

medication or procedure as directed.

Charleston County School District Medication/Procedure Doctor's Orders Insulin Sliding Scale

Name of Student:	Date of Birth:
Diagnosis: <u>Diabetes Mellitus- using sliding s</u>	cale insulin School:
Doctor's orders for medications or procedu	res at school or school related functions:
1. Check blood glucose before lunch or as need	led for symptoms of hypoglycemia.
2. Blood glucose < 70, give 2-3 glucose tablets a	and recheck in 15 minutes. If unable to chew, use glucose
gel in cheek.	Classes IM 44 Classed and EMC (011)
3. UNCONSCIOUS hypoglycemia – Give	mg Glucagon IM, turn to side and call EMS (911). units of insulin.
4. Blood glucose before lunch >, give >, give >, give	units of insulin.
> , give	units of insulin.
5. Check urine ketones if blood glucose > 240.	If moderate to large ketones, call parents and Pediatric
Endocrinologist on call at 792-2123.	
6. Comments/Special Instructions:	
	
Self Monitoring	and/or Medicating
BLOOD GLUCOSE MONITORING	INSULIN ADMINISTRATION
(check box if you you agree with the following statement	(check box if you agree with the statements)
€ This student has been instructed and is competent in using a blood glucose meter (understands indications, interpreting results, safety precautions, and when to seek assistance.	€ This student has been instructed and is competent in proper use of medication(s) noted above (understands indications, actions, side effects, when to take medication, when not to take medication, and when to seek assistance.
€ This student should be allowed to possess and self - monitor at school while in any area of the school or at any school sponsored activity, in transit to and from school or school-sponsored activities, and during before-school or after-school activities on school property, and on school-sponsored field trips.	€ This student should be allowed to possess and self- administer the above medications while in any area of the school or at any school sponsored activity, in transit to and from school or school-sponsored activities and during before-school or after-school activities on school property, and on school-sponsored field trips.
Management Plan which I have reviewe	
Legal prescriber (print name and title)	Signature of Legal prescriber
Office Phone: Page Pediatric_Endocrinologist on call Fax:	843-876-1253 Date:
Signature of Parent/Legal Guardian	Date
I have read and understand the CCSD Medication/procedure pol	

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