

School Year _____

Date _____

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) _____