SCHOOL DIABETES ORDERS - INJEC	TOR
Licensed Healthcare Provider (LHP) to Complete Annually	
NAME: <u>@NAME@ (DOB: @DOB@)</u> SCHOOL: *	
	ough last day of school Other:
LOW BLOOD GLUCOSE (BG) MANAGEMENT	
1. If BG is below 70 or having symptoms, give *** grams f	
2. Recheck BG in 15 minutes and repeat carbohydrate treatme	· · ·
_	or meal if time. Do not include low treatment in meal carbs.
	f seizure: Phone 911 immediately. Do NOT give anything by mouth.
If nurse or trained PDA is available, administer Glucagon/Gv	oke *** mg SQ or IM -or- Baqsimi 3mg/nasal spray.
HIGH BLOOD GLUCOSE (BG) MANAGEMENT	
1. Correction with Insulin	
If BG is over target range for hours a insulin per orders, but only cover with carb ratio at	fter last bolus or carbohydrate intake, student should receive correction dose of
	nealtime, unless consultation with student's LHP (Licensed Healthcare Provider)
or as set up by 504 plan.	
2. Ketones: Test urine/blood ketones if BG > 300 X 2hrs,	or Never. Call parent if child is having moderate or large ketones.
3. No exercise if having nausea or abdominal pain, or if keton	es are tested and found positive (moderate or large).
<b>4.</b> Encourage student to drink plenty of water and provide rest	if needed.
BLOOD GLUCOSE (BG) TESTING / SENSOR GLUCOSE (SG)	
BG to be tested: Before meals and for symptoms of low or high	gh BG, or as set up by the 504 plan.
Extra BG testing: before PE, before going home, Use	of SG allowed for CGM users for extra testing.
Blood glucose at which parents should be notified: Low < 70 m	ng/dL after 2 treatments, or High >300 mg/dL X 2 hours.
_	vomiting, fever, if hypoglycemic before going home, or if there is a refusal of care
by the student. Hyperglycemia alone is not medically justified for sen	ding home this student in absence of symptoms.
INSULIN ADMINISTRATION at Mealtime/Snacks Apidra	Humalog Novolog FIASP
Insulin to Carb Ratio: 1 unit per *** grams Carb	<i>Pre-meal</i> BG target: 70 - ***, or Other:
BG Correction Factor: 1 unit per *** mg/dL > ***	Insulin dosing to be given: before, or after meal
Parent/caregiver authorized to adjust insulin for carbs, BG lever anticipated activity	el, or after meal dosing when before meal BG < 80 mg/dL
Licensed medical personnel authorized to adjust the insulin dos	se by +/- 0 to 5 units after consultation with parent/caregiver
<u> </u>	
STUDENT'S SELF-CARE	
1. Totally independent diabetes management	2. Student needs supervision. Specific supervision determined by school nurse and parent as identified in IHP or 504
If patient wears <b>Dexcom G6 or FreeStyle Libre</b> CGM insulin dose	
orders based on SG reading per FDA. Test BG if no number, no arrov	based on BG reading only per FDA.
trend, or if symptoms/expectations do not correlate with SG reading.	cased on 20 rouning only por 1211
DISASTER PLAN ORDERS	
Parent is responsible for providing and maintaining "disaster	
Use above BG correction scale + carb ratio coverage for disaster in	
Electronically signed by: @MECRED@ @TD@ @NOW@ Fax:	
I authorize the exchange of medical information about my child	_
Parent Signature: Print Nat	
School Nurse Signature: Print Nar	ne:Date:

Rev 5.2022

SCHOOL DIABETES ORDERS – INSULIN PUMP
Licensed Healthcare Provider (LHP) to Complete Annually
NAME: <u>@NAME@ (DOB: @DOB@)</u> SCHOOL: *** GRADE: <u>***</u>
Start date: <u>@TODAYDATE@</u> for 2022-2023 school year Through last day of school Other:
LOW BLOOD GLUCOSE (BG) MANAGEMENT
4. If BG is below 70 or having symptoms, give*** grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice).
5. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic.
6. Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time. Do not include low treatment in meal carbs.
If unconscious, unresponsive, difficulty swallowing, or evidence of seizure: Phone 911 immediately. Do NOT give anything by mouth If nurse or trained PDA is available, administer Glucagon/Gvoke *** mg SQ or IM -or- Baqsimi 3mg/nasal spray.
HIGH BLOOD GLUCOSE (BG) MANAGEMENT
5. Correction with Insulin
If BG is over 250 for 2 hours after last bolus or carbohydrate intake, student should receive correction bolus of insulin per insulin orders; pump will account for insulin on board (IOB).
Never correct for high blood sugars other than at mealtime, unless consultation with student's LHP (Licensed Healthcare Provider) or as set up by 504 plan.
6. Ketones: Test urine/blood ketones if BG > 300 X 2hrs, or Never. Call parent if child is having moderate or large ketones.
7. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (moderate or large).
8. Encourage student to drink plenty of water and provide rest if needed.
BLOOD GLUCOSE (BG) TESTING / SENSOR GLUCOSE (SG) VIA CONTINUOUS GLUCOSE MONITOR (CGM)
BG to be tested: Before meals and for symptoms of low or high BG, or as set up by the 504 plan.
Extra BG testing: before PE, before going home, Use of SG allowed for CGM users for extra testing.
<b>Blood glucose at which parents should be notified</b> : Low < 70 mg/dL after 2 treatments, or High >300 mg/dL X 2 hours.
Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if there is a refusal of care by the student. Hyperglycemia alone is not medically justified for sending home this student in absence of symptoms.
INSULIN ADMINISTRATION at Mealtime/Snacks Apidra Humalog Novolog FIASP® Pump Brand: ***
Insulin to Carb Ratio: 1 unit per *** grams Carb  Pre-meal BG target: 70- ***, or Other:
BG Correction Factor: 1 unit per *** mg/dL > ***  Insulin dosing to be given: before, or after meal
Basal rates adjusted per parents and HCP
Parent/caregiver authorized to adjust insulin for carbs, BG level, or anticipated activity    Parent/caregiver authorized to adjust insulin for carbs, BG level, or after meal dosing when before meal BG < 80 mg/dL
Licensed medical personnel authorized to adjust the insulin dose by +/- 0 to 5 units after consultation with parent/caregiver
STUDENT'S SELF-CARE
<ol> <li>Totally independent diabetes management</li> <li>Student needs supervision.</li> <li>Specific supervision determined by school nurse and parent as identified in IHP or 504</li> </ol>
If patient wears Dexcom G6 or FreeStyle Libre CGM insulin dose  If patient wears Medtronic Guardian Connect CGM; Insulin per
per orders based on SG reading per FDA. Test BG if no number, no orders based on BG reading only per FDA.
arrow trend, or if symptoms/expectations do not correlate with SG reading.
DISASTER PLAN & ORDERS
Parent is responsible for providing and maintaining "disaster kit" and to notify school nurse. In case of disaster:  Use above BG correction scale + carb ratio coverage for disaster insulin dosing every 3-4 hrs as indicated by BG levels.
Electronically signed by: @MECRED@ @TD@ @NOW@ Fax: 509-474-2241
I authorize the exchange of medical information about my child's diabetes management between the LHP and the school nurse
Parent Signature: Print Name: Date:
School Nurse Signature Print Name Date:

Rev 5/2022

## SCHOOL DIABETES ORDERS – HYBRID CLOSED LOOP INSULIN PUMP Licensed Healthcare Provider (LHP) to Complete Annually NAME: @NAME@ (DOB: @DOB@) SCHOOL: \*\*\* GRADE: \*\*\* Start date: @TODAYDATE@ for 2022-2023 school year Through last day of school Other: LOW BLOOD GLUCOSE (BG) MANAGEMENT If BG is below 70 or having symptoms, give \*\*\* grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice). Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic. Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time. Do not include low treatment in meal carbs. If unconscious, unresponsive, difficulty swallowing, or evidence of seizure: <u>Phone 911 immediately.</u> Do NOT give anything by mouth. 🔀 If nurse or trained PDA is available, administer Glucagon/Gvoke \*\*\* mg SQ or IM -or- Baqsimi 3mg/nasal spray. HIGH BLOOD GLUCOSE (BG) MANAGEMENT If BG is over 150 and pump If BG is over 150 and pump If BG is over 250 for 2 hours after last bolus or carbohydrate intake, administer Recommends Corrective insulin dosing. Recommends Corrective insulin dosing. Administer Recommended Dose. Administer Recommended Dose recommended dose. (Pump will account for insulin on board) (Pump will account for insulin on board) (Pump will account for insulin on board) Ketones: Test urine/blood ketones if BG > 300 X 2hrs, or Never. Call parent if child is having moderate or large ketones. 10. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (moderate or large). Encourage student to drink plenty of water and provide rest if needed. BLOOD GLUCOSE (BG) TESTING / SENSOR GLUCOSE (SG) VIA CONTINUOUS GLUCOSE MONITOR (CGM) BG to be tested: Before meals and for symptoms of low or high BG, or as set up by the 504 plan. Extra BG testing: When the pump requested a blood glucose check to stay in Auto Mode. before PE, before going home, Use of SG allowed for CGM users for extra testing. **Blood glucose at which parents should be notified**: Low < 70 mg/dL after 2 treatments, or High > 300 mg/dL X 2 hours. Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if there is a refusal of care by the student. Hyperglycemia alone is not medically justified for sending home this student in absence of symptoms SENSOR CALIBRATIONS Calibrate before lunch daily – Do not calibrate if there are double or triple arrow up or down When the pump requests a calibration (this is required to stay in Auto Mode) \*The Medtronic CGM sensor is required for the pump to function in Auto Mode. \*The Medtronic 670G pump can be used without the sensor as a Manual Mode pump (traditional pump, like previous pump systems) INSULIN ADMINISTRATION at Mealtime/Snacks Apidra Humalog Pump Brand: Medtronic 670G AUTO MODE Insulin dosing to be given: before meal (mandatory) Insulin to Carb Ratio: 1 unit per \*\*\* grams Carb (In auto mode you *cannot* override recommended bolus) **BG Correction Factor:** Automatically adjusted by pump Basal rates are automatically adjusted by pump every 5 minutes MANUAL MODE Insulin to Carb Ratio: 1 unit per \*\*\* grams Carb Pre-meal BG target: 70 - \*\*\*, or Other: **BG Correction Factor:** 1 unit per \*\*\* mg/dL > \*\*\* Insulin dosing to be given: before, or after meal Basal rates adjusted per parents and HCP insulin & syringe should be used for pump malfunction Parent/caregiver authorized to adjust insulin for carbs, BG level, or after meal dosing when before meal BG < 80 mg/dL anticipated activity Licensed medical personnel authorized to adjust the insulin dose by +/- 0 to 5 units after consultation with parent/caregiver

STUDENT'S SELF-CARE		
Totally independent diabetes mana	Spe	dent needs supervision. ecific supervision determined by school nurse and parent as ntified in IHP or 504
If patient wears <b>Dexcom G6 or FreeSt</b> orders based on SG reading per FDA. T trend, or if symptoms/expectations do n	est BG if no number, no arrow based on	wears <b>Medtronic Guardian Connect</b> CGM; Insulin per orders BG reading only per FDA.
	g and maintaining "disaster kit" and to b ratio coverage for disaster insulin dosin	<b>notify school nurse.</b> In case of disaster: g every 3-4 hrs as indicated by BG levels.
Electronically signed by: @MECRED	@ @TD@ @NOW@ Fax: 509-474-224	41
I authorize the exchange of medic	cal information about my child's diabetes	management between the LHP and the school nurse
Parent Signature:	Print Name:	Date:
School Nurse Signature:		
D 5 2022		Dama 2 of 2

Rev 5.2022

<b>DISTRICT 81 SCHOOL DIABETES</b>	ORD	ERS - INJEC	TOR	
Licensed Healthcare Provider (LHP) to Complete Annually				
NAME: <u>@NAME@ (DOB: @DOB@)</u> SCHOO				
Start date: @TODAYDATE@ for 2022-2023 school year	Throug	gh last day of school	Other:	
LOW BLOOD GLUCOSE (BG) MANAGEMENT				
10. If BG is below 70 or having symptoms, give ***				
11. Recheck BG in 15 minutes and repeat carbohydrate			-	-
12. Once BG is > 80, may follow with 10-15 gram carb				
If unconscious, unresponsive, difficulty swallowing, or evid				
If nurse or trained PDA is available, administer: Gluca	gon/Gvol	ke *** mg SQ or IN	VI -or- Baqsımı 3mg/	nasai spray
HIGH BLOOD GLUCOSE (BG) MANAGEMENT				
12. Correction with Insulin				
If BG is over target range for insulin per orders, but only cover with carb			ydrate intake, student s	hould receive correction dose of
Never correct for high blood sugars other the or as set up by 504 plan.				
13. Ketones: Test urine/blood ketones if BG > 300 X	X 2hrs, or	Never. Call parer	nt if child is having mo	derate or large ketones.
14. No exercise if having nausea or abdominal pain, or i	f ketones	are tested and found p	positive (moderate or la	rge).
<b>15.</b> Encourage student to drink plenty of water and prov	ide rest if	needed.		
BLOOD GLUCOSE (BG) TESTING / SENSOR GLUCOS	SE (SG) V	IA CONTINUOUS	GLUCOSE MONITO	R (CGM)
BG to be tested: Before meals and for symptoms of lo	w or high	BG, or as set up by th	e 504 plan.	
Extra BG testing: before PE, before going home,				
Blood glucose at which parents should be notified: Low				
Notify the parents if repeated hypoglycemia, abdominal pain,				
care by the student. Hyperglycemia alone is not medically just				
INSULIN ADMINISTRATION at Mealtime/Snacks A	pidra	Humalog Nov	olog FIASP	
Insulin to Carb Ratio: 1 unit per *** grams Carb		Pre-meal BG targ	get: 70- <u>***</u> , or	Other:
BG Correction Factor: 1 unit per *** mg/dL > ***			be given: before, o	
Parent/caregiver authorized to adjust insulin for carbs, or anticipated activity	BG leve	l, after meal do	sing when before meal	BG < 80 mg/dL
Licensed medical personnel authorized to adjust the ins	ulin dose	by +/- 0 to 5 units after	er consultation with par	ent/caregiver
STUDENT'S SELF-CARE				
1. Totally independent diabetes management	$\perp$		ults with nurse/PDA for	
2. Student needs BG/SG verification of number by nurse/PDA/designated staff <b>or</b>		Student self-i staff supervis	injects insulin with nurs	se/PDA/ designated
Assist BG testing to be done by nurse/PDA			e done by school nurse	/PDA
3. Student consults with nurse/PDA/designated staff for		J		
carbohydrate count				
If patient wears <b>Dexcom G6 or FreeStyle Libre</b> CGM insulin orders based on SG reading per FDA. Test BG if no number, retrend, or if symptoms/expectations do not correlate with SG respectations.	no arrow	If patient wears <b>Me</b> based on BG reading		nnect CGM; Insulin per orders
DICACTED BLAN OPPERS				
DISASTER PLAN ORDERS  Parent is responsible for providing and maintaining "di	isaster ki	t" and to notify school	l nurse In case of dis	eacter:
Use above BG correction scale + carb ratio coverage				aster.
Electronically signed by: @MECRED@ @TD@ @NOW@			•	
I authorize the exchange of medical information about my			etween the LHP and the	e school nurse
<del></del>				
	rint Name	b: b:	Date:	
Rev 5.2022				

<b>DISTRICT 81 SCHOOL DIABETE</b>	ES ORDERS – INSULIN PUMP
Licensed Healthcare Provider (LHP) to Complete Annuall	
NAME: <u>@NAME@ (DOB: @DOB@)</u> SCH	
Start date: <u>@TODAYDATE@</u> for 2022-2023 school year	ar
LOW BLOOD GLUCOSE (BG) MANAGEMENT	
13. If BG is below 70 or having symptoms, give _**	** grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice).
14. Recheck BG in 15 minutes and repeat carbohydr	rate treatment if BG still < 80 or if child continues to be symptomatic.
15. Once BG is > 80, may follow with 10-15 gram c	carb snack, or meal if time. Do not include low treatment in meal carbs.
If unconscious, unresponsive, difficulty swallowing, or	evidence of seizure: Phone 911 immediately. Do NOT give anything by
mouth.	
	lucagon/Gvoke *** mg SQ or IM -or- Baqsimi 3mg/nasal spray
HIGH BLOOD GLUCOSE (BG) MANAGEMENT	
16. Correction with Insulin	
If BG is over 250 for 2 hours after last be insulin administration orders; pump will	bolus or carbohydrate intake, student should receive correction bolus of insulin per ll account for insulin on board (IOB).
Never correct for high blood sugars other Provider) or as set up by 504 plan.	ner than at mealtime, unless consultation with student's LHP (Licensed Healthcare
17. Ketones: Test urine/blood ketones if BG > 30	Never. Call parent if child is having moderate or large ketones.
	, or if ketones are tested and found positive (moderate or large).
<b>19.</b> Encourage student to drink plenty of water and p	* · · · · · · · · · · · · · · · · · · ·
BLOOD GLUCOSE (BG) TESTING / SENSOR GLUC	COSE (SG) VIA CONTINUOUS GLUCOSE MONITOR (CGM)
BG/SG to be tested: Before meals and for symptom	
	ne, Subsection Use of SG allowed for CGM users for extra testing
	Low < 70 mg/dL after 2 treatments, or High >300 mg/dL X 2 hours
refusal of care by the student. Hyperglycemia alone is not	ain, nausea/vomiting, fever, if hypoglycemic before going home, or if there is a medically justified for sending home @FNAME@, in absence of symptoms.
INSULIN ADMINISTRATION at Mealtime/Snacks	Apidra Humalog Novolog FIASP Pump Brand: ***
Insulin to Carb Ratio: 1 unit per *** grams Carb  BG Correction Factor: 1 unit per *** mg/dL > ***	Pre-meal BG target: $\times 70 - ***$ , or Other:
Basal Rates: Basals adjusted per parents and HCP	Insulin dosing to be given: before, or after meal
Parent/caregiver authorized to adjust insulin for carbs,	insulin & syringe should be used for pump malfunction
or anticipated activity	after meal dosing when before meal BG < 80 mg/dL
	sulin dose by +/- 0 to 5 units after consultation with parent/caregiver
STUDENT'S SELF-CARE	
1. Totally independent diabetes management	4. Student consults with nurse/PDA for insulin dose or
2. Student needs BG/SG verification of number by	Student self-boluses insulin with nurse/PDA/
nurse/PDA/designated staff or	designated staff supervision only <u>or</u>
Assist BG testing to be done by nurse/PDA	Insulin bolus to be done by school nurse/PDA
3. Student consults with nurse/PDA/designated staff for carbohydrate count	r 🔲 📗
Curoonyurute count	
If noticed and Democrat Colon EncoState Librar COM in-	
If patient wears <b>Dexcom G6 or FreeStyle Libre</b> CGM ins per orders based on SG reading per FDA. Test BG if no nu	
arrow trend, or if symptoms/expectations do not correlate	
reading.	William 50
&	
DISASTER PLAN & ORDERS	
	g "disaster kit" and to notify school nurse. In case of disaster: or disaster insulin dosing every 3-4 hrs as indicated by BG levels.
Ose above BG correction scale + caro rano coverage to	of disaster insulin dosting every 5-4 hrs as indicated by BO levels.
Electronically signed by: @MECRED@ @TD@ @NOV	W@ Fax: 509-474-2241
	t my child's diabetes management between the LHP and the school nurse
<del>_</del>	•
Parent Signature: School Nurse Signature:	Print Name: Date: Print Name: Date:

## DISTRICT 81 SCHOOL DIABETES ORDERS – HYBRID CLOSED LOOP INSULIN PUMP

Licensed Healthcare Provider (LHP) to Complete Annually	CD ADE. ***
NAME: <u>@NAME@ (DOB: @DOB@)</u> SCHOOL: *** Start date: <u>@TODAYDATE@</u> for 2022-2023 school year Throug	h last day of school Other:
LOW BLOOD GLUCOSE (BG) MANAGEMENT	Tast day of school Office.
16. If BG is below 70 or having symptoms, give *** grams fast	-acting carbohydrate (i.e. 4 glucose tabs. 4 oz juice).
17. Recheck BG in 15 minutes and repeat carbohydrate treatment	
18. Once BG is > 80, may follow with 10-15 gram carb snack, or 1	• •
If unconscious, unresponsive, difficulty swallowing, or evidence of se	
If nurse or trained PDA is available, administer Glucagon/Gvok	.e *** mg SQ or IM -or- Baqsimi 3mg/nasal spray
HIGH BLOOD GLUCOSE (BG) MANAGEMENT	
×	×
Auto Mode SAFE BASAL	MANUAL MODE
(Blue Shield) (Grey Shield)	MANUAL MODE
(Blue Silicity)	
If BG is over 150 and pump	pump If BG is over 250 for 2 hours after last
recommends corrective insulin dosing.	· ·
Administer recommended dose  Administer recommended	·
(Pump will account for insulin on board) (Pump will account for insulin on board)	
20 V . T	
20. Ketones: Test urine ketones if $\square$ BG > 300 X 2hrs, or $\square$ Ne	
<ul><li>21. No exercise if having nausea or abdominal pain, or if ketones a</li><li>22. Encourage student to drink plenty of water and provide rest if the student is a student to drink plenty of water and provide rest if the student is a student to drink plenty of water and provide rest if the student is a student in the student in the student is a student in the student in the student is a student in the student in</li></ul>	· · · · · · · · · · · · · · · · · · ·
	needed.
BLOOD GLUCOSE TESTING	
BG to be tested: Before meals and for symptoms of low or high	
Extra BG testing: When the pump requested a blood glucose che	
	ng home, 🔀 other: as needed/requested by student
<b>Blood sugar at which parents should be notified</b> : Low < 70 mg/d	
Notify the parents if repeated hypoglycemia, abdominal pain, nausea/voi care by the student. Hyperglycemia alone is not medically justified for so	miting, fever, if hypoglycemic before going home, or if there is a refusal of
SENSOR CALIBRATIONS	numg nome (a) 14/14/12(a), in absence of symptoms.
Calibrate before lunch daily – Do not calibrate if there are double or	triple arrow up or down
When the pump requests a calibration (this is required to stay in Aut	
*The Medtronic CGM sensor is required for the pump to function in Aut	
*The Medtronic 670G pump can be used without the sensor as a Manual	
· · · · · · · · · · · · · · · · · · ·	
INSULIN ADMINISTRATION at Mealtime/Snacks Apidra I	Humalog Novolog FIASP
Pump Brand: Medtronic 670G	IdilialogINOVOIOgFIASF
Tump Brand. Frederine 0700	
AUTO MODE	
Insulin dosing to be given: 🔀 before meal (mandatory)	
Insulin to Carb Ratio: 1 unit per *** grams Carb (In auto mode you	a cannot override recommended bolus)
BG Correction Factor: Automatically adjusted by pump Basal Rates: Basal rates are automatically adjusted by pump every 5	Sminutes
Zaom Maco. Daom races are automatically aujusted by pump every	, mmuco
MANUAL MODE	
Insulin to Carb Ratio: 1 unit per *** grams Carb	Pre-meal BG target: 70 - ***, or Other:
BG Correction Factor: 1 unit per *** mg/dL > ***  Basal Rates: Basals adjusted per parents and HCP	Insulin dosing to be given: before, or after meal
Parent/caregiver authorized to adjust insulin for carbs, BG level, or	insulin & syringe should be used for pump malfunction after meal dosing when before meal BG < 80 mg/dL
anticipated activity	after meal dosing when before meal BG < 80 mg/dL
Licensed medical personnel authorized to adjust the insulin dose by	+/- 0 to 5 units after consultation with parent/caregiver

1. Totally independent diabetes ma	nagement		4.	Student consults with nurse/PDA for insulin dose or	
2. Student needs BG/SG verification nurse/PDA/designated staff or	on of number by			Student self-injects insulin with nurse/PDA/ designated staff supervision only <u>or</u>	
Assist BG testing to be done by	nurse/PDA			Injection to be done by school nurse/PDA	
Student consults with nurse/PDA carbohydrate count	A/designated staff for				
If patient wears Dexcom G6 or Frees	Style Libre CGM insulin do	se per	If pa	tient wears Medtronic Guardian Connect CGM; Insulin	per
1 1 1 22 11 77	Test BG if no number, no a	arrow	orde	rs based on BG reading only per FDA.	
orders based on SG reading per FDA.				2 11	
orders based on SG reading per FDA.  Grend, or if symptoms/expectations do					
C 1				5 71	
C 1				5 71	
rend, or if symptoms/expectations do					
rend, or if symptoms/expectations do	not correlate with SG readi	ing.	t" and	·	
DISASTER PLAN & ORDERS Parent is responsible for providi	not correlate with SG reading and maintaining "disas	ing.		to notify school nurse. In case of disaster:	
rend, or if symptoms/expectations do	not correlate with SG reading and maintaining "disas	ing.		to notify school nurse. In case of disaster:	
DISASTER PLAN & ORDERS Parent is responsible for providi Use above BG correction so	ng and maintaining "disas ale + carb ratio coverage fo	ng. ster ki r disas	ster ins	to notify school nurse. In case of disaster: ulin dosing every 3-4 hrs.	
DISASTER PLAN & ORDERS Parent is responsible for providi	ng and maintaining "disas ale + carb ratio coverage fo	ng. ster ki r disas	ster ins	to notify school nurse. In case of disaster: ulin dosing every 3-4 hrs.	
DISASTER PLAN & ORDERS Parent is responsible for providi Use above BG correction so	ng and maintaining "disas ale + carb ratio coverage fo	ng. ster ki r disas	ster ins	to notify school nurse. In case of disaster: ulin dosing every 3-4 hrs.	
DISASTER PLAN & ORDERS Parent is responsible for providi Use above BG correction so	ng and maintaining "disastale + carb ratio coverage for all and all all and all all and all all and all all and all all and all and all all and all all and all all all all and all all all all all all all all all al	ing.	ster ins -474-22	to notify school nurse. In case of disaster: ulin dosing every 3-4 hrs.	
DISASTER PLAN & ORDERS Parent is responsible for providi Use above BG correction so Electronically signed by: @MECRED  I authorize the exchange of medic	ng and maintaining "disas ale + carb ratio coverage for O@ @TD@ @NOW@ Fax	eter ki r disas c: 509-	474-22	to notify school nurse. In case of disaster: ulin dosing every 3-4 hrs.	

Page 2 of 2