Protocols for Insulin Pump Therapy in School

Student’s Name_________________________ Grade ____________
Physician________________ Phone ____________________________

Meal Bolus: This is the amount of insulin that is given for the meal. The student will calculate this as needed.
_________ units of insulin per __________ grams of carbohydrate.

Correction: This is the amount of extra insulin given to bring a high blood sugar back to target.
__________ units for every _____ mg/dl above _____ mg/dl.

The student will be checking his/her blood sugars at least ______ times per day. Testing may be done before and after meals or exercise, during illness and anytime there is an unusual occurrence.
If the blood glucose is above ____ mg/dl, urine ketones should be checked.
A parent or clinician must be notified if blood sugar is above ____ mg/dl or less than ___ mg/dl.
Student will remain with the nurse until the blood glucose is below _____ if elevated or above_______ if low.
If blood glucose is above _____ mg/dl and ketones are ______ student should be excluded from school.

Please place a check if you agree with the following statements:
_____ The student may need to program a temporary basal rate or disconnect from the pump before exercise.
_____ The student and his/her family have been instructed how to handle all alarms, error messages or pump malfunctions. In the event of an alarm the parent will be called.

According to DASD protocol:
• A parent or clinician must be notified if ketones are positive
• No one other than the student or his/her family is to manipulate the pump however the nurse may assist with corrections and coverage for meals.
• Insulin pen, pen needles and insulin cartridge will be provided to the school for use in the event of pump malfunction.

Physician’s Signature ________________________________ (date) ____________
Parent’s Signature _________________________________ (date) ______________
Student’s Signature ________________________________ (date) ______________

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