2025 Diabetes School Packet Update & Review

Children's of Alabama

Objectives

- Page by page review of the Diabetes School packet
- Scenarios related to each school packet topic
- Question and Answer

Disclaimer:

To better improve the flow of this presentation, the order at which the Diabetes School Packet is presented will not be in the exact order that the file is written. This is to minimize interruptions to the presentation.

MDI Therapy

Heather Armstrong, Lead Diabetes Educator, RN, BSN, CDCES

Sandie Manscill, RN, MSN

If you have any questions throughout the presentation, please write them down and we will have Q & A at the end.

Multiple Scenarios will be presented throughout the presentation. If you have a question about a particular scenario, please make note of the scenario number to be able to reference back.

Changing Again?

- No major changes to the school packet this year!
- Reviewing the packet to make sure everyone is up to date on changes that have occurred over several years
- Review frequently asked questions we are receiving
- Only major change is how you will receive medical management plan!

Diabetes Medical Management Plan

- Process has changed for how you will receive Medical Management Plan
- Children's of Alabama will only be sending this one page
- Remainder of packet is found on myschoolnurse.net

Children's of Alabama

Expiration Date of Plan: _____

Date:

DIABETES MEDICAL MANAGEMENT PLAN

STUDENT: __ _____ **DOB:** ____ _____

DIAGNOSIS: □ Type 1 □ Type 2 □ Other Diabetes

Children's of Alabama (COA)

- Diabetes Office (205) 638-9107 or 1-877-276-6850
  - *During business hours of 8:00am to 4pm (Monday through Friday)*
- 24-hour emergency number (205) 638-9100 and ask for diabetes doctor on call

Notify parents/guardian or emergency contact in the following situations: Presence of moderate or large ketones with vomiting, high/low blood glucose readings, use of correction dose for high blood glucose, treatment of low blood glucose, and not feeling well.

Diabetes can cause blood glucose (sugar) levels to be too high or too low, both of which affect the student's ability to learn as well as seriously endangering the student's health both immediately and in the long term. It is especially important that food intake, exercise, and insulin be in balance to ensure overall health and wellbeing. The information in this packet must be followed throughout the school day and school sponsored functions/activities to maintain blood glucose (sugar) level within acceptable range.

Medication Route/Monitoring

Insulin Therapy

□ **Injection**

□ **InPen Device**

□ **Pump Therapy**

Continuous Glucose Monitor (CGM): □ Yes □ No

Brand/Model: _____; CGM may be worn daily or occasionally.

□ Please check if student has a Continuous Glucose Monitoring (CGM) System that uses the students cell phone as the receiver for the CGM. A student wearing a must carry his/her smart device on self.

Pump Therapy:

Name of Pump_____

Automated Pump: □ Yes □ No

Signed: _____

The enclosed forms are endorsed by the COA Diabetes Team. The signed forms will serve as authorization to have and receive medication at school. The school medication prescriber authorization forms with this packet are the only forms COA will use. Do not alter the forms. The COA Diabetes Team will not accept any outside forms.

Please visit myschoolnurse.net for Diabetes Medical Management Plan

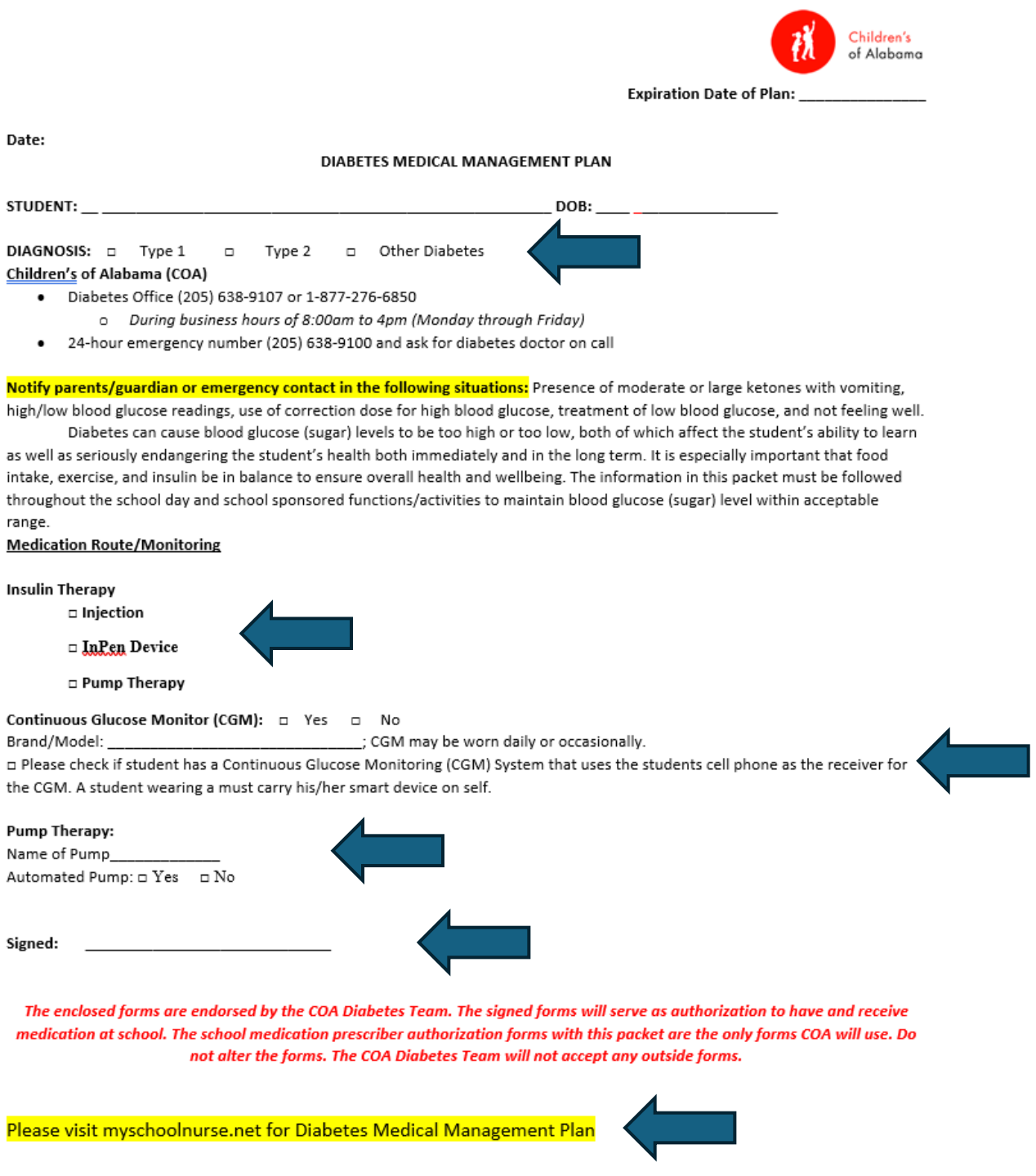
Provider Signature Page

Patient specific details are now combined into one signature page

Page includes:

- Diagnosis
- Method of Insulin Therapy (how student receives their insulin)
- CGM Brand/Model/Phone
- Pump Name & Automation
- Provider Electronic Signature

Myschoolnurse.net contains remainder of plan



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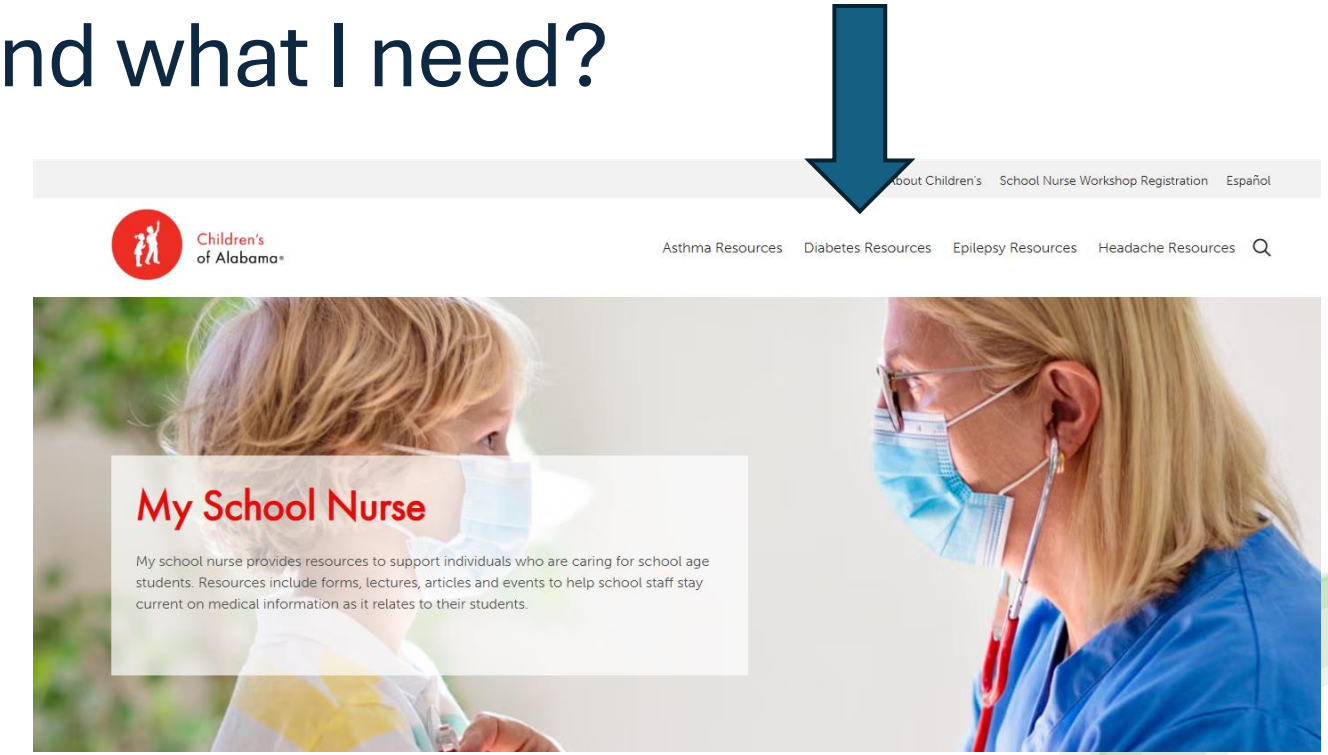
Please visit myschoolnurse.net for Diabetes Medical Management Plan

Where do I find what I need?

- Go to Myschoolnurse.net

- Select Diabetes Resources in upper right-hand area



Diabetes Resources

Under Diabetes Resources and Videos select Diabetes Medical Management Plan

Several other resources available on this website to help you with diabetes management for your students!

New Law regarding Phones in School

The first page of the Diabetes Medical Management Plan that COA is sending has the checkbox for allowing student to carry cellphone as a medical device. Work with your school as to how this is going to be monitored and allowed within your school's policy. The students must have the cell phone if this is the receiver for CGM or insulin pump controller.

We will not be providing additional documentation as this checkbox is the necessary documentation needed.

Continuous Glucose Monitor (CGM): ☐ Yes ☐ No

Brand/Model: _____; CGM may be worn daily or occasionally.

☐ Please check if student has a Continuous Glucose Monitoring (CGM) System that uses the students cell phone as the receiver for the CGM. A student wearing a must carry his/her smart device on self.

Fingerstick vs CGM reading

Lots of questions and uncertainty being expressed by nurses with increased use of CGMs.

CGM devices are meant to be a tool to assist in BG monitoring.

Benefits for student and for you:

- Less fingersticks
- Alarms for low blood sugars!

What is My responsibility as a Nurse with CGM use?

Follow your school/district policy

Our recommendations:

- CGMs are to be treated like fingersticks on most occasions.
- Review the readings as ordered on treatment and intervention page (ex before meals) or when alarming for lows.
- These are the same expectations we have for the students' caregivers
- Do not have to watch it continuously! Trust the alarms.

Desired Target Range vs Low BG

Age Based Desired Target Range

Less than 6 years of age	90-180
6-12 years of age	80-180
13-19 years of age	70-130

American Diabetes Association (ADA) recommends treating BGs less than 70 mg/dl with 15 grams of fast acting carbs

Diabetes Medical Management Plan

Exercise

- You are NOT required to check blood glucose (BG) prior to exercise, unless it is specified in the treatment and intervention plan or IHP
- This includes looking at CGM readings
- IF the student is symptomatic or you have order to check BG, and they are low (less than 70mg/dl), you must then correct BG to 100 or above before returning to activity.

Exercise (such as PE or recess)

Exercise is important for all children, and children with diabetes are no exception. **Exercise helps with their blood sugar control and allows their insulin to work more effectively.** A person with diabetes should not be and does not want to be treated differently because of having diabetes.

- The student is not required to check blood sugar prior to exercise unless showing signs/symptoms of high or low blood sugar or is added to the treatment/intervention form or is requested by parent(s)/caregiver(s).
- If student exhibit signs of high &/or low blood sugar readings, please check blood sugar.
- If the student has a **low**, treat the **low**, make sure blood sugar readings are 100 and above (after treatment of the low) and send the student to PE. **Remember the student can now exercise.**
- The student's blood sugar is NOT required to be 100 or above unless the blood sugar has been low prior to exercise.
- Fast acting carbohydrates should be made available at the site of exercise. Examples can include glucose tablets, glucose/cake gel, regular Gatorade, regular soda, and skim milk.
- Cheese & crackers, meat sandwich, etc. are examples of other snacks that can be given after returning the blood sugar to 100 or above.
- Student should have glucose meter and water always available. Increased water intake is recommended during exercise.
- Student should not exercise if moderate to large ketones are present or if student is ill with trace or larger ketones. (Ketones should be checked per the hyperglycemia algorithm, and anytime the child is not feeling well or vomiting)

Scenario #1

Suzy, age 7, is about to go to recess. Her orders are written for BG check before meals and when symptomatic. You happen to notice on your iPad her Dexcom is reading 75 steady arrow. She is in the classroom. What do you do?

a. Go to her classroom and give her juice.
b. Go to her classroom and give her peanut butter crackers.
c. Keep her out of recess in your office
d. Nothing, wait to see if low alarm sounds or she comes to your office symptomatic

Scenario #1

Answer

D

Why?

- Your orders are not written to check her before recess. You “by chance” noticed the BG. If she was fingersticks, you would not have known and would have waited for symptoms.

Scenario #2

John, age 10, is about to go to PE. His IHP developed with his parent's requests to check BG prior to PE. His Libre reads 72. What do you do?

A. Give him a small snack with protein and send to PE

B. No treatment, send to PE

C. Give juice, wait 15 minutes and recheck BG

Scenario #2

Answer

B

Why?

- Patient is not low (less than 70 mg/dL).

Instructions for Medication Route/Monitoring:

Insulin Therapy

Injection

- See Treatment for Hyperglycemia/Hypoglycemia on pages 7 & 9.
- **Mealtime Dose** – See medication prescriber/parent authorization form, labeled "**meal dose**" for dosage and route. This is always given for food.
- **Correction Dose** – Use medication authorization form labeled "**correction dose**", for blood glucose above the target number. Example: (Blood sugar-150)/50; Target blood sugar is 150

CORRECTION FACTOR DOSE SHOULD NOT BE GIVEN ANY CLOSER THAN 3 HOURS APART

- If **NO** correction factor is needed at meal/snack time, **NO** correction factor can be given for high blood sugar, until it has been a minimum of 2 hours after the meal/snack dose.

Injections

- Correction factor cannot be given any sooner than 3 hours apart
- If student did **NOT** receive correction factor at meal/snack time, and BG is high afterwards, must wait minimum of 2 hours before you can give correction dose.

Math?

- Sample calculations are provided to demonstrate how you determine insulin dose to be given
- Do NOT round after correction factor and meal ratio. Add the 2 results together before you round
- When in doubt on how much to give, call and speak with a diabetes educator.

SAMPLE CALCULATIONS

Children's of Alabama

Order 1

- **Correction factor** = (BS-120)/20; **use only if it has been 3 hours since last correction dose**
- **Meal ratio** = 1 unit per 7 grams of carbohydrates (plus correction factor if applicable)
- Rounding = round down to the nearest whole unit

Before lunch BS= 155 — (155 – 120) / 20 = 1.7 correction dose for high BS
Carbohydrates to eat = 96 — 96 / 7 = 13.7 meal dose

Total units = 15.4 add the two totals together first before rounding
(After rounding down to the nearest whole unit from 15.4)
Total units to give = 15 units

Order 2

- **Correction factor** = (BS – 150) / 125; **use only if it has been 3 hours since last correction dose**; the student received a correction dose at **9am** for high blood sugar reading
- **Meal Ratio** = 1-unit Novolog per 40 grams of carbohydrates (plus correction factor if applicable)
- **Rounding** = round to the nearest half unit

Before lunch BS = 215 at **11:00am** — has not been 3 hours or greater; cannot use correction
Carbohydrates to eat = 20 — 20 / 40 = 0.5 meal dose

Total units = 0.5 for meal
Student will receive only the insulin for his/her meal only; it is too soon to give a correction dose.

Order 3

- **Correction factor** = (BS – 150) / 100; **use only if it has been 3 hours since last correction dose**
- **Fixed dose** = 5-unit Humalog before lunch (plus correction factor if applicable)
- **Rounding** = round down to the whole unit

Before lunch BS = 322 — (322 – 150) / 100 = 1.7 correction dose for high BS
Insulin for meal = 5 units — 5 meal dose

Total units = 6.7 for meal
Total units to give = 6 units

- **If rounding stated** = round up to the nearest whole unit, then total units to give for this example is 7 unit.

Order 4

- **Correction factor only** = (BS – 150) / 100; **use only if it has been 3 hours since last correction dose**.
- Use to correct high blood sugar **(mealtime and in between); only if it has been 3 hours or greater since last correction dose.**
- At lunch time BS = 230; (230 – 150) / 50 = 1.6 rounding down to the nearest whole unit

Total units = 1 unit to give

Up, Down, To, Whole, Half? HUH?

- Remember we are only concerned with the tenth decimal place (first number past the decimal point)
- Follow the chart to tell you how to round based off your insulin order page.

Rounding

Round to the nearest half unit	Round down to the nearest half unit	Round up to the nearest half unit
0.1 – 0.4 = Round down to the whole unit 0.5 = Keep dose as is 0.6 – 0.9 = Round up to the whole unit	0.1 – 0.4 = Round down to the whole unit 0.5 = Keep dose as is 0.6 – 0.9 = Round down to the half unit	0.1 – 0.4 = Round up to the half unit 0.5 = Keep dose as is 0.6 – 0.9 = Round up to the whole unit
Round to the nearest whole unit	**Round down to the nearest whole unit**	**Round up to the nearest whole unit**
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CGM vs Fingerstick

- Dexcom and Libre systems can be used for dosing insulin per FDA regulations.
- Therefore, you do not have to do a fingerstick at mealtimes in order to dose insulin.
- EXCEPTIONS:
- If CGM is reading >300 or <70, or symptoms do not match the sensor reading, confirm blood glucose reading with a fingerstick.

Instructions for CGM Monitoring:

If student has a Continuous Glucose Monitoring (CGM) System that uses the students cell phone as the receiver for the CGM. A student wearing a must carry his/her smart device on self.

- **Dexcom G6 and G7 CGM** readings **can** be used for dosing with insulin per FDA approval. (ex. At mealtimes, or to correct hyperglycemia, unless the parent states they require a finger stick blood glucose). If the symptoms of the student do not correspond with the reading, then a finger stick is needed. If the CGM reading is greater than 300 or less than 70 the reading should be confirmed with a blood glucose check, using the student's meter, and treated according to the instructions on the pathway.
- **Freestyle Libre 2 and Libre 3** readings **can** be used for dosing with insulin per FDA approval. (ex. At mealtimes, or to correct hyperglycemia, unless the parent states they require a finger stick blood glucose). If the symptoms of the student do not correspond with the reading, then a finger stick is needed. If the CGM reading is greater than 300 or less than 70 the reading should be confirmed with a blood glucose check, using the student's meter, and treated according to the instructions on the pathway.
- **Medtronic with the Medtronic Guardian CGM** readings are **not** to be used for treatments decisions during mealtimes, or to correct hyperglycemia, per FDA. The readings can be used for times that do not require treatment with insulin (ex. Before leaving school, before PE, unless the parent states they require a finger stick blood glucose). If the symptoms of the student do not correspond with the reading, then a finger stick is needed. (Note: insulin pumps in Auto Mode will self-adjust basal insulin) If the CGM reading is greater than 300 or less than 70 the reading should be confirmed with a blood glucose check, using the student's meter, and treated according to the instructions on the pathway.

Scenario #3 Part 1

Jeffery, age 7, comes to your office during class. His Dexcom is reading 190, but he is feeling shaky/sweaty. What should you do?

a) Tell him he is not low and send him back to class

b) Check his blood sugar with a meter

c) Give correction factor to correct high blood sugar

Scenario#3 Part 1

Answer:

B

Why?

He is symptomatic.

Blood sugar may be rapidly changing and has not had time to reflect in the interstitial fluid.

Recommendations are to perform a fingerstick to get a true blood reading

Scenario #3 Part 2

You do a finger stick on Jeffery and it reads 54. What should you do next?

a)Give up to 15 gram fast acting carb to treat the low

b)Tell him fingerstick is incorrect and run a control

c)Do nothing, CGM is correct

Scenario #3 Part 2

Answer:

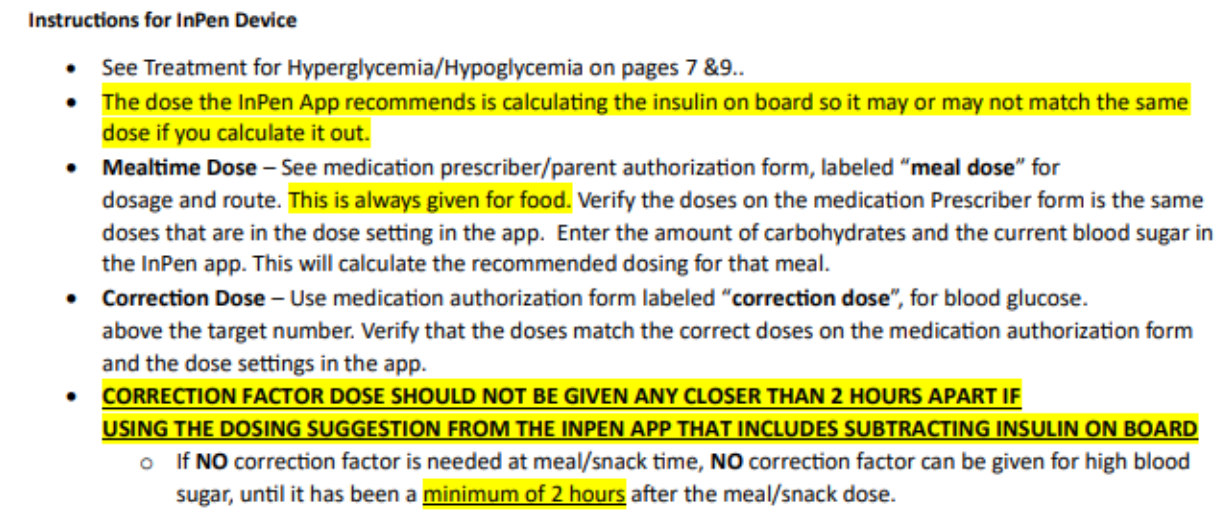
A

Why?

- Fingerstick is the more accurate reading and it is reading low.
- ADA recommends blood sugar less than 70 to be treated with up to 15 grams of fast acting carbohydrates

InPen Device

- Patient's phone/smart device will have the InPen App to use to calculate dose.
- Dose calculated by App may or may not match the same dose you would calculate due to active insulin time in the app.
- Correction factor cannot be given any sooner than 2 hours with the InPen app
- If student forgets smart device with app, use the insulin dose pages and calculate dose as you would standard insulin injections.



Instructions for InPen Device

- See Treatment for Hyperglycemia/Hypoglycemia on pages 7 &9..
- The dose the InPen App recommends is calculating the insulin on board so it may or may not match the same dose if you calculate it out.
- **Mealtime Dose** – See medication prescriber/parent authorization form, labeled "**meal dose**" for dosage and route. This is always given for food. Verify the doses on the medication Prescriber form is the same doses that are in the dose setting in the app. Enter the amount of carbohydrates and the current blood sugar in the InPen app. This will calculate the recommended dosing for that meal.
- **Correction Dose** – Use medication authorization form labeled "**correction dose**", for blood glucose. above the target number. Verify that the doses match the correct doses on the medication authorization form and the dose settings in the app.
- **CORRECTION FACTOR DOSE SHOULD NOT BE GIVEN ANY CLOSER THAN 2 HOURS APART IF USING THE DOSING SUGGESTION FROM THE INPEN APP THAT INCLUDES SUBTRACTING INSULIN ON BOARD**
  - If **NO** correction factor is needed at meal/snack time, **NO** correction factor can be given for high blood sugar, until it has been a minimum of 2 hours after the meal/snack dose.

Scenario #4

Anna uses an InPen. She ate lunch at 12pm and received a correction factor and carb ratio dose at that time. She comes back to your office at 2pm, not feeling well. She asks to have her blood sugar checked. Meter reads 329. What do you do next?

A. Call her parents to get her, blood sugar is greater than 300

B. Give her a snack so she will feel better

C. Check ketones and give a correction factor

D. Give her a water bottle and send her back to class

Scenario #4

Answer:

C

Why?

She is high and symptomatic, therefore needs a correction

You can give corrections at least 2 hours apart with InPen device as it has an active insulin on board feature

Scenario #5

Chris uses an InPen to dose for Novolog. His phone that has the InPen app has died. What do you do?

a)Call his parents and tell them bring a charger. He can be dosed later.

b)Skip Novolog today, you don't know how much to give

c)Use school forms and do math as if he was using a traditional Novolog pen

Scenario #5

Answer:

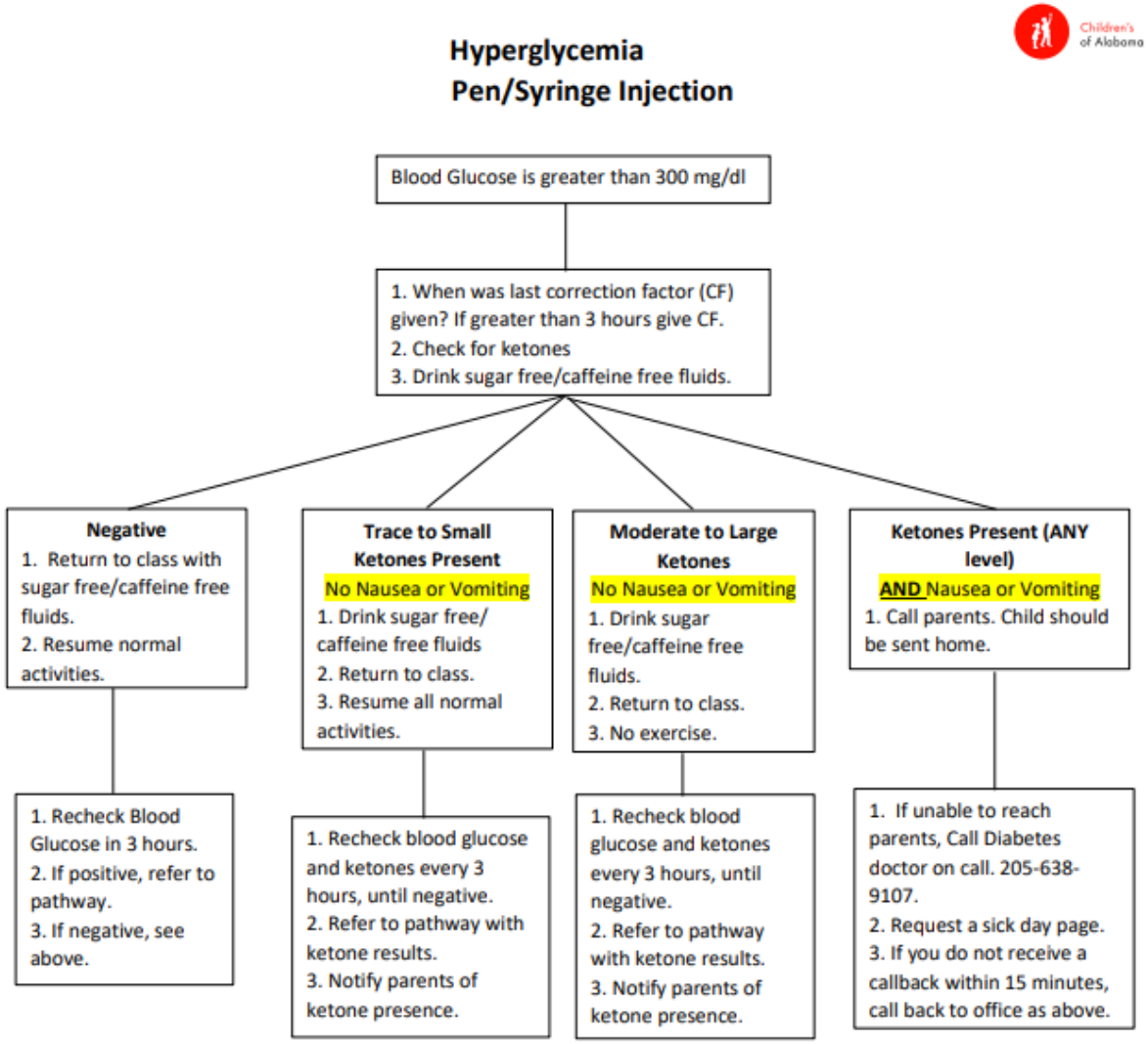
C

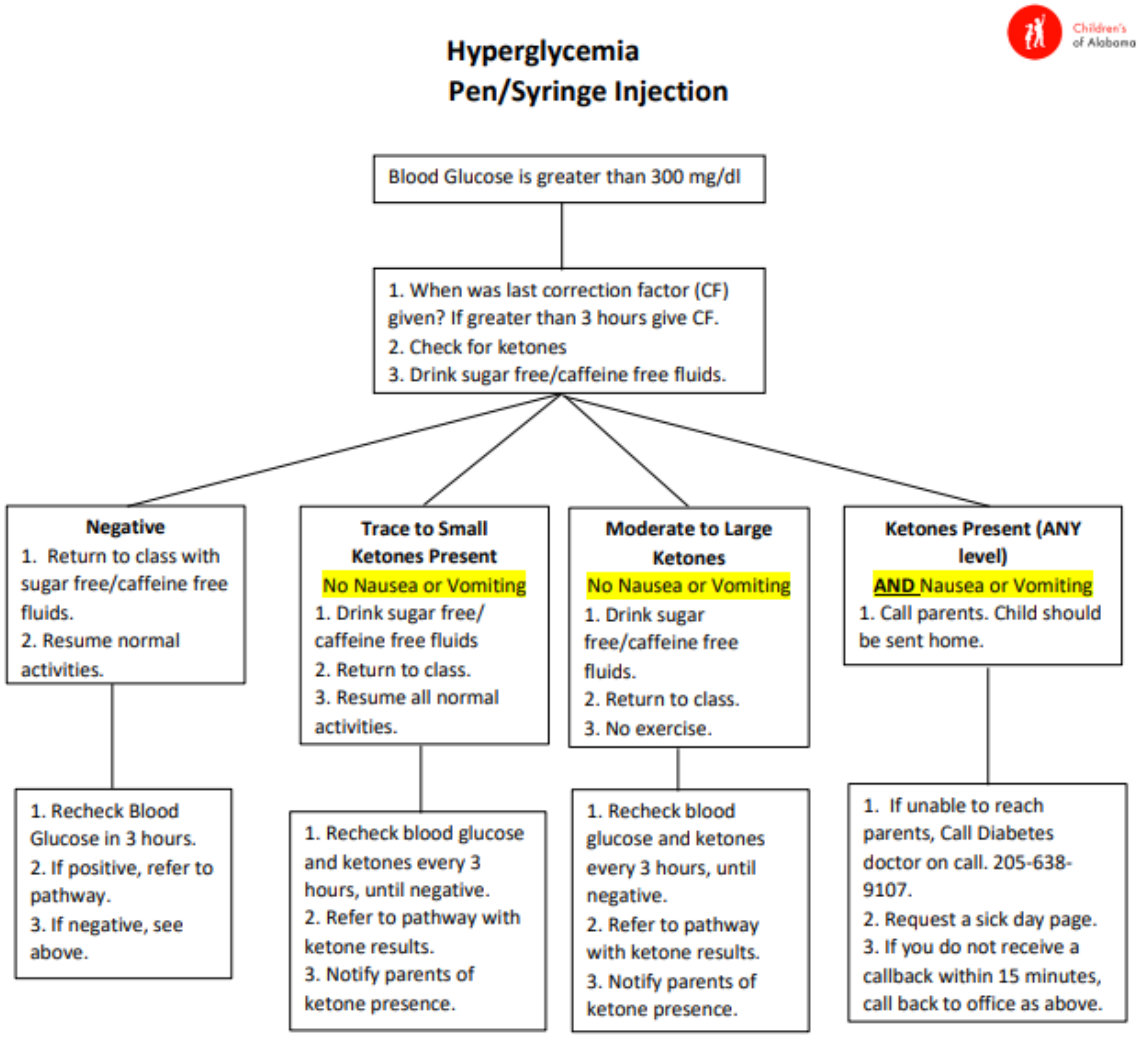
Why?

- He still needs Novolog!
- Use school forms to manually calculate dose.
- Remember you cannot dose correction until at least 3 hours without the app being up to date to have accurate insulin on board

Highs on Injections

- Hyperglycemia algorithm is initiated when the blood glucose is greater than 300mg/dl
- Remember if student has a CGM, our recommendations are to only review readings when ordered on treatment and intervention form or the student is in your office complaining of symptoms.
- Algorithm is based on level of ketones and if he/she exhibits symptoms.
- Student should not miss class by sitting in nurses' office or be sent home unless vomiting or feeling poorly.





- Student shall be permitted to have access to water, by keeping a water bottle in his/her possession at his/her desk, or by allowing student unrestricted access to drinking fountain.

Student is not to miss class by sitting in the nurses' office or be sent home unless vomiting or feeling poorly.

Scenario #6

Jackson, age 12, comes to your office complaining of nausea. It is 2.5 hours after lunch. (BG was within range at lunch) CGM is reading 358. You do a fingerstick and it is 375. You have him check ketones and they are Moderate. What is your next steps?

A. Give correction factor, give him a water bottle and send him back to class
B. Give correction factor and call caregivers to get him and take them home
C. Call 911
D. Give him a water bottle and tell him to let his parents know when he gets home from school.

Scenario #6

Answer:

B

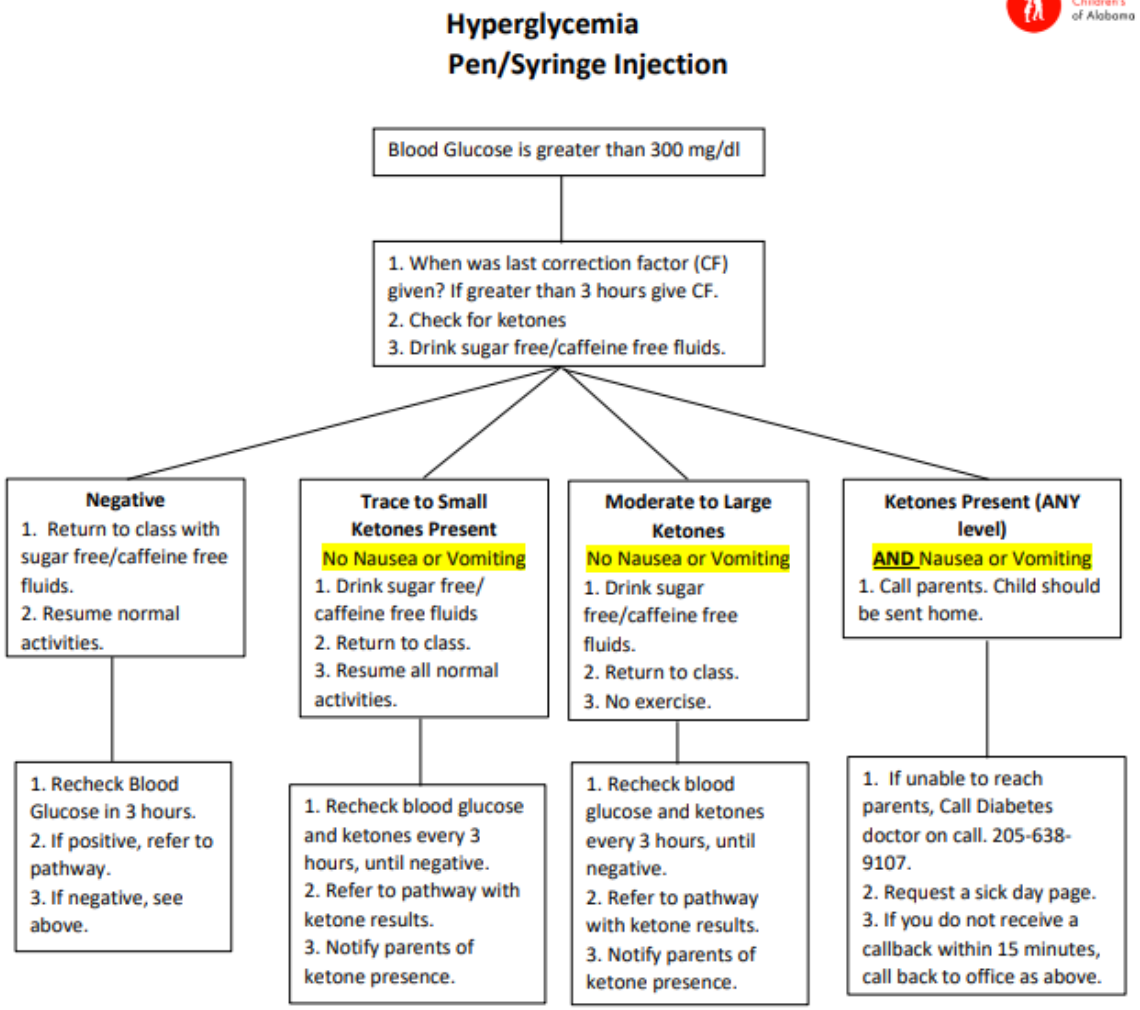
Why?

- He is high and did not have a correction at lunch. It has been adequate time to allow carb dose to work. Therefore, correction is needed.
- He is nauseous, therefore needs to go home when symptomatic with ketones

Scenario #7

Rebecca, age 15, received Novolog for carbs and high blood sugar (253) at lunch at 12:15pm. It is 1:30pm and CGM is alarming, patient is reading 325. What do you do?

A. Give correction factor and check ketones
B. Give correction factor and call caregivers
C. Check for ketones and drink sugar free fluids while in class
D. Nothing, continue to monitor



- Student shall be permitted to have access to water, by keeping a water bottle in his/her possession at his/her desk, or by allowing student unrestricted access to drinking fountain.

Student is not to miss class by sitting in the nurses' office or be sent home unless vomiting or feeling poorly.

Scenario #7

Answer:

D

Why?

- Blood sugar was high prior to lunch. Add carbs to the body, blood sugar will naturally rise before insulin starts to work.
- It is just over an hour since lunch was eaten therefore insulin is just now starting to work at its peak.
- Give the body time to allow insulin to work.
- Is answer “c” wrong? No, but it is not a required response. Remember prior to CGM use, you would not have seen this happen.

Scenario #8

Johnnie Cool has diabetes and comes to the health office @ 11 am complaining of a headache. He denies other complaints. He has not received a correction dose of insulin at school today. You check his blood sugar, and it is 320. He checks for ketones, and they are moderate, and it is time for PE. What are the next steps the school nurse should take for Johnnie?

A. Give Johnnie a correction dose of insulin, have him drink 8 oz of water every hour and send him to PE to exercise.

B. Give Johnnie 8 oz of water, send him to PE to exercise and tell him to come back to the health office after PE for a correction dose of insulin if he is still high.

C. Give Johnnie a correction dose of insulin, have him drink 8 ounces of water every hour, instruct him not to exercise at PE and tell him that he will need to recheck for ketones every time he urinates until he is negative for ketones.

D. Call Johnnie's parents/guardian and have them get him.

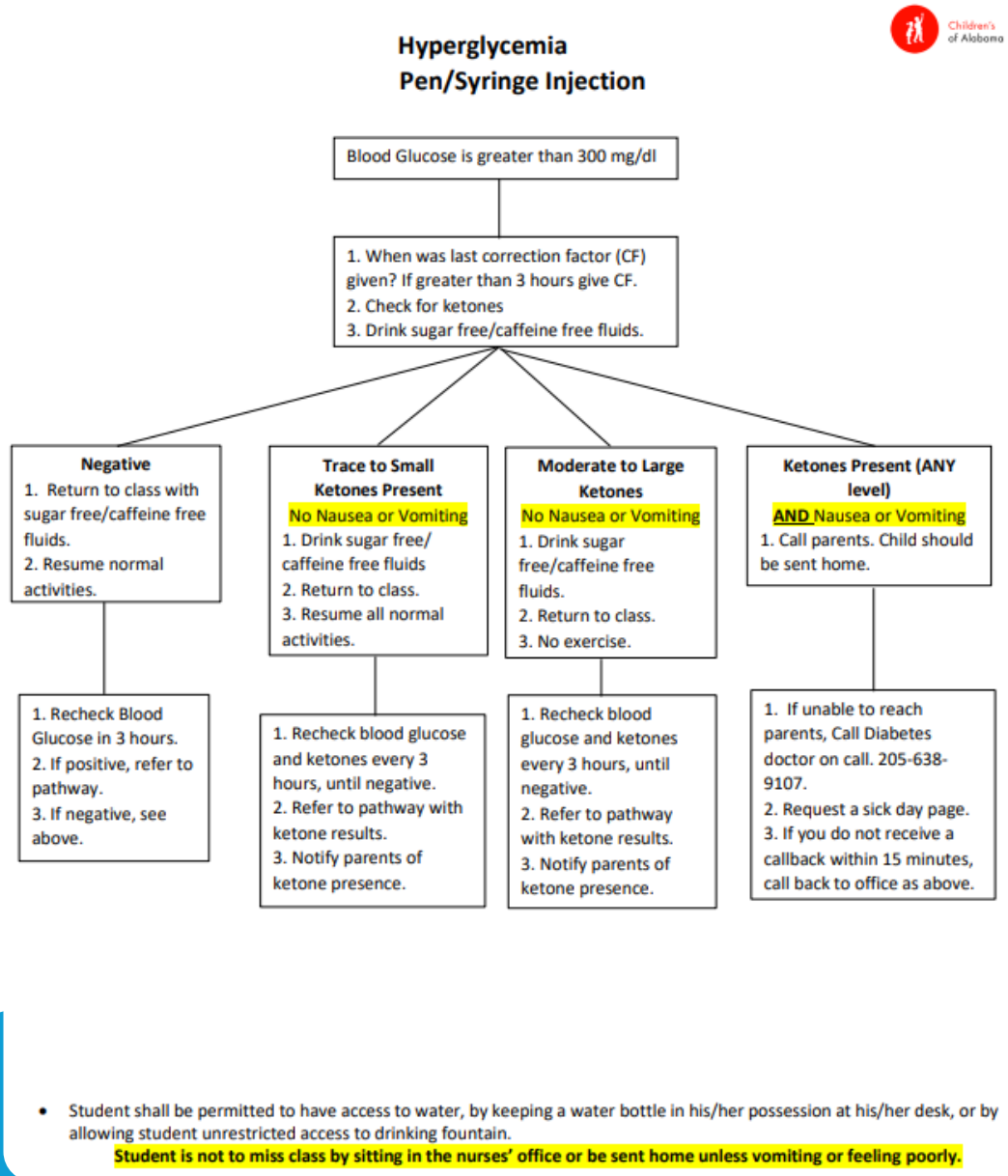
Scenario #8

Answer:

C

Why?

- Correction is needed because it has been at least 3 hours from last dose.
- Moderate ketones do not require being sent home when he is without nausea or vomiting.
- Exercise is not recommended with moderate/large ketones.



Scenario #9

- Sally, age 8, comes to your office after lunch. She has vomited twice in the last hour. Her blood sugar is 440 and she has large ketones. You have attempted to contact her parents and emergency contacts at least 3 times since she has been in your office. You cannot reach anyone. What should you do?

a) Send her back to class, she's not contagious and doesn't need to miss lessons

b) Have her sip on regular Sprite while she is in your office

c) Call diabetes office and request a sick day page. Keep her in your office and follow hyperglycemia algorithm until additional further recommendations have been received.

Scenario #9

Answer:

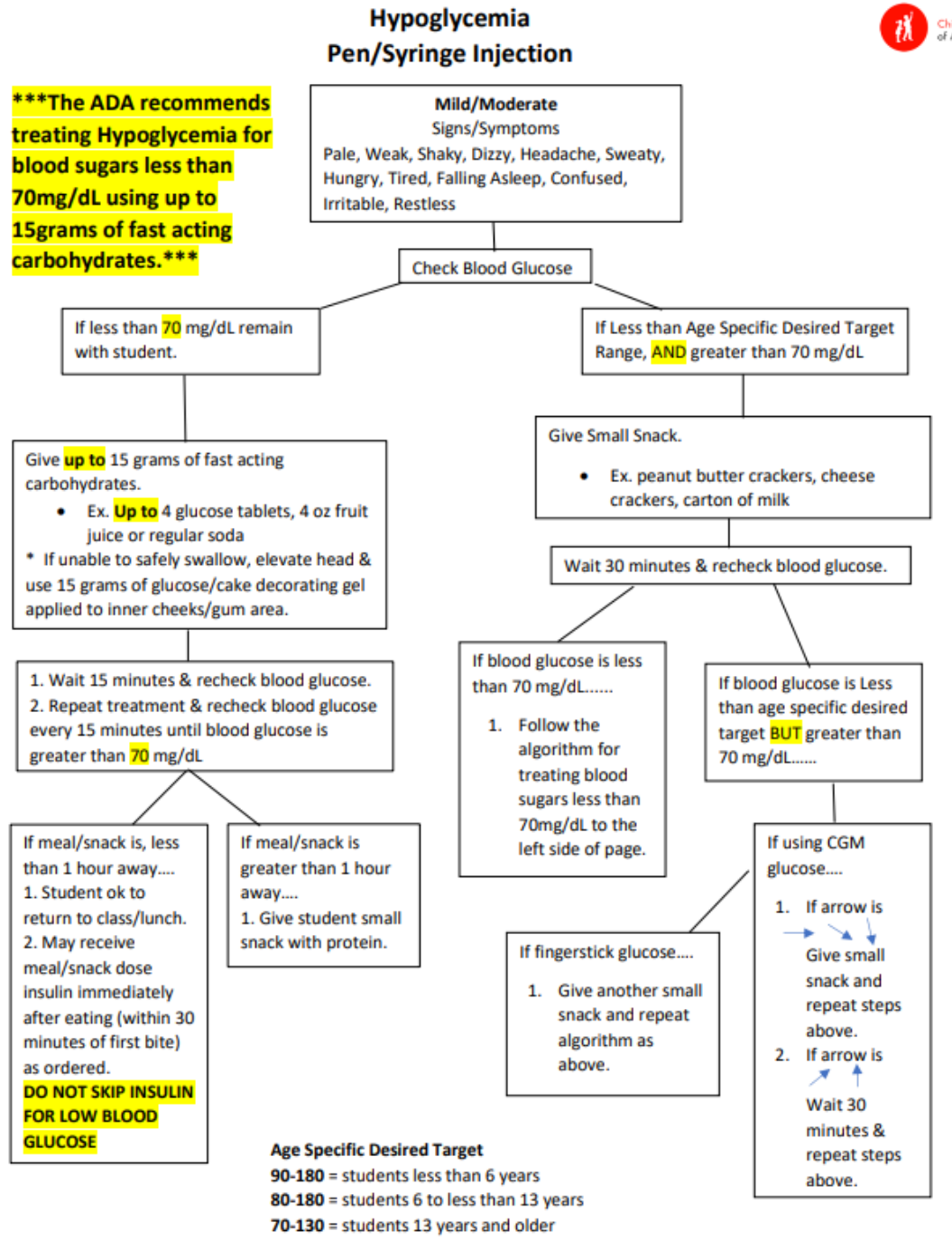
C

Why?

- Sally is experiencing hyperglycemia with symptoms of possible DKA. She needs closer monitoring

Mild/Moderate Lows on Injections

- Algorithm based on BG reading.
- Are they truly low (<70mg/dl)? If so, follow left arm of algorithm
  - Begin with treating with UP TO 15 grams of fasting acting carbs.
  - Work with caregivers to specify in IHP how many carbs they use to treat lows. (Ex. 2 glucose tabs, half a juice box, etc)
- Are they above 70mg/dl but less than desired target range? If yes, follow right arm of algorithm



Scenario #10

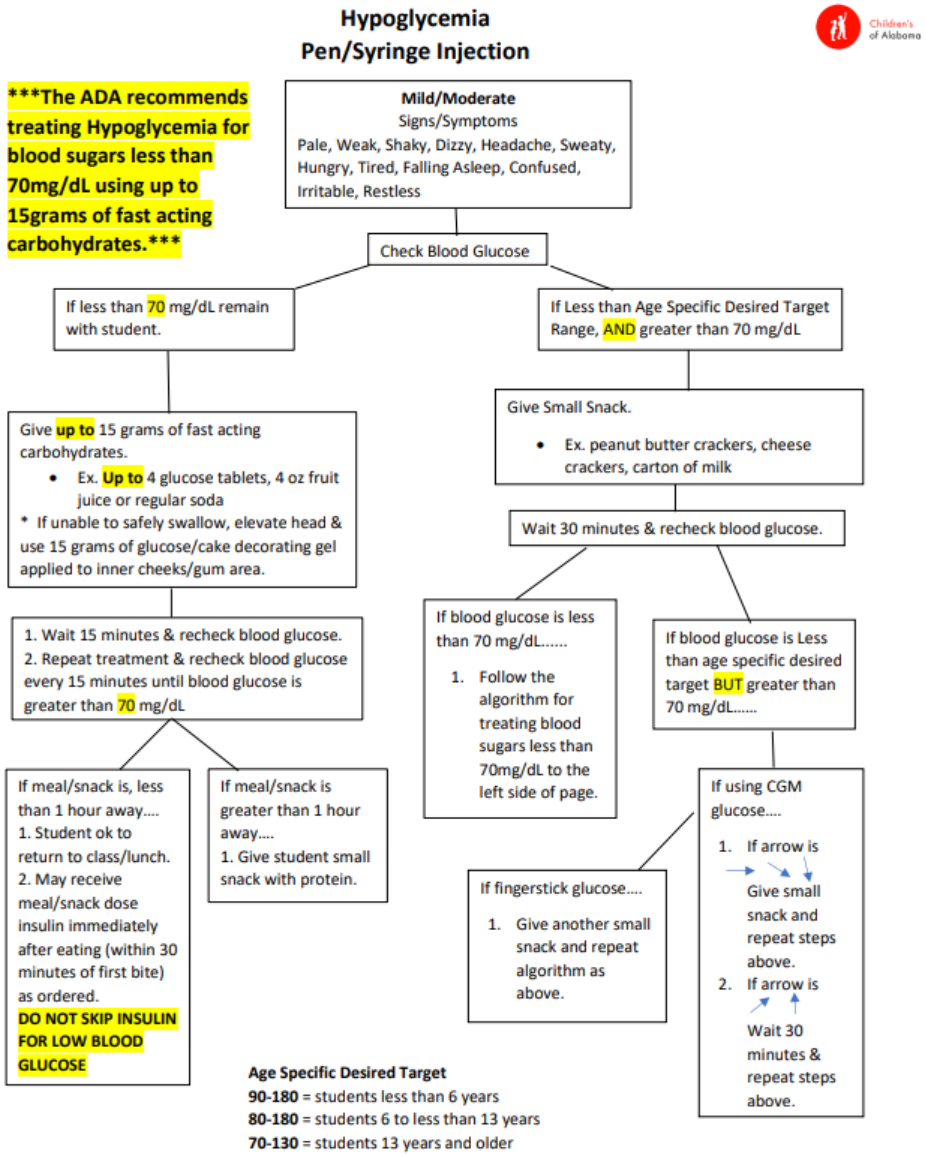
Joshua, age 6, IHP states treat lows with 2 glucose tablets, 6 welch's fruit snacks, or 1 ounce apple juice. He comes to your office pale and complaining of a headache. You check his CGM it is reading 80 down arrow, You doublecheck with a fingerstick and BG is 68. What do you do?

a. Give 4 glucose tablets and recheck in 15 minutes.

b. Give a pack of peanut butter crackers and send back to class with instructions to return in 30 minutes for a recheck.

c. Give 2 glucose tablets and a pack of peanut butter crackers.

d. Give 2 glucose tablets and recheck in 15 minutes.



Scenario #10

Answer

D

Why?

- Hypoglycemia algorithm states to treat low with “up to 15 grams” fast acting glucose
- Per IHP, student to receive 2 glucose tablets for low blood sugars

Scenario #11

Annie Arnold is a 10-year-old student with type 1 diabetes. She receives Novolog at meals and snacks using carb ratio. She also has an order for Tresiba 15 units every day at lunch. She comes to you at 11am before lunch to check her blood sugar and take her insulins. Blood sugar is 66. What are your next steps?

A. Administer Novolog for carb ratio and Tresiba. Send her to lunch.

B. Give 15 grams fast acting carb. Allow Annie to stay with you for 15 minutes and recheck blood sugar. Continue following algorithm until she is at least 70. Immediately after lunch give Novolog and Tresiba. Send back to class.

C. Give 15 grams fast acting carbs. Allow Annie to stay with you for 15 minutes and recheck blood sugar. Continue following algorithm until she is at least 70. Immediately after lunch give Novolog but hold Tresiba. Notify caregiver.

D. Give 15 grams fast acting carbs. Allow Annie to stay with you for 15 minutes and recheck blood sugar. Continue following algorithm until she is at least 70. Withhold all insulin since she was low earlier. Notify caregiver.

Scenario #11

Answer:

B

Why?

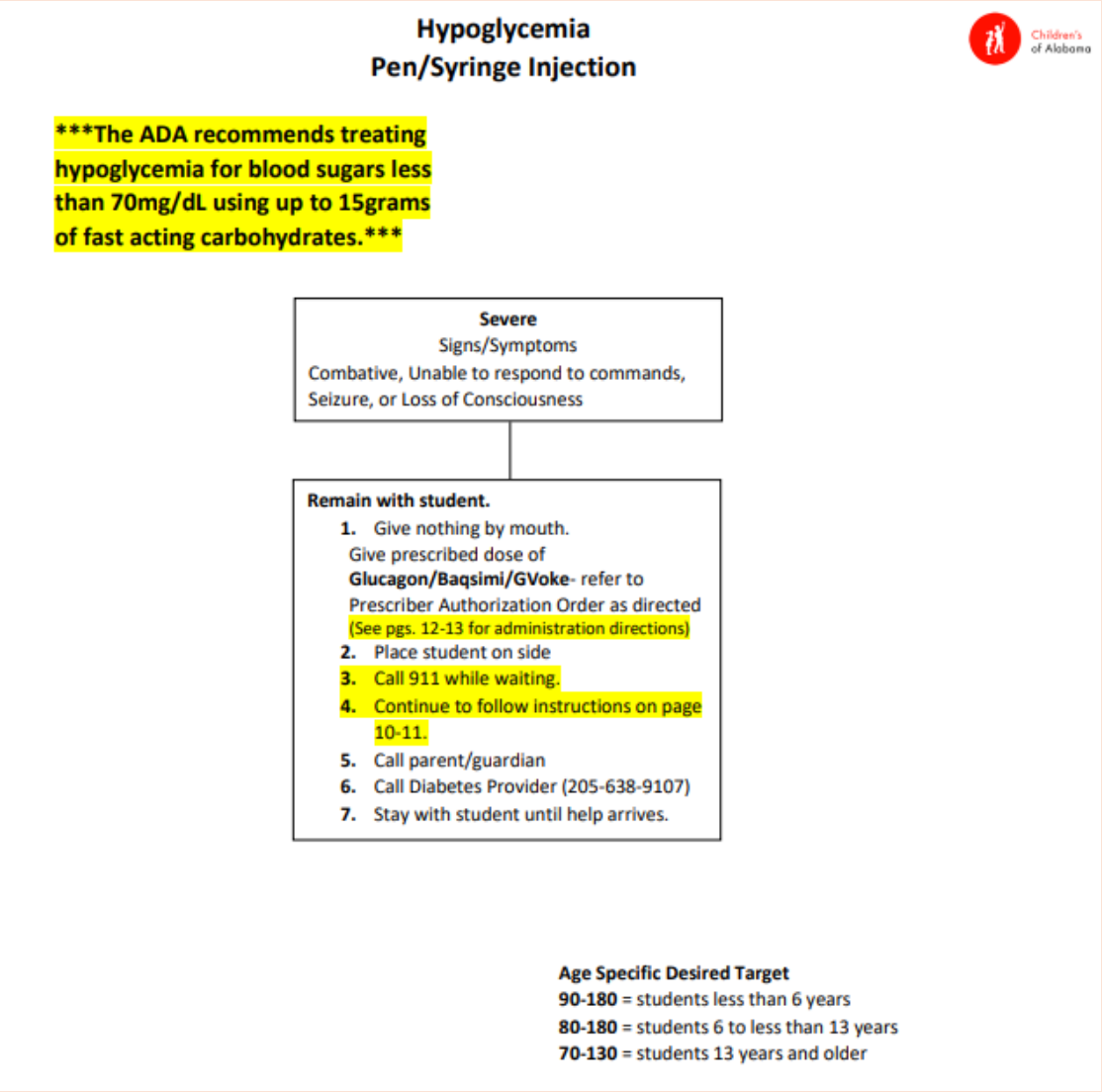
She still needs insulin even though she was previously low.

Her meal will still raise her blood sugar.

NEVER withhold long-acting insulin, remember the purpose of long-acting is to be the background (basal) insulin.

Severe Lows on Injections

Give emergency medication and call 911!



Hypoglycemia
Pen/Syringe Injection

Children's of Alabama

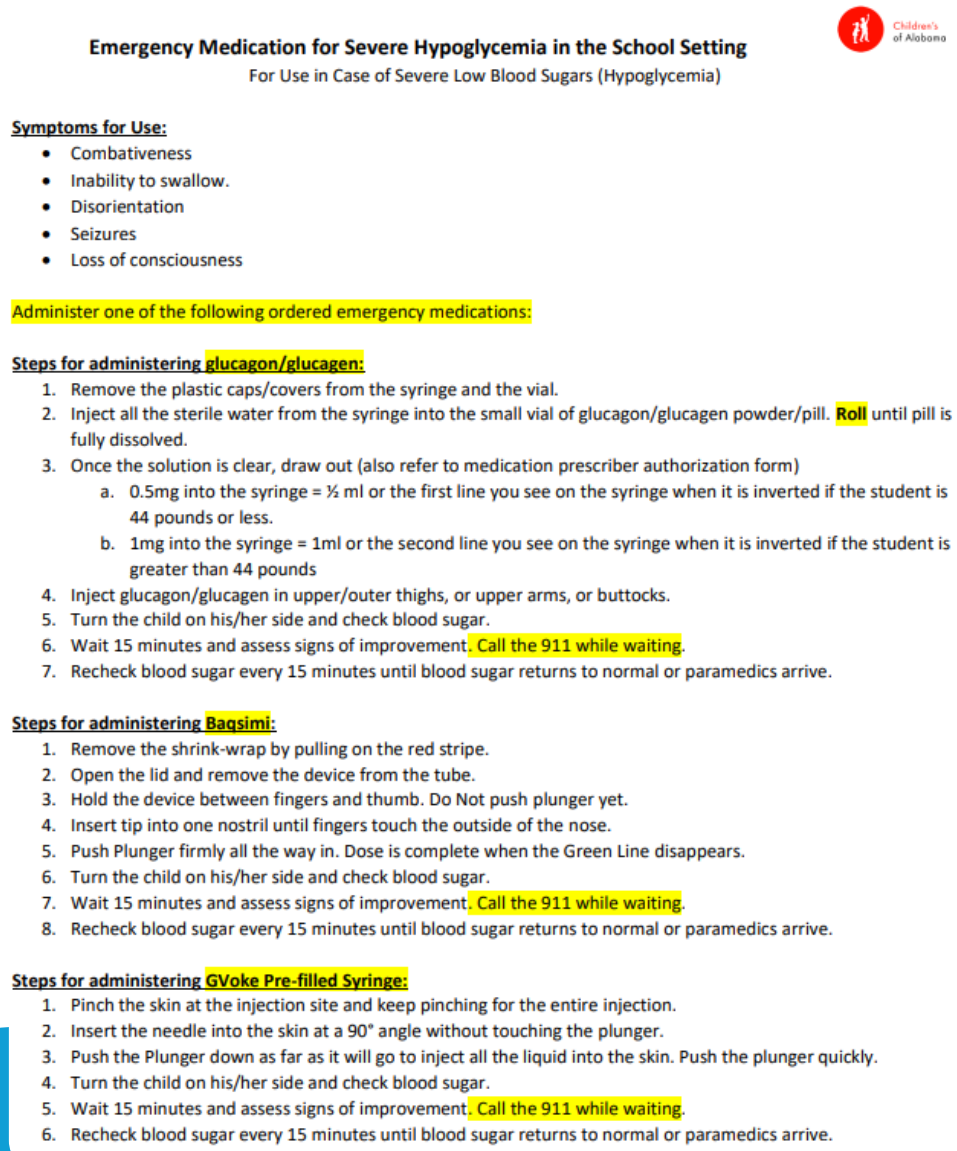
*****The ADA recommends treating hypoglycemia for blood sugars less than 70mg/dL using up to 15grams of fast acting carbohydrates.*****

Severe
Signs/Symptoms
Combative, Unable to respond to commands, Seizure, or Loss of Consciousness

Remain with student.

1. Give nothing by mouth.
   Give prescribed dose of **Glucagon/Baqsimi/GVoke**- refer to Prescriber Authorization Order as directed
   (See pgs. 12-13 for administration directions)
2. Place student on side
3. Call 911 while waiting.
4. Continue to follow instructions on page 10-11.
5. Call parent/guardian
6. Call Diabetes Provider (205-638-9107)
7. Stay with student until help arrives.

Age Specific Desired Target
90-180 = students less than 6 years
80-180 = students 6 to less than 13 years
70-130 = students 13 years and older



Emergency Medication for Severe Hypoglycemia in the School Setting

For Use in Case of Severe Low Blood Sugars (Hypoglycemia)

Symptoms for Use:

- Combativeness
- Inability to swallow.
- Disorientation
- Seizures
- Loss of consciousness

Administer one of the following ordered emergency medications:

Steps for administering glucagon/glucagen:

1. Remove the plastic caps/covers from the syringe and the vial.
2. Inject all the sterile water from the syringe into the small vial of glucagon/glucagen powder/pill. **Roll** until pill is fully dissolved.
3. Once the solution is clear, draw out (also refer to medication prescriber authorization form)
   a. 0.5mg into the syringe = ½ ml or the first line you see on the syringe when it is inverted if the student is 44 pounds or less.
   b. 1mg into the syringe = 1ml or the second line you see on the syringe when it is inverted if the student is greater than 44 pounds
4. Inject glucagon/glucagen in upper/outer thighs, or upper arms, or buttocks.
5. Turn the child on his/her side and check blood sugar.
6. Wait 15 minutes and assess signs of improvement. Call the 911 while waiting.
7. Recheck blood sugar every 15 minutes until blood sugar returns to normal or paramedics arrive.

Steps for administering Baqsimi:

1. Remove the shrink-wrap by pulling on the red stripe.
2. Open the lid and remove the device from the tube.
3. Hold the device between fingers and thumb. Do Not push plunger yet.
4. Insert tip into one nostril until fingers touch the outside of the nose.
5. Push Plunger firmly all the way in. Dose is complete when the Green Line disappears.
6. Turn the child on his/her side and check blood sugar.
7. Wait 15 minutes and assess signs of improvement. Call the 911 while waiting.
8. Recheck blood sugar every 15 minutes until blood sugar returns to normal or paramedics arrive.

Steps for administering GVoke Pre-filled Syringe:

1. Pinch the skin at the injection site and keep pinching for the entire injection.
2. Insert the needle into the skin at a 90° angle without touching the plunger.
3. Push the Plunger down as far as it will go to inject all the liquid into the skin. Push the plunger quickly.
4. Turn the child on his/her side and check blood sugar.
5. Wait 15 minutes and assess signs of improvement. Call the 911 while waiting.
6. Recheck blood sugar every 15 minutes until blood sugar returns to normal or paramedics arrive.

Glucagon, Baqsimi, Gvoke? Oh MY!

- Symptoms of Severe Lows requiring emergency medication:
- Combativeness
- Inability to Swallow
- Disorientation (confused, unable to take anything by mouth)
- Seizures
- Loss of Consciousness

- Never try to force anything into the student's mouth!
- Instructions listed for each medication on how to use

Emergency Continued

- Steps listed on what to do after administering emergency medication, student becomes conscious and more cooperative.
- After student is stable or care has been transferred to caregiver or emergency personnel, call COA to notify team of what happened.
- We want to help make sure it doesn't happen again!

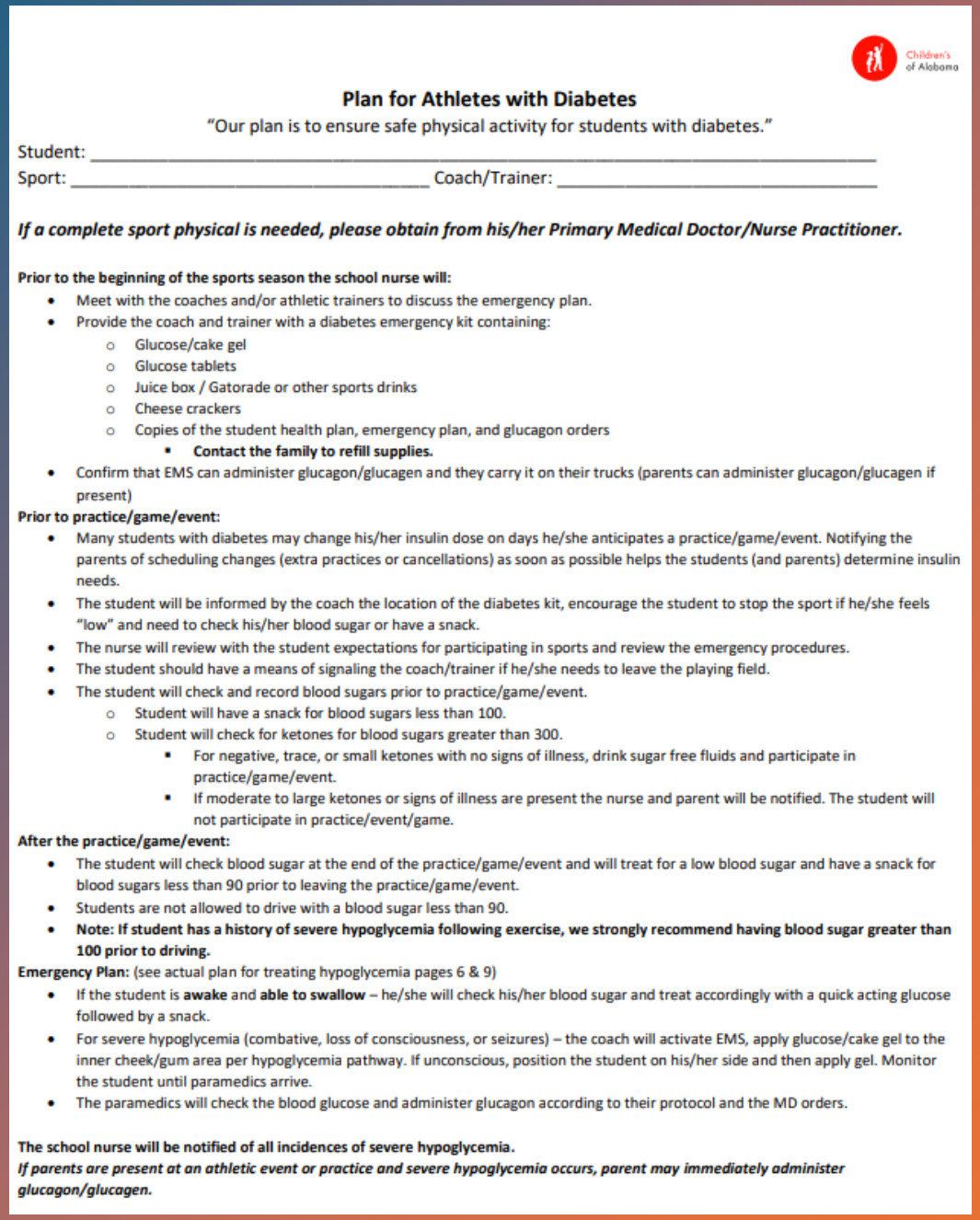
Children's of Alabama

Steps for administering GVoke Hypo Pen:

1. Pull red cap off.
2. Push yellow end down on skin and hold 5 seconds. Window will turn red.
3. Administer into upper arm, stomach, or thigh.
4. Turn the child on his/her side and check blood sugar.
5. Wait 15 minutes and assess signs of improvement. Call the 911 while waiting.
6. Recheck blood sugar every 15 minutes until blood sugar returns to normal or paramedics arrive.

Follow the steps below when the student responds to treatment, becomes conscious, and more cooperative:

1. Offer 4 oz. of regular soda, regular Gatorade, or juice. Student may only tolerate sips of liquid at this time.
2. Check the blood sugar if a meter is available.
3. Offer a snack or let the child go to lunch for a full meal (with supervision from an adult) if not nauseated or vomiting.
4. Notify the Children's of Alabama (COA) Diabetes Team at (205) 638-9107 or toll free 1-877-276-6850 and ask for the diabetes doctor on call or the diabetes educator.
5. Recheck the blood sugar in 30 minutes to 1 hour and continue to follow MD instructions received.
6. Call the parent/caregivers ASAP.
7. Instruct the parent/caregivers to call the student's diabetes doctor.



Children's of Alabama

Plan for Athletes with Diabetes

"Our plan is to ensure safe physical activity for students with diabetes."

Student: _____

Sport: _____ Coach/Trainer: _____

If a complete sport physical is needed, please obtain from his/her Primary Medical Doctor/Nurse Practitioner.

Prior to the beginning of the sports season the school nurse will:

- Meet with the coaches and/or athletic trainers to discuss the emergency plan.
- Provide the coach and trainer with a diabetes emergency kit containing:
  - Glucose/cake gel
  - Glucose tablets
  - Juice box / Gatorade or other sports drinks
  - Cheese crackers
  - Copies of the student health plan, emergency plan, and glucagon orders
    - **Contact the family to refill supplies.**
- Confirm that EMS can administer glucagon/glucagen and they carry it on their trucks (parents can administer glucagon/glucagen if present)

Prior to practice/game/event:

- Many students with diabetes may change his/her insulin dose on days he/she anticipates a practice/game/event. Notifying the parents of scheduling changes (extra practices or cancellations) as soon as possible helps the students (and parents) determine insulin needs.
- The student will be informed by the coach the location of the diabetes kit, encourage the student to stop the sport if he/she feels "low" and need to check his/her blood sugar or have a snack.
- The nurse will review with the student expectations for participating in sports and review the emergency procedures.
- The student should have a means of signaling the coach/trainer if he/she needs to leave the playing field.
- The student will check and record blood sugars prior to practice/game/event.
  - Student will have a snack for blood sugars less than 100.
  - Student will check for ketones for blood sugars greater than 300.
    - For negative, trace, or small ketones with no signs of illness, drink sugar free fluids and participate in practice/game/event.
    - If moderate to large ketones or signs of illness are present the nurse and parent will be notified. The student will not participate in practice/event/game.

After the practice/game/event:

- The student will check blood sugar at the end of the practice/game/event and will treat for a low blood sugar and have a snack for blood sugars less than 90 prior to leaving the practice/game/event.
- Students are not allowed to drive with a blood sugar less than 90.
- **Note: If student has a history of severe hypoglycemia following exercise, we strongly recommend having blood sugar greater than 100 prior to driving.**

Emergency Plan: (see actual plan for treating hypoglycemia pages 6 & 9)

- If the student is **awake** and **able to swallow** – he/she will check his/her blood sugar and treat accordingly with a quick acting glucose followed by a snack.
- For severe hypoglycemia (combative, loss of consciousness, or seizures) – the coach will activate EMS, apply glucose/cake gel to the inner cheek/gum area per hypoglycemia pathway. If unconscious, position the student on his/her side and then apply gel. Monitor the student until paramedics arrive.
- The paramedics will check the blood glucose and administer glucagon according to their protocol and the MD orders.

The school nurse will be notified of all incidences of severe hypoglycemia.

If parents are present at an athletic event or practice and severe hypoglycemia occurs, parent may immediately administer glucagon/glucagen.

Athletes with Diabetes

- Sports physicals are completed by primary physician or nurse practitioner.

- Establish a plan with coaches/athletic trainers, student and caregivers so everyone is aware of expectations and care during activities.

School Bus

Check blood sugar ONLY if ordered by provider, student is exhibiting symptoms of highs or lows, or if listed on IHP.

Recommendations are given on if a student is permitted to ride the bus based off BG, ketones, and symptoms.

Your school policy for blood sugar checks may not always align with our recommendations. Please discuss with caregivers at that time!

Transportation by School Bus

It is important for the student with diabetes to take food with him/her on the bus. If the student feels low, he/she must be allowed to treat the low with fast acting carbohydrates, followed by long-acting carbohydrate with protein.

- If the student has an afternoon snack scheduled, and it is not time for the snack, please allow the student to carry his/her snack on the bus.
  - Student will need his/her snack, if scheduled, and fast acting carbohydrates for treating **lows** prior to boarding the bus. (Review pages 8 & 9 for examples of fast and long-acting carbohydrates
  - Parents will provide this snack, as well as a copy of the student's daily schedule listing meal and snack times.

Check blood sugars as ordered by the provider, if the student feels low, signs/symptoms of hypoglycemia noted, and/or asked by the caregivers. Please ensure that the student's blood sugar is **70** or above or less than **350** with no ketones or vomiting present before boarding the bus with.

If student is:

- **70mg/dl or below**
  - Treat as described on pages 8 & 9 and notify parent(s)/caregiver(s)
    - If blood sugar is greater than 70, 15 minutes after treatment, place on bus.
    - If blood sugar is less than 70, 15 minutes after treatment, continue to follow hypoglycemia pathway and arrange alternate transportation with parent(s)/caregiver(s)

- **71mg/dl – 350mg/dl**
  - Allow student to board the bus.

- **Above 350mg/dl with no ketones, no vomiting, and feeling well.**
  - Student may ride the bus.

- **Above 350mg/dl, with urine ketones, and feeling well.**
  - Treat as described on pages 5 & 7 and notify parent(s)/caregiver(s)
  - Student may ride the bus unless that bus ride is longer than 1 hour in duration, otherwise alternate transportation should be arranged.

- **Above 350mg/dl, with urine ketones, and not feeling well.**
  - Treat as described on page 5 & 7.
  - Notify parent(s)/caregiver(s) and arrange for alternate transportation.

Scenario #12

Mindy Moon is 9 years old and has type 1 diabetes and rides the bus home in the afternoon. She comes to see you before boarding the bus (as written in her IHP) and her blood sugar is 85. What is/are the next steps the school nurse should take before allowing Mindy to ride the bus home?

A. There are no further steps needed since Mindy's blood sugar is within range for her age.
B. Give Mindy a snack, without insulin, since she is less than 100 and monitor her blood sugar until it reaches 100 before she gets on the bus.
C. Ensure that Mindy has a snack for the bus and dismiss her from the health office to get on the bus.
D. Call Mindy's parent/guardian and ask them to pick her up.

Scenario #12

Answer:

A

Why?

- Per medical management plan, student is to board bus. No intervention needed
- Student is within desired target range

HI? Is the meter greeting me?

- Here is list of frequently used meters.
- If the meter reads “HI” or “LO”, the number listed on this chart is the limit from the manufacturer for the interpretation of the blood sugar.
- When a meter reads “HI” use the manufacturer recommended max reading (typically 500 or 600) as your blood sugar when dosing correction factor.
- If you ever have a student with a meter not listed, this information can be found in the user manual provided by the meter manufacturer.

Children's of Alabama

FYI

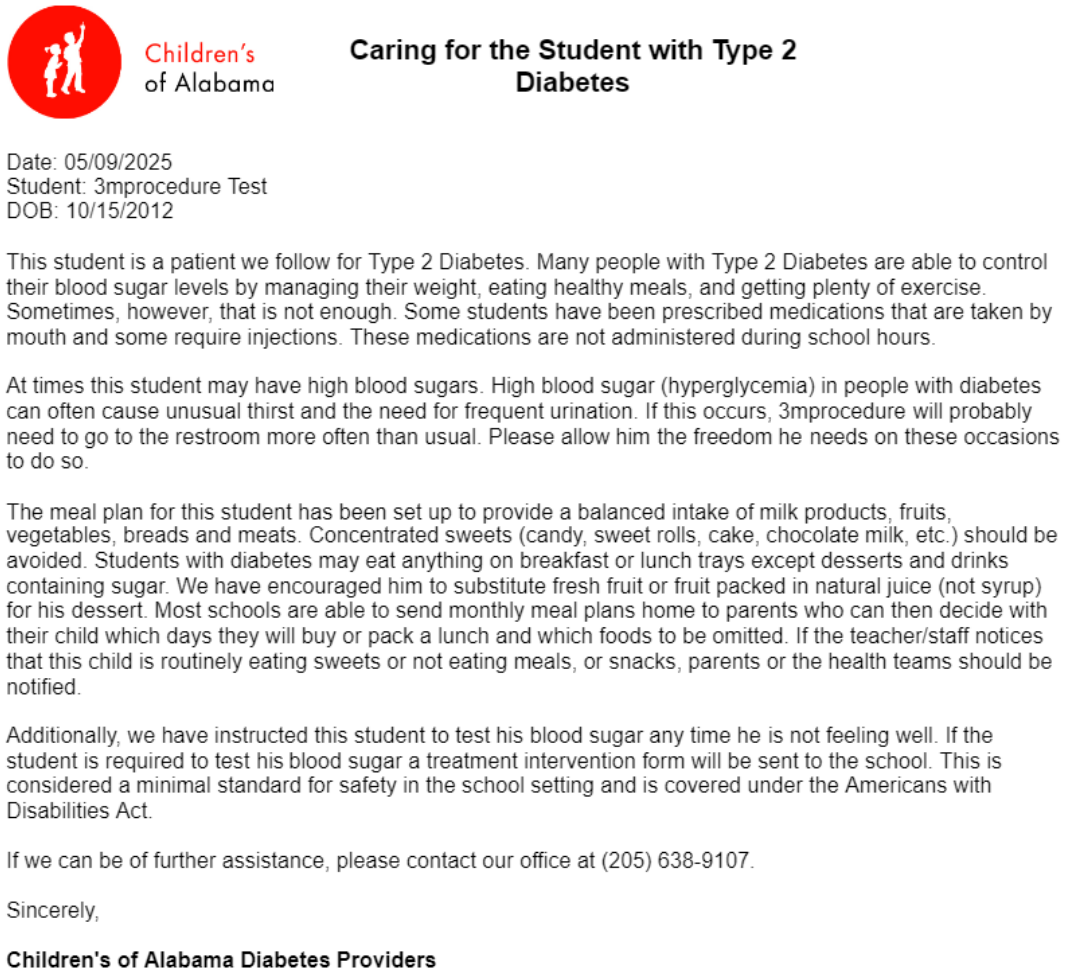
BLOOD GLUCOSE MONITORS

I have included the ranges for the meters we have and use below. If you receive a “HI” on one of the meters listed below, plug that number into your formula for the correction factor, or use for dose on sliding scale.

Meter	Range	
	If the meter reads “LO”	If the meter reads “HI”
Accu-chek Nano/Connect	20	600
Accu-chek Aviva	10	600
Accu-chek Guide	10	600
Accu-Chek Guide Me	20	600
Contour	10	600
Contour Next EZ & Next & Next ONE	20	600
Contour USB	20	600
Freestyle	20	500
Freestyle Freedom	20	500
Freestyle Lite	20	500
OneTouch Ultra Mini	20	500
OneTouch Ultra 2	20	600
One Touch Verio IQ	20	600
One Touch Reflect	20	600
Relion	20	600
True Metrix	20	600

Type 2 Letter

- For Type 2 patients not on insulin
- No Medical Management Plan needed
- May or may not need BG checks at school. If so, treatment and intervention page will be sent.
- Need more frequent bathroom privileges due to high blood sugars.
- No concentrated sweets (candy, chocolate milk, cake, sweet rolls etc.)



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Caring for the Student with Type 2 Diabetes

Date: 05/09/2025
Student: 3mprocedure Test
DOB: 10/15/2012

This student is a patient we follow for Type 2 Diabetes. Many people with Type 2 Diabetes are able to control their blood sugar levels by managing their weight, eating healthy meals, and getting plenty of exercise. Sometimes, however, that is not enough. Some students have been prescribed medications that are taken by mouth and some require injections. These medications are not administered during school hours.

At times this student may have high blood sugars. High blood sugar (hyperglycemia) in people with diabetes can often cause unusual thirst and the need for frequent urination. If this occurs, 3mprocedure will probably need to go to the restroom more often than usual. Please allow him the freedom he needs on these occasions to do so.

The meal plan for this student has been set up to provide a balanced intake of milk products, fruits, vegetables, breads and meats. Concentrated sweets (candy, sweet rolls, cake, chocolate milk, etc.) should be avoided. Students with diabetes may eat anything on breakfast or lunch trays except desserts and drinks containing sugar. We have encouraged him to substitute fresh fruit or fruit packed in natural juice (not syrup) for his dessert. Most schools are able to send monthly meal plans home to parents who can then decide with their child which days they will buy or pack a lunch and which foods to be omitted. If the teacher/staff notices that this child is routinely eating sweets or not eating meals, or snacks, parents or the health teams should be notified.

Additionally, we have instructed this student to test his blood sugar any time he is not feeling well. If the student is required to test his blood sugar a treatment intervention form will be sent to the school. This is considered a minimal standard for safety in the school setting and is covered under the Americans with Disabilities Act.

If we can be of further assistance, please contact our office at (205) 638-9107.

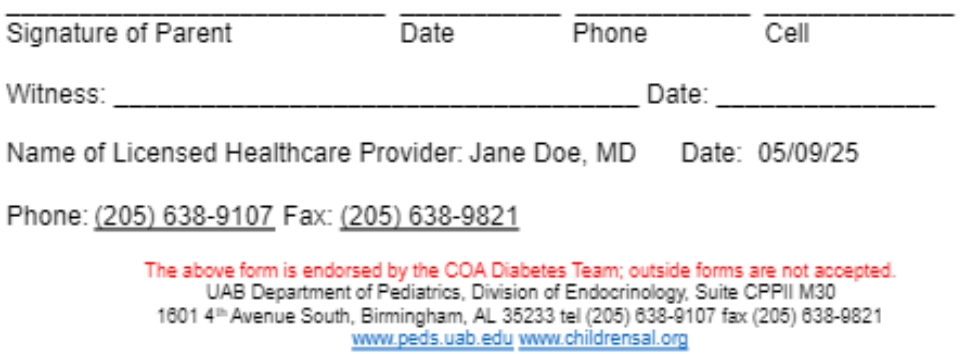
Sincerely,

Children's of Alabama Diabetes Providers

Electronic Signature

- All our Medication forms and Treatment and Intervention Forms will have the electronic signature of the Provider attached.

- Not shown on each upcoming slide as our orders are now typically printed in multiple pages



_____ _____ _____ _____
Signature of Parent Date Phone Cell

Witness: _____ Date: _____

Name of Licensed Healthcare Provider: Jane Doe, MD Date: 05/09/25

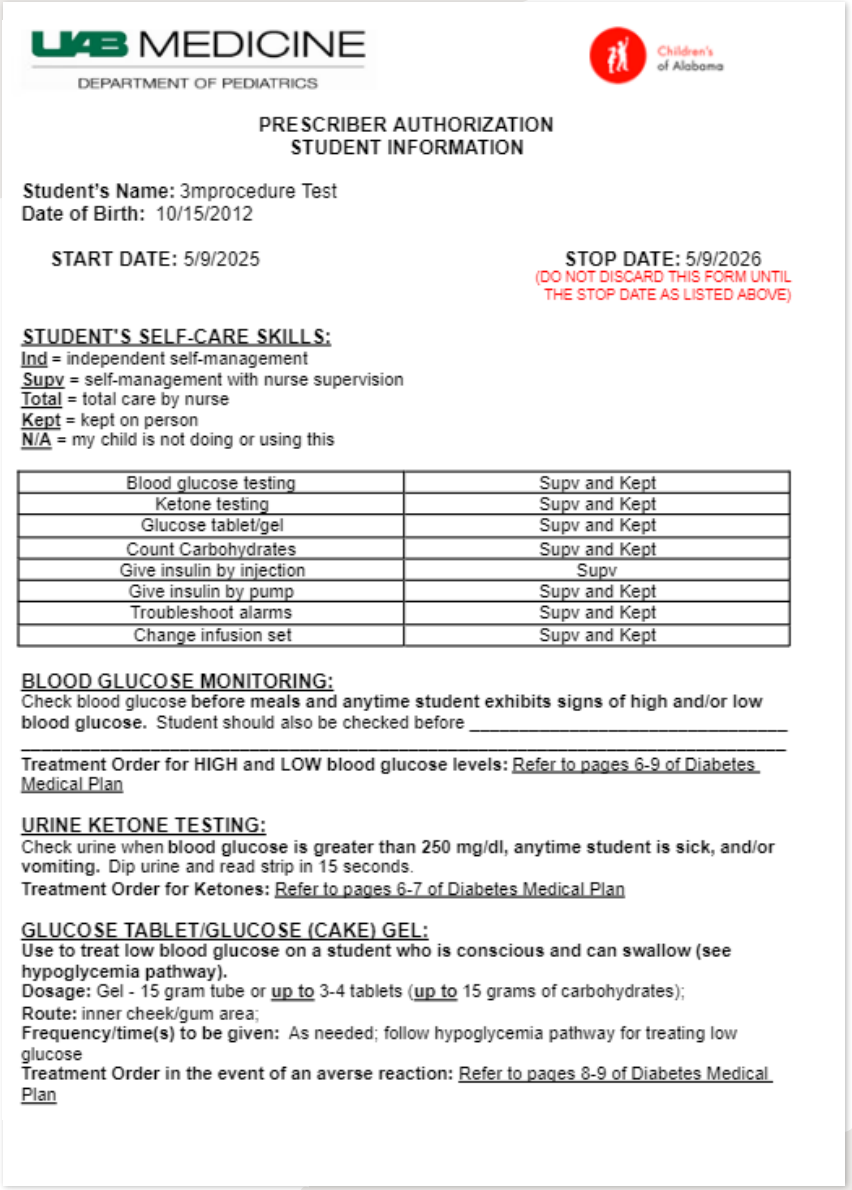
Phone: (205) 638-9107 Fax: (205) 638-9821

The above form is endorsed by the COA Diabetes Team; outside forms are not accepted.
UAB Department of Pediatrics, Division of Endocrinology, Suite CPPII M30
1601 4th Avenue South, Birmingham, AL 35233 tel (205) 638-9107 fax (205) 638-9821
www.peds.uab.edu www.childrensal.org

Treatment & Intervention

- IND= Student can self manage care
- SUPV= Nurse to supervise care by student (observe pump usage, doublecheck calculations, doublecheck dial on insulin pen, observe student self injecting, etc.)
- TOTAL= Total care by Nurse
- KEPT= Device/Medication to be kept with student

- BG Monitoring: Standard is before MEALS and anytime student exhibits signs/symptoms of high or low BGs
- Any additional checks can be listed here.



UAB MEDICINE
DEPARTMENT OF PEDIATRICS
Children's of Alabama

PRESCRIBER AUTHORIZATION
STUDENT INFORMATION

Student's Name: 3mprocedure Test
Date of Birth: 10/15/2012

START DATE: 5/9/2025

STOP DATE: 5/9/2026
(DO NOT DISCARD THIS FORM UNTIL THE STOP DATE AS LISTED ABOVE)

STUDENT'S SELF-CARE SKILLS:
Ind = independent self-management
Supv = self-management with nurse supervision
Total = total care by nurse
Kept = kept on person
N/A = my child is not doing or using this

Blood glucose testing	Supv and Kept
Ketone testing	Supv and Kept
Glucose tablet/gel	Supv and Kept
Count Carbohydrates	Supv and Kept
Give insulin by injection	Supv
Give insulin by pump	Supv and Kept
Troubleshoot alarms	Supv and Kept
Change infusion set	Supv and Kept

BLOOD GLUCOSE MONITORING:
Check blood glucose **before meals and anytime student exhibits signs of high and/or low blood glucose.** Student should also be checked before _____
_____
Treatment Order for HIGH and LOW blood glucose levels: Refer to pages 6-9 of Diabetes Medical Plan

URINE KETONE TESTING:
Check urine when **blood glucose is greater than 250 mg/dl, anytime student is sick, and/or vomiting.** Dip urine and read strip in 15 seconds.
Treatment Order for Ketones: Refer to pages 6-7 of Diabetes Medical Plan

GLUCOSE TABLET/GLUCOSE (CAKE) GEL:
Use to treat low blood glucose on a student who is conscious and can swallow (see hypoglycemia pathway).
Dosage: Gel - 15 gram tube or up to 3-4 tablets (up to 15 grams of carbohydrates);
Route: inner cheek/gum area;
Frequency/time(s) to be given: As needed; follow hypoglycemia pathway for treating low glucose
Treatment Order in the event of an averse reaction: Refer to pages 8-9 of Diabetes Medical Plan

Scenario #13

Madison, 16-year-old brings you a new school packet. She has always been independent in managing her care at school. Her new orders state that she is total care by the nurse. What does this mean for you?

a) She can still check her blood sugar and give injection, but you doublecheck everything.

b) Continue with allowing her to do her own care as she always as done

c) You do all her care including: fingerstick, count carbs, give injection, give glucose for lows

Scenario #13

Answer:

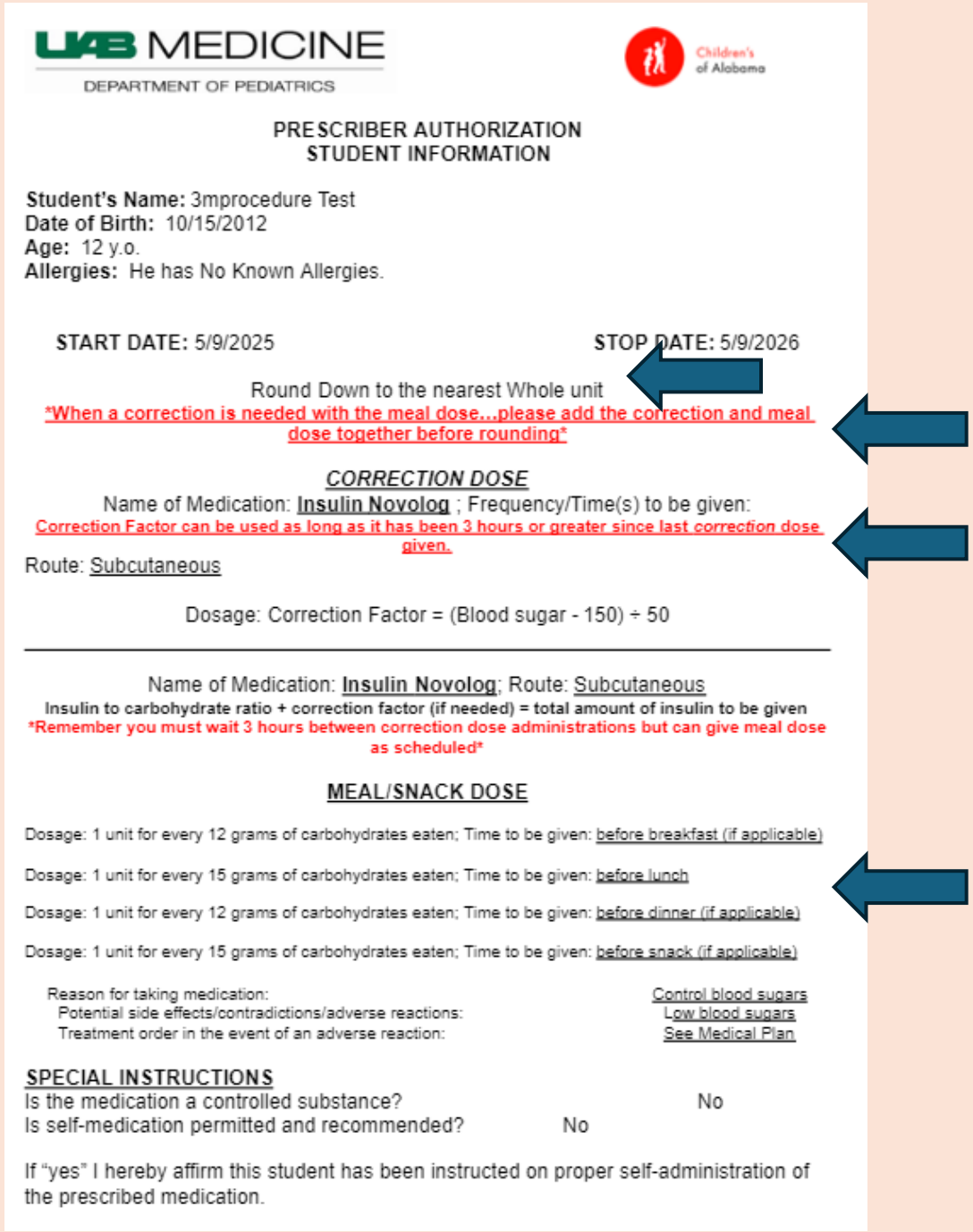
C

Why?

- Total care by the nurse means the nurse is to now perform all treatment and interventions.
- Often, when this change happens there is something that the provider or educator has deemed concerning and needs your help in ensuring this student is properly managed.

Carb Ratio/ Correction Factor

- How to Round
- Reminder to add doses together before rounding (if applicable)
- Reminder not to dose correction factor any sooner than 3 hours
- Standard dosing is BEFORE eating (if concerns, please have caregivers call office)



UAB MEDICINE
DEPARTMENT OF PEDIATRICS

Children's of Alabama

PRESCRIBER AUTHORIZATION
STUDENT INFORMATION

Student's Name: 3mprocedure Test
Date of Birth: 10/15/2012
Age: 12 y.o.
Allergies: He has No Known Allergies.

START DATE: 5/9/2025 **STOP DATE:** 5/9/2026

Round Down to the nearest Whole unit
When a correction is needed with the meal dose...please add the correction and meal dose together before rounding

CORRECTION DOSE

Name of Medication: **Insulin Novolog** ; Frequency/Time(s) to be given:
Correction Factor can be used as long as it has been 3 hours or greater since last correction dose given.
Route: Subcutaneous

Dosage: Correction Factor = (Blood sugar - 150) ÷ 50

Name of Medication: **Insulin Novolog**; Route: Subcutaneous
Insulin to carbohydrate ratio + correction factor (if needed) = total amount of insulin to be given
Remember you must wait 3 hours between correction dose administrations but can give meal dose as scheduled

MEAL/SNACK DOSE

Dosage: 1 unit for every 12 grams of carbohydrates eaten; Time to be given: before breakfast (if applicable)

Dosage: 1 unit for every 15 grams of carbohydrates eaten; Time to be given: before lunch

Dosage: 1 unit for every 12 grams of carbohydrates eaten; Time to be given: before dinner (if applicable)

Dosage: 1 unit for every 15 grams of carbohydrates eaten; Time to be given: before snack (if applicable)

Reason for taking medication: Control blood sugars
Potential side effects/contradictions/adverse reactions: Low blood sugars
Treatment order in the event of an adverse reaction: See Medical Plan

SPECIAL INSTRUCTIONS
Is the medication a controlled substance? No
Is self-medication permitted and recommended? No

If "yes" I hereby affirm this student has been instructed on proper self-administration of the prescribed medication.

Scenario #14

Mark is a newly diagnosed 6-year-old. He is still learning to accurately report what he will eat, so the parents are currently dosing after he eats. The provider approves of this at this time, and orders are written to reflect this. How long do you wait to dose him after eating?

A. No specific time, when he is done eating, dose him

B. Anytime within 30 minutes of first bite of food

C. 45 minutes

D. After each bite

Scenario #14

Answer:

B

Why?

- It is best to dose within 30 minutes of the first bite of food.
- Dosing later can cause issues as the peak of insulin action is not matching with the post meal spike in blood sugar.

Carb Ratio and Sliding Scale

UAB MEDICINE
DEPARTMENT OF PEDIATRICS

Children's of Alabama

PRESCRIBER AUTHORIZATION
STUDENT INFORMATION

Student's Name: 3mprocedure Test
Date of Birth: 10/15/2012
Age: 12 y.o.
Allergies: He has No Known Allergies.

START DATE: 5/9/2025 **STOP DATE:** 5/9/2026

Round Down to the nearest Whole unit
When a correction is needed with the meal dose…please add the correction and meal dose together before rounding

SLIDING SCALE
Name of Medication: Insulin Novolog ; Frequency/Time(s) to be given:
Sliding Scale can be used as long as it has been 3 hours or greater since last *correction* dose given.
Route: Subcutaneous

Dosage:

1 units if blood glucose is 100 to 200 mg/dl
2 units if blood glucose is 201 to 300 mg/dl
3 units if blood glucose is 301 to 400 mg/dl
4 units if blood glucose is 401 to 500 mg/dl
5 units if blood glucose is greater than 500

Name of Medication: Insulin Novolog; Route: Subcutaneous
Insulin to carbohydrate + sliding scale (if needed) = total amount of insulin to be given.
Remember you must wait 3 hours between sliding scale dose administrations but can give meal dose as scheduled

MEAL/SNACK DOSE

Dosage: 1 unit for every 12 grams of carbohydrates eaten; Time to be given: before breakfast (if applicable)

Dosage: 1 unit for every 15 grams of carbohydrates eaten; Time to be given: before lunch

Dosage: 1 unit for every 12 grams of carbohydrates eaten; Time to be given: before dinner (if applicable)

Dosage: 1 unit for every 15 grams of carbohydrates eaten; Time to be given: before snack (if applicable)

Set Dose/ Correction Factor

UAB MEDICINE
DEPARTMENT OF PEDIATRICS

Children's of Alabama

PRESCRIBER AUTHORIZATION
STUDENT INFORMATION

Student's Name: 3mprocedure Test
Date of Birth: 10/15/2012
Age: 12 y.o.
Allergies: He has No Known Allergies.

START DATE: 5/9/2025 **STOP DATE:** 5/9/2026

Round Down to the nearest Half unit
When a correction is needed with the meal dose...please add the correction and meal dose together before rounding

CORRECTION DOSE

Name of Medication: **Insulin (Humalog)** ; Frequency/Time(s) to be given:
Correction Factor can be used as long as it has been 3 hours or greater since last *correction* dose given.

Route: Subcutaneous

Dosage: Correction Factor = (Blood sugar - 150) ÷ 50

Name of Medication: **Insulin (Humalog)**; Route: Subcutaneous
Fixed dose + correction factor (if needed) = total amount of insulin to be given
Remember you must wait 3 hours between correction dose administrations but can give meal dose as scheduled

MEAL/SNACK DOSE

Dosage: 4 unit(s) **plus** correction (if applicable); Time to be given: before breakfast (if applicable)

Dosage: 3 unit(s) **plus** correction (if applicable); Time to be given: before lunch

Dosage: 5 unit(s) **plus** correction (if applicable); Time to be given: before dinner (if applicable)

Dosage: 2 unit(s) **plus** correction (if applicable); Time to be given: before snack (if applicable)

Reason for taking medication:	Control blood sugars
Potential side effects/contradictions/adverse reactions:	Low blood sugars
Treatment order in the event of an adverse reaction:	See Medical Plan

SPECIAL INSTRUCTIONS

Is the medication a controlled substance?	No
Is self-medication permitted and recommended?	No

If "yes" I hereby affirm this student has been instructed on proper self-administration of the prescribed medication.

Set Dose/Sliding Scale

UAB MEDICINE
DEPARTMENT OF PEDIATRICS

Children's of Alabama

PRESCRIBER AUTHORIZATION
STUDENT INFORMATION

Student's Name: 3mprocedure Test
Date of Birth: 10/15/2012
Age: 12 y.o.
Allergies: He has No Known Allergies.

START DATE: 5/9/2025 **STOP DATE:** 5/9/2026

SLIDING SCALE

Name of Medication: Insulin Novolog ; Frequency/Time(s) to be given:
Sliding Scale can be used as long as it has been 3 hours or greater since last correction dose given.

Route: Subcutaneous

Dosage:

1 units if blood glucose is 100 to 200 mg/dl
2 units if blood glucose is 201 to 300 mg/dl
3 units if blood glucose is 301 to 400 mg/dl
4 units if blood glucose is 401 to 500 mg/dl
5 units if blood glucose is greater than 500

Name of Medication: **Insulin Novolog**; Route: Subcutaneous
Sliding Scale + Fixed Dose (if needed) = total amount of insulin to be given.
Remember you must wait 3 hours between sliding scale dose administrations but can give meal dose as scheduled

MEAL/SNACK DOSE

Dosage: 5 unit(s) **plus** Sliding Scale (if applicable); Time to be given: before breakfast (if applicable)

Dosage: 4 unit(s) **plus** Sliding Scale (if applicable); Time to be given: before lunch

Dosage: 6 unit(s) **plus** Sliding Scale (if applicable); Time to be given: before dinner (if applicable)

Dosage: 2 unit(s) **plus** Sliding Scale (if applicable); Time to be given: before snack (if applicable)

Reason for taking medication: Control blood sugars
Potential side effects/contradictions/adverse reactions: Low blood sugars
Treatment order in the event of an adverse reaction: See Medical Plan

SPECIAL INSTRUCTIONS
Is the medication a controlled substance? No
Is self-medication permitted and recommended? No

Scenario #15

Jessica, age 7, had her lunch at 11am and was dosed her set dose and sliding scale. At 12pm she comes back to your office because the class is having a party with cake and ice cream. You happen to notice on your Ipad her Dexcom is reading 294. What do you do?

A. Tell her she can't have the treats and send her back to classroom with cheese sticks and water bottle for her snack.

B. Keep her in your office so she won't have to see everyone eating the treat.

C. Give her snack dose and let her have cake and ice cream.

D. Dose her snack dose and sliding scale.

Scenario #15

Answer

C

Why?

- She can still have treat with her friends.
- Treatment and intervention form does not require blood sugar check prior to snacks, only meals.
- Blood sugar likely high due to just having eaten 1 hour before.
- Safe to dose for snack only.

Long Acting Insulin

UAB MEDICINE
DEPARTMENT OF PEDIATRICS

Children's of Alabama

PRESCRIBER AUTHORIZATION
STUDENT INFORMATION

Student's Name: 3mprocedure Test
Date of Birth: 10/15/2012
Age: 12 y.o.
Allergies: He has No Known Allergies.

Long Acting Insulin

START DATE: 5/9/2025 **STOP DATE:** 5/9/2026

Name of Medication: **Insulin Tresiba**; Frequency/Time(s) to be given: **Before Lunch**

Dosage: 15 unit(s); Route: Subcutaneous

Reason for taking medication:	Control blood sugars
Potential side effects/contradictions/adverse reactions:	Low blood sugars. See Medical Plan
Treatment order in the event of an adverse reaction:	See pages # 6, 6, & 8 of Medical Plan

SPECIAL INSTRUCTIONS

Is the medication a controlled substance?	No
Is self-medication permitted and recommended?	No

If "yes" I hereby affirm this student has been instructed on proper self-administration of the prescribed medication.

Do you recommend this medication be kept "on person" by student? no
Unopened insulin must be refrigerated

Name of Licensed Healthcare Provider: Jane Doe, MD Date: 05/09/25

Phone: (205) 638-9107 Fax: (205) 638-9821

The above form is endorsed by the COA Diabetes Team; outside forms are not accepted.

UAB Department of Pediatrics, Division of Endocrinology, Suite CPPII M30
1601 4th Avenue South, Birmingham, AL 35233 tel (205) 638-9107 fax (205) 638-9821
www.peds.uab.edu www.childrensal.org

Scenario #16

Sam, age 9, has orders to get Lantus daily at lunch. He comes to your office at lunch for his Lantus and Novolog and tells you “mom gave me that gray pen this morning”. What do you do?

A. Administer Lantus as ordered.

B. Call mom and verify if Lantus was given this morning. If parents state Lantus was given, call diabetes office for plan to get back on schedule.

C. Trust Sam, and skip Lantus dose.

Scenario #16

Answer

B

Why?

- Double dosing Lantus can cause lows, therefore need to verify if it was given
- Our team is here to help you with these moments! We will work on plan to get back on schedule

Baqsimi

ALABAMA STATE DEPARTMENT OF EDUCATION
SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION

STUDENT INFORMATION

Student's Name: 3mprocedure Test Date of Birth: 10/15/2012 Allergies: He has No Known Allergies.	School: _____ Grade: ___ Teacher: _____

PRESCRIBER MEDICATION AUTHORIZATION
(To be completed by a licensed healthcare professional)

Medication Name : Baqsimi Spray one device (3mg) in one nostril to treat severe hypoglycemia **Frequency/Time(s) to be given: As needed**	**Dosage: 3mg Route: Intranasal** **Start Date: 5/9/2025 Stop Date: 5/9/2026**

Reason for taking medication: Combativeness, inability to swallow, disorientation, seizures, loss of consciousness
Potential side effects/contraindications/adverse reactions: Nausea, Vomiting, Headache, Upper Respiratory Tract Irritation
Treatment order in the event of an adverse reaction: _____
SPECIAL INSTRUCTIONS:
Is the medication a controlled substance? No
Is self-medication permitted and recommended? No
Do you recommend this medication be kept "on person" by student? No
Emergency Drug required during Bus Transportation? No
Cake Icing Gel ONLY for Diabetic Student during Bus Transportation Yes
Printed Name of Licensed Healthcare Provider: Jane Doe, MD
Phone: Dept: 205-638-9107
Signature of Licensed Healthcare Provider: Jane Doe, MD Date:5/9/2025

PARENT AUTHORIZATION
I authorize the School Nurse, the registered nurse (RN) or Licensed Practical Nurse (LPN) to administer or to delegate to unlicensed school personnel the task of assisting my child in taking the above medication in accordance with the administrative code practice rules. I understand that additional parent/prescriber signed statements will be necessary if the dosage or medication is changed.
Prescription Medication must be registered with School Nurse or trained Medication Assistants. Prescription medication must be properly labeled with student's name, prescriber's name, name of medication, dosage, time intervals, route of administration and the date of drug's expiration when appropriate.
Over the Counter Medication must be registered with the School Nurse or Trained Medication Assistant, OTC's in the original, unopened and sealed container. Local Education Agency Policy for OTC medication to be followed:

Parent's/Guardian's Signature: _____Date: _____ Phone: ( ) _____-_____

SELF-ADMINISTRATION AUTHORIZATION
(To be completed ONLY if student is authorized to complete self-care by licensed healthcare provider.)
I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the school, and the local board of education against any claims that may arise relating to my child's self-administration of prescribed medication(s).

Signature of Parent: _____ Date: ___/___/____ Phone: ( ) _____-_____

Gvoke

ALABAMA STATE DEPARTMENT OF EDUCATION
SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION

STUDENT INFORMATION

Student's Name: 3mprocedure Test Date of Birth: 10/15/2012 Allergies: He has No Known Allergies.	School: _____ Grade: ___ Teacher: _____

PRESCRIBER MEDICATION AUTHORIZATION
(To be completed by a licensed healthcare professional)

Medication Name : Gvoke HypoPen Give subcutaneous injection in upper outer thigh, upper arm, or buttocks; Place on side and obtain medical help immediately **Frequency/Time(s) to be given: As needed**	**Dosage: 1 mg Route: Subcutaneous** **Start Date: 5/9/2025 Stop Date: 5/9/2026**

Reason for taking medication: Combativeness, inability to swallow, disorientation, seizures, loss of consciousness
Potential side effects/contraindications/adverse reactions: Nausea, Vomiting, Headache, Upper Respiratory Tract Irritation
Treatment order in the event of an adverse reaction: _____
SPECIAL INSTRUCTIONS:
Is the medication a controlled substance? No
Is self-medication permitted and recommended? No
Do you recommend this medication be kept "on person" by student? No
Emergency Drug required during Bus Transportation? No
Cake Icing Gel ONLY for Diabetic Student during Bus Transportation Yes
Printed Name of Licensed Healthcare Provider: Jane Doe, MD
Phone: Dept: 205-638-9107
Signature of Licensed Healthcare Provider: Jane Doe, MD **Date: 5/9/2025**

PARENT AUTHORIZATION

I authorize the School Nurse, the registered nurse (RN) or Licensed Practical Nurse (LPN) to administer or to delegate to unlicensed school personnel the task of assisting my child in taking the above medication in accordance with the administrative code practice rules. I understand that additional parent/prescriber signed statements will be necessary if the dosage or medication is changed.
Prescription Medication must be registered with School Nurse or trained Medication Assistants. Prescription medication must be properly labeled with student's name, prescriber's name, name of medication, dosage, time intervals, route of administration and the date of drug's expiration when appropriate.
Over the Counter Medication must be registered with the School Nurse or Trained Medication Assistant, OTC's in the original, unopened and sealed container. Local Education Agency Policy for OTC medication to be followed:

Parent's/Guardian's Signature: _____Date: _____ Phone: ( ) ____-_____

SELF-ADMINISTRATION AUTHORIZATION
(To be completed ONLY if student is authorized to complete self-care by licensed healthcare provider.)

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the school, and the local board of education against any claims that may arise relating to my child's self-administration of prescribed medication(s).

Signature of Parent: _____ Date: ___/___/____ Phone: ( ) ____-_____

Glucagon

ALABAMA STATE DEPARTMENT OF EDUCATION
SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION

STUDENT INFORMATION

Student's Name: 3mprocedure Test Date of Birth: 10/15/2012 Allergies: He has No Known Allergies.	School: _____ Grade: ___ Teacher: _____

PRESCRIBER MEDICATION AUTHORIZATION
(To be completed by a licensed healthcare professional)

Medication Name : Glucagon Give IM injection in upper outer thigh, upper arm, or buttocks; Place on side and obtain medical help immediately **Frequency/Time(s) to be given: As needed**	**Dosage: 1 mg if greater than 44 pounds** **Route: Intramuscular** **Start Date: 5/9/2025 Stop Date: 5/9/2026**

Reason for taking medication: Combativeness, inability to swallow, disorientation, seizures, loss of consciousness
Potential side effects/contraindications/adverse reactions: Nausea, Vomiting
Treatment order in the event of an adverse reaction: _____
SPECIAL INSTRUCTIONS:
Is the medication a controlled substance? No
Is self-medication permitted and recommended? No
Do you recommend this medication be kept "on person" by student? No
Emergency Drug required during Bus Transportation? No
Cake Icing Gel ONLY for Diabetic Student during Bus Transportation Yes
Printed Name of Licensed Healthcare Provider: Jane Doe, MD
Phone: Dept: 205-638-9107
Signature of Licensed Healthcare Provider: Jane Doe, MD **Date:5/9/2025**

PARENT AUTHORIZATION

I authorize the School Nurse, the registered nurse (RN) or Licensed Practical Nurse (LPN) to administer or to delegate to unlicensed school personnel the task of assisting my child in taking the above medication in accordance with the administrative code practice rules. I understand that additional parent/prescriber signed statements will be necessary if the dosage or medication is changed.

Prescription Medication must be registered with School Nurse or trained Medication Assistants. Prescription medication must be properly labeled with student's name, prescriber's name, name of medication, dosage, time intervals, route of administration and the date of drug's expiration when appropriate.

Over the Counter Medication must be registered with the School Nurse or Trained Medication Assistant, OTC's in the original, unopened and sealed container. Local Education Agency Policy for OTC medication to be followed:

Parent's/Guardian's Signature: _____Date: _____ Phone: ( ) ____-_____

SELF-ADMINISTRATION AUTHORIZATION

(To be completed ONLY if student is authorized to complete self-care by licensed healthcare provider.)

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the school, and the local board of education against any claims that may arise relating to my child's self-administration of prescribed medication(s).

Signature of Parent: _____ Date: ___/___/____ Phone: ( ) ____-_____

Revised 2024

Metformin

ALABAMA STATE DEPARTMENT OF EDUCATION
SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION

STUDENT INFORMATION

Student's Name: 3mprocedure Test Date of Birth: 10/15/2012 Allergies: He has No Known Allergies.	School: _____ Grade: ___ Teacher: _____

PRESCRIBER MEDICATION AUTHORIZATION
(To be completed by a licensed healthcare professional)

Medication Name : Metformin	**Dosage: 500 mg Route: Mouth**
Frequency/Time(s) to be given: with lunch	**Start Date: 5/9/2025 Stop Date: 5/9/2026**

Reason for taking medication: Control Blood Sugars
Potential side effects/contraindications/adverse reactions: Nausea, Upset Stomach, Diarrhea
Treatment order in the event of an adverse reaction: Refer to the Diabetes Management Plan
SPECIAL INSTRUCTIONS:
Is the medication a controlled substance? No
Is self-medication permitted and recommended? No
Do you recommend this medication be kept "on person" by student? No
Emergency Drug required during Bus Transportation? No
Cake Icing Gel ONLY for Diabetic Student during Bus Transportation Yes
Printed Name of Licensed Healthcare Provider: Jane Doe, MD
Phone: Dept: 205-638-9107
Signature of Licensed Healthcare Provider: Jane Doe, MD **Date: 5/9/2025**

PARENT AUTHORIZATION

I authorize the School Nurse, the registered nurse (RN) or Licensed Practical Nurse (LPN) to administer or to delegate to unlicensed school personnel the task of assisting my child in taking the above medication in accordance with the administrative code practice rules. I understand that additional parent/prescriber signed statements will be necessary if the dosage or medication is changed.
Prescription Medication must be registered with School Nurse or trained Medication Assistants. Prescription medication must be properly labeled with student's name, prescriber's name, name of medication, dosage, time intervals, route of administration and the date of drug's expiration when appropriate.
Over the Counter Medication must be registered with the School Nurse or Trained Medication Assistant, OTC's in the original, unopened and sealed container. Local Education Agency Policy for OTC medication to be followed:

Parent's/Guardian's Signature: _____Date: _____ Phone: ( ) ____-_____

SELF-ADMINISTRATION AUTHORIZATION
(To be completed ONLY if student is authorized to complete self-care by licensed healthcare provider.)

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the school, and the local board of education against any claims that may arise relating to my child's self-administration of prescribed medication(s).

Signature of Parent: _____ Date: ___/___/____ Phone: ( ) ____-_____

Revised 2024

GLP-1

UAB MEDICINE
DEPARTMENT OF PEDIATRICS

Children's of Alabama

PRESCRIBER AUTHORIZATION
STUDENT INFORMATION

Student's Name: 3mprocedure Test
Date of Birth: 10/15/2012
Age: 12 y.o.
Allergies: He has no known allergies.

START DATE: 5/29/2025 **STOP DATE:** 5/29/2025

Other Medication

Name of Medication: Ozempic Frequency/Time(s) to be given: every Wednesday at lunch

Dosage: 0.25mg Route: subcutaneous

Reason for taking medication: Control blood sugars
Potential side effects/contradictions/adverse reactions: Low blood sugars. See Medical Plan
Treatment order in the event of an adverse reaction: See pages # 6, 6, & 8 of Medical Plan

SPECIAL INSTRUCTIONS
Is the medication a controlled substance? No
Is self-medication permitted and recommended? No

If "yes" I hereby affirm this student has been instructed on proper self-administration of the prescribed medication.

Do you recommend this medication be kept "on person" by student? no
Unopened insulin must be refrigerated

Name of Licensed Healthcare Provider: Jane Doe, MD Date: 05/29/25

Phone: (205) 638-9107 Fax: (205) 638-9821

The above form is endorsed by the COA Diabetes Team; outside forms are not accepted.
UAB Department of Pediatrics, Division of Endocrinology, Suite CPPII M30
1601 4th Avenue South, Birmingham, AL 35233 tel (205) 638-9107 fax (205) 638-9821
www.peds.uab.edu www.childrensal.org

Scenario #17

Sam, age 14, has been counting carbs with you at school. He does a great job at reading the label and counting them correctly. You get an order for fixed dose now at school. What do you do?

a) Change to fixed dose regimen

b) Call COA and ask for carb ratio orders

c) Call mom and get orders from her.

Scenario #17

Answer:

A

Why?

