THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
COORDINATED STUDENT HEALTH SERVICES
Ph: 754-321-1575 Fax: 754-321-1692
INSULIN PUMP MEDICATION/TREATMENT AUTHORIZATION

Student's Name: _____ Date of Birth: _____ Pump Make/Model_____

Pump Resource Person: _____Phone/Cell:_____ (see basic diabetes plan for parent phone #)

Child Lock On?   Yes   No   How long has the student worn an insulin pump? _____

Blood Glucose Target Range:_____ Pump Insulin: Humalog   Novolog   Regular

Insulin: Carbohydrate Ratios: _____   ___

Student to receive insulin bolus for carbohydrate intake *immediately before or* _____ *minutes before* eating.

Lunch/Snack Boluses Pre-programmed?   Yes   No   Times: _____ _____

Insulin Correction Formula for Blood Glucose Over Target : _____ _____

Extra pump supplies furnished by parent guardian: insulin sets   reservoirs   batteries   dressing/tape   insulin   insulin syringes/pen

STUDENT PUMP SKILLS	NEEDS HELP?	IF YES, TO BE ASSISTED BY AND COMMENTS
Independently count carbohydrates	Yes No	
Give correct bolus for carbohydrates consumed	Yes No	
Calculate and administer correction bolus	Yes No	
Recognize signs/symptoms of site infection	Yes No	
Calculate and set a temporary basal rate	Yes No	
Disconnect pump if needed	Yes No	
Reconnect pump at infusion set	Yes No	
Prepare reservoir and tubing	Yes No	
Insert new infusion set	Yes No	
Give injection with syringe or pen, if needed	Yes No	
Troubleshoot alarms and malfunctions	Yes No	
Re-program basal profiles if needed	Yes No	

MANAGEMENT OF HIGH VERY/HIGH BLOOD GLUCOSE: *Follow instructions in basic diabetes medical management plan, but in addition:*
If blood glucose over target range _____ hours after last bolus or carbohydrate intake, student should receive a correction bolus of insulin using formula:
Blood glucose -_____+_____=_____ units of insulin

If blood glucose over 250, check urine ketones.

1. **If no ketones**, give bolus by pump and recheck in 2 hours
2. **If ketones present or _____**, give correction bolus as an **injection** immediately and contact parent or healthcare provider.

If two consecutive blood glucose readings over 250 (2 or more hours after first bolus given)

1. Check urine ketones
2. Give correction bolus as an injection
3. Change infusion set
4. Call parent

MANAGEMENT OF HIGH VERY/HIGH BLOOD GLUCOSE: *Follow instructions in basic Diabetes Care Plan, and in addition:*

If low blood glucose recurs without explanation, notify parent and/or diabetes provider for potential instructions to suspend pump.

If seizure or unresponsiveness occurs:

1. Call 911 immediately (or designate another individual to do so).
2. Treat with Glucagon (see basic Diabetes Medical Management Plan).
3. Stop insulin pump by:
        Placing in "suspend" or stop mode
        Disconnecting at pigtail or clip
        Cutting tubing
4. Notify parent/guardian
5. If pump was removed, send with EMS to hospital

ADDITIONAL TIMES TO CONTACT PARENTS

Soreness or redness at infusion site   Insulin injection given
Detachment of dressing/infusion set out of place   Other _____
Leakage of insulin

Effective date of pump plan:_____

Physician/Healthcare Provider Signature: _____ Date: _____

Physician/Healthcare Provider Name: _____ Phone Number: _____

Parent's Signature: Date: