

Diabetes Medication Management Orders (DMMO) In Accordance with UCA 53G-9-504 and 53G-9-506 Utah Department of Health/Utah State Board of Education		PCH Outpatient Diabetes Program (801) 213-3599 Fax (801) 587-7539	Other Provider (LIP)
STUDENT INFORMATION		School Year:	
Student Name:	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	Name of School:	
DOB:	Age at diagnosis:	School Fax:	
<p>In accordance with these orders, an Individualized Healthcare Plan (IHP) must be developed by the School Nurse, Student, and Parent to be shared with appropriate school personnel, <i>and cannot be shared with any individual outside of those public education employees without parental consent.</i> As the student's Licensed Independent Provider (LIP), I confirm the student has a diagnosis of diabetes mellitus and it is 'medically appropriate for the student to possess and self-administer diabetes medication and the student should be in possession of diabetes medications at all times'. Per my assessment, I recommend:</p> <p><input type="checkbox"/> Student is capable to carbohydrate count meals and snacks for insulin adjustment, carry, and self-administer diabetes medication/insulin.</p> <p><input type="checkbox"/> Student requires a trained adult to supervise carbohydrate counting of meals and snacks for insulin adjustment and self-administration of diabetes medication/insulin.</p> <p><input type="checkbox"/> Student requires a trained adult to carbohydrate count meals and snacks, for insulin calculation, and administer diabetes medication/insulin during periods the student is under the control of the school.</p> <p><input type="checkbox"/> This student may participate in ALL school activities, including sports and field trips, without restriction.</p> <p><input type="checkbox"/> This student may participate in school activities with the following restrictions:</p>			
EMERGENCY GLUCAGON ADMINISTRATION Immediately for severe hypoglycemia: unconscious, semiconscious (unable to control airway, or seizing)		Glucagon Dose: 1.0 mg/1.0 ml	Route: IM Possible side effects: Nausea and Vomiting
BLOOD GLUCOSE TESTING Target range for blood glucose (BG): <input type="checkbox"/> 100-200 <input type="checkbox"/> 80-150 <input type="checkbox"/> Other:			
Times to test: <input type="checkbox"/> Before meals <input type="checkbox"/> Before exercise <input type="checkbox"/> After exercise <input type="checkbox"/> Before going home <input type="checkbox"/> If symptomatic (See student's specific symptoms in Individualized Healthcare Plan (IHP). <ul style="list-style-type: none"> • If BG is less than ___ mg/dl, follow management per Diabetes Emergency Action Plan (EAP). • Student should not exercise if BG is below ___ mg/dl or symptomatic of hyperglycemia. 			
SNACKS <input type="checkbox"/> 15 gram carb snack at ___ AM <input type="checkbox"/> 15 gram carb snack at ___ PM <input type="checkbox"/> No routine snacks at school <input type="checkbox"/> 15 gram carb snack before PE/Recess <input type="checkbox"/> 'Free' snacks (no insulin coverage) <input type="checkbox"/> Other:			
INSULIN ADMINISTRATION	<input type="checkbox"/> Humalog <input type="checkbox"/> Novolog <input type="checkbox"/> Apidra <input type="checkbox"/> Other:	<input type="checkbox"/> Insulin vial/syringe <input type="checkbox"/> Insulin pen <input type="checkbox"/> Insulin pump	Route: Subcutaneous Possible side effects: Hypoglycemia
Insulin to Carbohydrate (I:C): ___ units for every ___ grams of carbohydrate before food.		Correction Dose (can only be administered at meal times): ___ unit for every ___ mg/dl for blood glucose above ___ mg/dl.	
SNACKS/PARTIES: <input type="checkbox"/> Snacks/parties (use I:C ratio) <input type="checkbox"/> No coverage for snacks/parties <input type="checkbox"/> Other:			
INSULIN PUMP: If using insulin pump, carbohydrate ratio and correction dose are calculated by pump. Correction doses at times other than meals per PUMP calculation ONLY.			
ADDITIONAL PUMP ORDERS: Student may be disconnected from pump for a maximum of 60 minutes, or per IHP/EAP. If unable to use pump after 60 minutes contact parent/guardian, and if BG is over 250 mg/dl give correction dose via syringe or pen. If able to reconnect pump, administer correction dose as calculated by pump.			

Student Name:	DOB:
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CONTINUOUS GLUCOSE MONITORING (CGM)

All students using a CGM at school must have the ability to check a finger stick blood glucose with a meter in the event of a CGM failure or apparent discrepancy.

None

Dexcom G4 is **not** FDA approved for making treatment decisions. When the CGM alarms, treatment should be determined based on a finger stick blood glucose.

Dexcom G5 is FDA approved for making treatment decisions. Correction doses of insulin for hyperglycemia, or the intake of carbohydrates for treating hypoglycemia can be determined at school based on the CGM if the sensor glucose value is between 80 mg/dl and 350 mg/dl and there is a directional arrow; unless otherwise directed by the provider. If the symptoms of the student don't match the CGM reading, check a finger stick blood glucose with a meter. In addition, the parent/guardian must sign below verifying they are responsible for calibrating the CGM at home two times daily and approve the school personnel or school nurse to treat hypoglycemia or give insulin doses based on the CGM.

Parent Signature: _____

Dexcom G6 is FDA approved for making treatment decisions. Correction doses of insulin for hyperglycemia, or the intake of carbohydrates for treating or preventing hypoglycemia can be determined at school based on the CGM if there is a glucose number and a directional arrow visible on the CGM. The "Urgent Low Soon Alert" signifies that a glucose of 55 mg/dl will be reached within 20 minutes. This should be treated based on the student's hypoglycemia treatment plan. If the symptoms of the student don't match the CGM reading, check a finger stick blood glucose with a meter. In addition, the parent/guardian must sign below verifying they approve the school personnel or school nurse to treat hypoglycemia or give insulin doses based on the CGM.

Parent Signature: _____

Medtronic 530 G and 630 G with Enlite Sensor, and 670 G with Guardian sensor are **not** FDA approved for making treatment decisions. When CGM alarms, treatment should be determined based on a finger stick blood glucose. If the pump requests a calibration, the student can calibrate this on their own. The school nurse and the parent must put a plan in place for calibrating the CGM at school if the pump request a calibration and the student is unable to calibrate the CGM independently. The reading used to calibrate the CGM must come from a finger stick blood glucose using a meter. In addition, the parent/guardian must sign below verifying they approve the school personnel or school nurse to assist with calibrations (if desired).

Parent Signature: _____

Frestyle Libre is **not** FDA approved for making treatment decisions in individuals under the age of 18.

ADDITIONAL ORDERS:

None

Student to go to office for adult supervision of BG testing and insulin administration

TO BE COMPLETED BY PARENT OR GUARDIAN

I understand that a school team, including parent or guardian, may make decisions about implementation and assistance in the school based on consideration of the above recommendation, available resources, and the student's level of self-management. I acknowledge that these orders signed by the LIP will be used by the school nurse, and shared with appropriate school staff, to develop the IHP for my child's diabetes management at school. I understand and accept the risk that in the course of communication between myself, the school, and the provider, protected health information (PHI) sent via unencrypted email or text message may be intercepted and read by third parties.

Parent Name (print):	Signature:	Date:
Emergency Contact Name:	Relationship:	Phone:
Prescriber Name (print):	Phone:	
Prescriber Signature:	Date:	