Part III Authori	ization for A	dministration	of Medications:							
			olog/Regular (circle	e one) Dosa	ge:					
Admir	istration Ti	me: At meals,	for special occasion	n snacks and as	needed for Con	rection/Act	ion Plan.			
			Hypoglycemia (Lo							
For me	oderate or la	rge ketones:	Give correction fac	tor + units	if it has been mo	ore than 3 h	nours since last insulin dose.			
2. Insulin Adj		φ		_		• -				
		drate ratio: F	rom 1 unit of Huma	log/Novolog i	nsulin for every	grams	of carbohydrate to 1 unit for every			
	of carbohydr			5 5						
			f Humalog/Novolo	z insulin for ev	erv mg/dl u	o to 1 unit :	for every mg/dl above or below blood			
	e target of 12			,		, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			
3. Glucagon:			eous							
			e hypoglycemia.							
	11 then pare		/F - -/							
			Nausea, vomiting, a	and elevated bl	ood sugar.					
Print Physician's				hysician/Prov		Phone:				
Physician's/Prov	ider's Signat	ure:			Date:	I				
PARTIVAPAREN	DAUPERMI	SIONMOBE	ompleted BV/Rarent/6	uardian lEormi	swordliffithis seeile	nlisipeomn				
							n of medications as listed above for my child			
							ents, including school district and county			
							ordinarily reasonably prudent person would			
							g my child's treatment plan between the			
							lity in respect to my child's use of diabetes			
							rry and/or self administer prescribed supplies			
							nool district to bill Medicaid for these services.			
							State of Florida and to bill Medicaid for these g for services it provides for my child while in			
school.	a omanic sci i	we is brosided.	THIS WILL ALLOW LITE CO	mary puone sell	WI TO ICCCIAC INICAI	cara Tallaili	e for services it brovides for the child witte in			
Parent/Guardian S	lignature:		Date:							

SANTA RO Student's Name:		Date:	Medicaid #:	Grade			GEMENT with INSULIN PUMP ency Phone #:		
Part I Student's	Self-Care A	Assessment: (P	rovider to comple	te initially: scho	ol nurse will ur	ndate as needed	<u>n</u>		
Part I Student's Self-Care Assessment: (Provider Student's Competency: Self-Ca			Self-Care	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Assisted Ca		Dependent Care		
Performs glucose									
Determines insuli			•			-			
Administers insul			•						
	etes Mellitu: tudent may	s, Type I Ty or may not	by Physician) pe II Procecarry diabetes			ng by finger stic	ck. Check blood glucose before meals		
60 mg/dl or below	Immediatel Note: Anyt Glucagon S Observe the DO NOT I If sym	y give an emergime the studen STAT. If you he student for hyle EAVE THE Suptoms persist symptoms are properties.	t becomes uncon ave given Glucago poglycemic sympt TUDENT ALON after 15 minutes, present after 15 n	scious, uncoop on, disconnect oms (altered ma E! Recheck bl- give a second e ninutes, escort	erative, comba insulin pump, ental status, shalood glucose in mergency snach the student to fr	tive, or cannot call 911 and th kiness, sweatin 15 minutes. k with simple s	,		
61-80 mg/dl			llowing the studen			ting or madena	200		
or oo mgar	 Observe the student for symptoms (altered mental status, shakiness, sweating or weakness). If symptoms are present, immediately give an emergency snack with simple sugars (e.g. 4 glucose tablets, 1 tube of glucose gel, or 1/3 can of regular soda). Recheck blood glucose in 15 minutes. If no symptoms are present, escort the student to front of the line for meal. If it is not mealtime, give a regular snack before allowing the student to return to class. 								
81-300 mg/dl	The student should follow his normal routine.								
	If the student has an insulin dose correction order, then give insulin if it has been 3 hours or greater since the last dose of insulin								
Neg - Sm	was given. The student should return to class. Recheck blood glucose and ketones at the next scheduled time or in 3 hours whichever is first. Do not withhold meal or snack if scheduled at this time. Encourage water or other sugar free fluids.								
Mod - Lg Ketones	moderate or large ketones. Student is to take insulin (correction and/or meal bolus) by insulin pen. The student should return to class. Restrict physical activity. Recheck glucose and ketones at the next scheduled time or in 3 hours, whichever is first. Do not withhold meal or snack if scheduled at this time. Encourage water or other sugar free fluids. Student is to take meal bolus by Insulin pen. Recheck blood glucose and ketones prior to student leaving school. Notify parent if ketones are still present. Self-care students should change infusion site.								
site or pump	Notify parent. Self-care students with supplies may reinsert infusion site. Recheck blood glucose in 3 hours or next scheduled time, whichever occurs first. Student is to take correction by insulin pen every 3 hours if pump is malfunctioning or student is unable to reinsert infusion site.								
			of Medications:						
Admin Note a	istration T ny untowa	ime: At meals, rd side effects:	og/Regular (circl for special occasi Hypoglycemia (L Give correction fa	on snacks and a ow blood gluce	s needed for Co se)		n Plan. urs since last insulin bolus.		
grams o Correc	ı <mark>to carboh</mark> of carbohyd	rate eaten. : From 1 unit c		-			f carbohydrate to 1 unit for every r every mg/dl above or below blood		
Call 91	STAT as no	eded for severe	eous hypoglycemia. Nausea, vomiting	and elevated b	lood sugar.				
Print Physician's			Williams	Physician/Prov		Phone:			
Physician/Provid	ler Signatur	e:			Date:				
I hereby request S prescribed by the d department person under the same or health personnel or	anta Rosa Co loctor. I und nel, for civil similar circui f this school	ounty school person erstand that there damages as a resu mstances. I hereb district and county	is no liability on the lit of assisting with t y authorize the exch y health department.	o assist in Diabet part of the schoo hese procedures v ange of medical i I assume all risk	es Management & I district, its perso when the person a information regard and liability in a	t administration on agents, in the connel, or agents, in cts as an ordinariding my child's trespect to my chi	of medications as listed above for my child as including school district and county health ily reasonably prudent person would have act reatment plan between the physician and schoold's use of diabetes management supplies, a prescribed supplies and/or medication. If my		

insulin, and/or glucagon including any related injection device when authorizing my child to carry and/or self administer prescribed supplies and/or medication. If my child is covered by Medicaid and receives health services under an IEP, I consent for the school district to release and exchange my child's confidential student information to agencies of the State of Florida and to bill Medicaid for these services each time a billable service is provided. This will allow the county public school to receive Medicaid Funding for services it provides for my child while in school. Parent/Guardian Signature: