



Diabetes Case #3

You are the school nurse and a new preschool student is coming into school with type 1 diabetes. The student has an insulin pump and continuous glucose monitor. The mother will be coming in to meet with you before school begins. What do you need to prepare for this student?

How can you assist this parent and the child for your meeting?

What will you tell the mother on the phone?

As you plan for the child to enter preschool you gather information about the child.

1. They have no other health concerns
2. They will have a snacks at school
3. They will have lunch at 11:45 am
4. They will have recess at 10:05am-10:15am and at 12:10-12:30pm.
5. They will have PE every Tuesday, and Thursday at 1:00pm.
6. The MD orders are attached



Case #3

SAMPLE DIABETES MEDICATION ORDER FORM

Blood Glucose Monitoring: ___yes___ Blood Glucose Monitor ___yes___ Continuous Blood Glucose Monitor

1 BG increase >3mg/dl/min
 BG increasing 2-3 mg/dl/min
 BG rising slowly 1-2 mg/dl/min
 Steady
 BG falling slowly 1-2 mg/dl/min
 BG falling 2-3 mg/dl/min
 BG falling rapidly >3mg/dl/min

Target blood glucose (BG): pre-meal: _120 -140 mg/dl 2-3 post prandial 230 mg/dl

Correction/sensitivity factor (ISF) = 1 unit lowers BG 150 mg/dl

Insulin Type: Humalog administered subcutaneously (SC)
_____ via syringe _____ via pen ___YES___ via insulin pump

Student is able to self-administer: ___yes___ ___NO___ no

To be used prior to consuming carbohydrates (CHO); **excluding** CHO used to treat hypoglycemia

- Insulin to carbohydrate (I:C) ratio = 1 unit of insulin per 50 grams CHO

****Check for ketones if BG level is over 300mg/dl**

Hypoglycemia

If BG < 70 give 15 grams of fast acting CHO and retest in 15 min...repeat until above 70

Glucagon 0.5 mg SC if BG < 70 and **UNCONSCIOUS; Medical Emergency call 911**

Hyperglycemia

If BG is **>300mg/dl** or greater check ketones ___yes___ urine _____ blood

If ketones are negative administer insulin per correction and give water.

If ketones are positive administer insulin via syringe per correction, give water and call parent and physician.

_____	_____	_____
Signature of Parent or legal guardian	Print	Date

_____	_____	_____
Signature of licensed prescriber	Print	Date