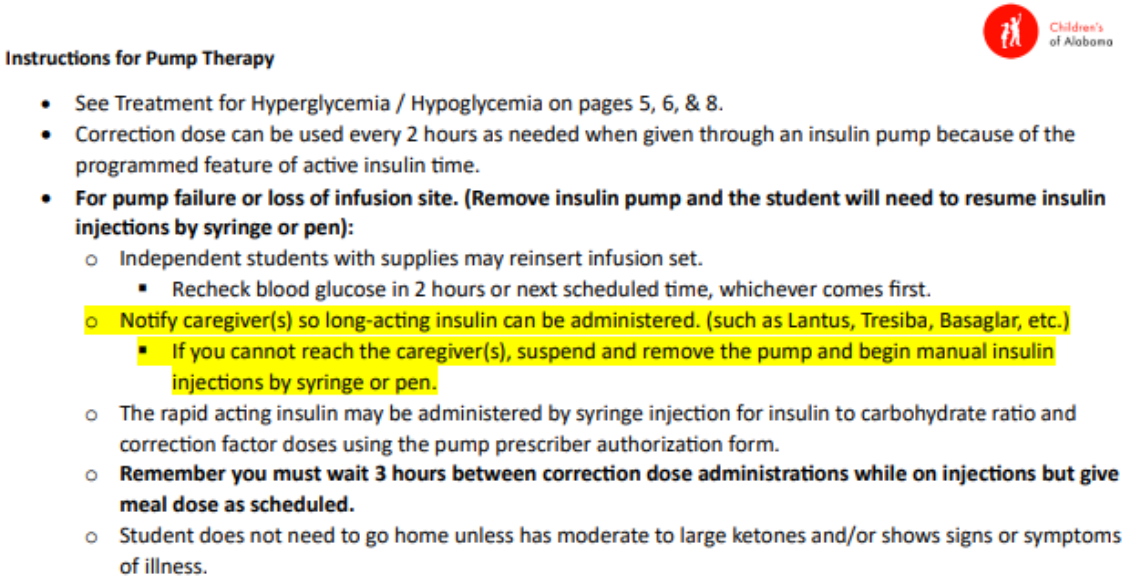
- Orders were changed to fixed dose at the appointment. Likely provider detected a concern to warrant the change.
- If you are suspicious, it is a typo/error, please, as always, call us to clarify.

Pump Therapy

Maria Jones, RN, BSN, CPN, CPT

Anne Crabbe, RN, BSN, CPT

Pump Therapy



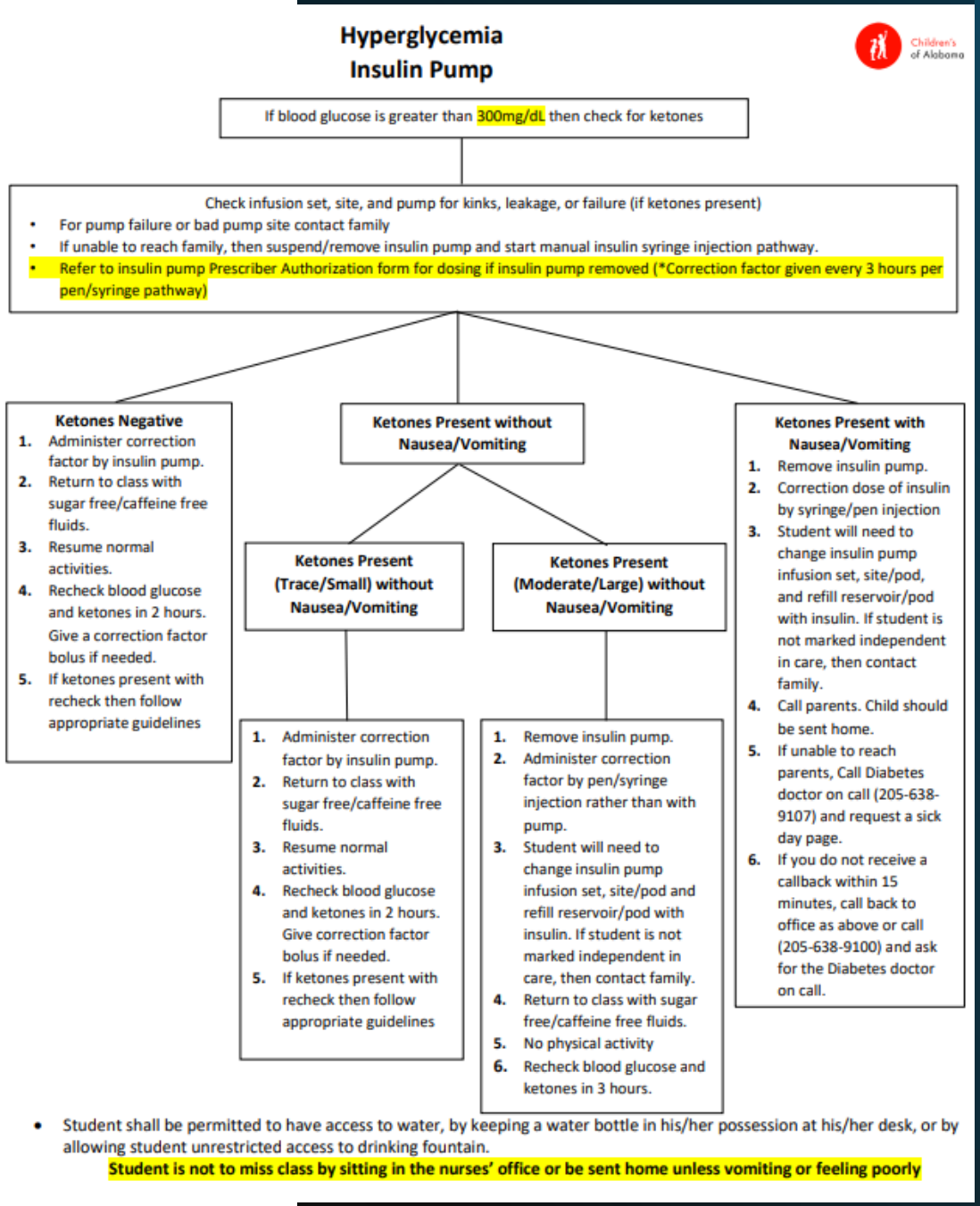
Instructions for Pump Therapy

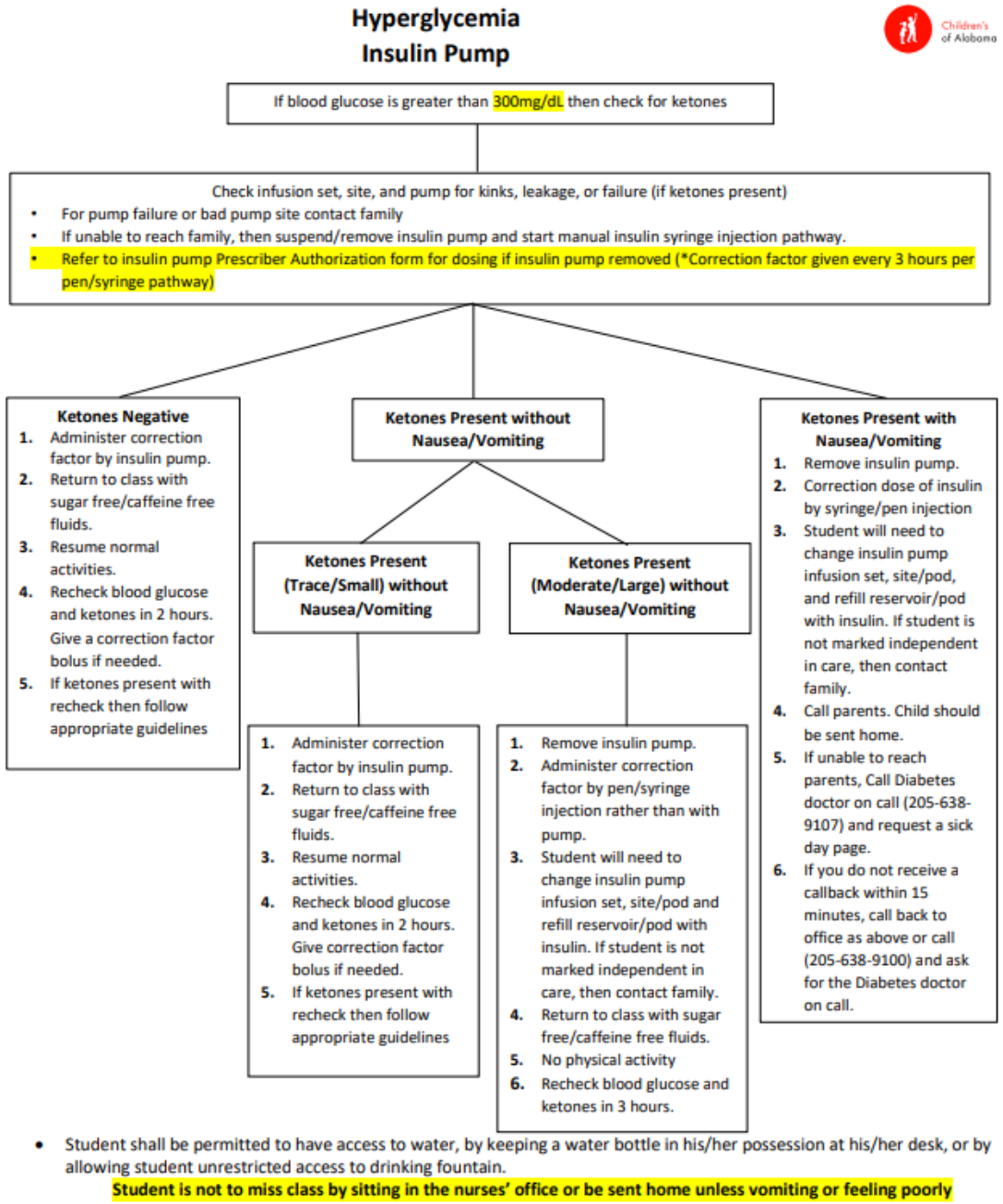
- See Treatment for Hyperglycemia / Hypoglycemia on pages 5, 6, & 8.
- Correction dose can be used every 2 hours as needed when given through an insulin pump because of the programmed feature of active insulin time.
- **For pump failure or loss of infusion site. (Remove insulin pump and the student will need to resume insulin injections by syringe or pen):**
  - Independent students with supplies may reinsert infusion set.
    - Recheck blood glucose in 2 hours or next scheduled time, whichever comes first.
  - Notify caregiver(s) so long-acting insulin can be administered. (such as Lantus, Tresiba, Basaglar, etc.)
    - If you cannot reach the caregiver(s), suspend and remove the pump and begin manual insulin injections by syringe or pen.
  - The rapid acting insulin may be administered by syringe injection for insulin to carbohydrate ratio and correction factor doses using the pump prescriber authorization form.
  - **Remember you must wait 3 hours between correction dose administrations while on injections but give meal dose as scheduled.**
  - Student does not need to go home unless has moderate to large ketones and/or shows signs or symptoms of illness.

- Correction Factor can be given every 2 hours due to active insulin time feature.
- If pump fails, remove and suspend pump then call caregiver to come give the long acting insulin.
  - Begin manual injections with pump failure, remember correction factors must wait 3 hours while on injections!
  - Student does not have to go home unless moderate to large ketones are present and/or shows signs or symptoms of illness

Highs on Pump (except iLet)

- Hyperglycemia algorithm is initiated when blood glucose is greater than 300mg/dL
- Remember if a student has a CGM, our recommendations are to only review readings when ordered on the treatment and intervention form or the student is in your office complaining of symptoms
- Moderate to Large ketones is your sign that the student is NOT getting the insulin from the pump





Scenario #18

- Beth wears an Omnipod 5 and is in automated mode. She comes to your office not feeling well. Her blood sugar is 276 and it's been over 2 hours since a bolus. You go into her controller and enter a blood sugar and it calculates 0 units because she has 3.2 units of insulin on board. How should you proceed?
- A. Manually calculate correction and override the pump.
- B. Manually calculate correction and give via syringe.
- C. Nothing. Let the pump's algorithm work to bring them down.
- D. Call parent to come get student.

Scenario #18

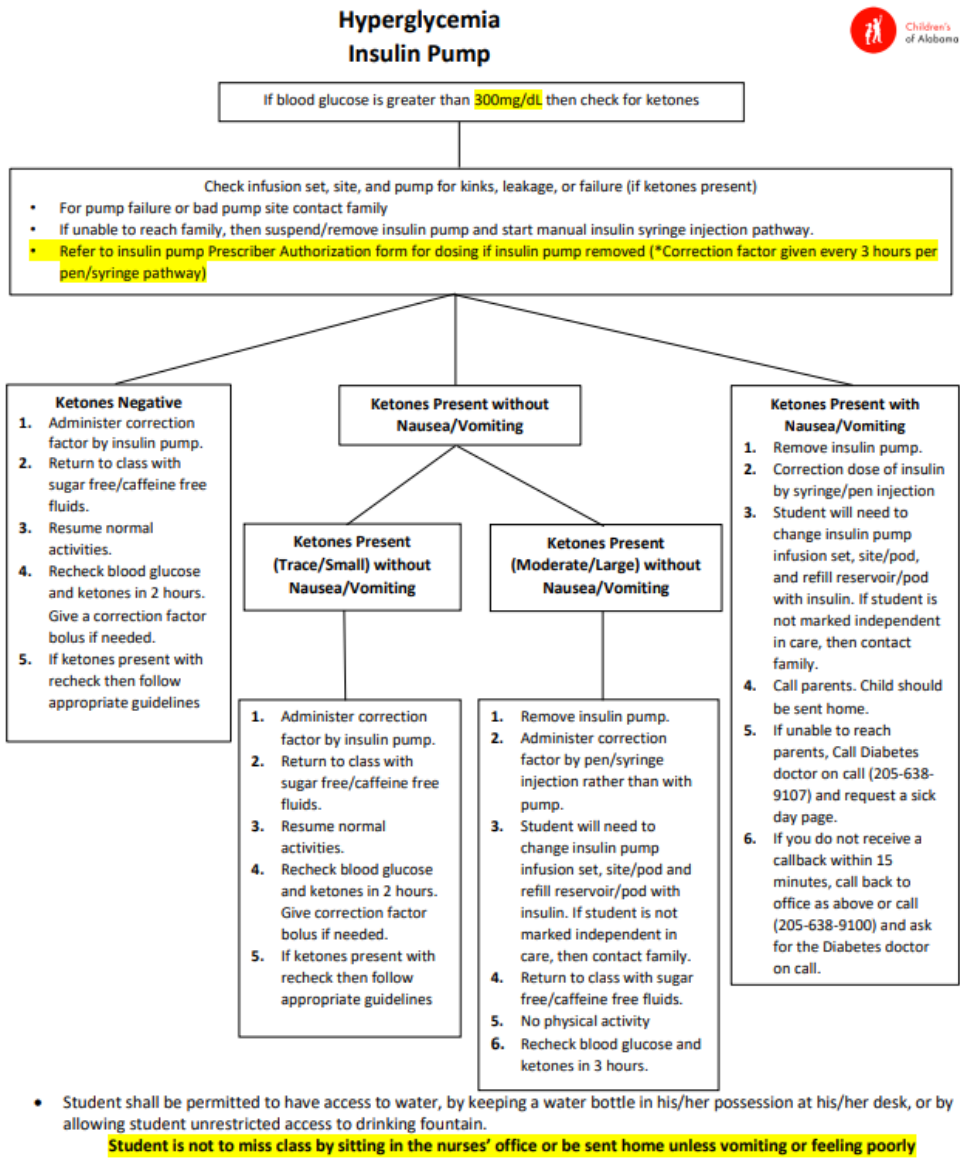
Answer:

C

Why?

Overriding the pump can result in low blood sugars.

Remember this is a “Smart” pump. Algorithm is designed to consider insulin on board and what is needed to be given to best determine dosage recommendation.



Hyperglycemia
Insulin Pump

Children's of Alabama

If blood glucose is greater than 300mg/dL then check for ketones

Check infusion set, site, and pump for kinks, leakage, or failure (if ketones present)

- For pump failure or bad pump site contact family
- If unable to reach family, then suspend/remove insulin pump and start manual insulin syringe injection pathway.
- Refer to insulin pump Prescriber Authorization form for dosing if insulin pump removed (*Correction factor given every 3 hours per pen/syringe pathway)

Ketones Negative

1. Administer correction factor by insulin pump.
2. Return to class with sugar free/caffeine free fluids.
3. Resume normal activities.
4. Recheck blood glucose and ketones in 2 hours. Give a correction factor bolus if needed.
5. If ketones present with recheck then follow appropriate guidelines

Ketones Present without Nausea/Vomiting

Ketones Present (Trace/Small) without Nausea/Vomiting

1. Administer correction factor by insulin pump.
2. Return to class with sugar free/caffeine free fluids.
3. Resume normal activities.
4. Recheck blood glucose and ketones in 2 hours. Give correction factor bolus if needed.
5. If ketones present with recheck then follow appropriate guidelines

Ketones Present (Moderate/Large) without Nausea/Vomiting

1. Remove insulin pump.
2. Administer correction factor by pen/syringe injection rather than with pump.
3. Student will need to change insulin pump infusion set, site/pod and refill reservoir/pod with insulin. If student is not marked independent in care, then contact family.
4. Return to class with sugar free/caffeine free fluids.
5. No physical activity
6. Recheck blood glucose and ketones in 3 hours.

Ketones Present with Nausea/Vomiting

1. Remove insulin pump.
2. Correction dose of insulin by syringe/pen injection
3. Student will need to change insulin pump infusion set, site/pod, and refill reservoir/pod with insulin. If student is not marked independent in care, then contact family.
4. Call parents. Child should be sent home.
5. If unable to reach parents, Call Diabetes doctor on call (205-638-9107) and request a sick day page.
6. If you do not receive a callback within 15 minutes, call back to office as above or call (205-638-9100) and ask for the Diabetes doctor on call.

- Student shall be permitted to have access to water, by keeping a water bottle in his/her possession at his/her desk, or by allowing student unrestricted access to drinking fountain.

Student is not to miss class by sitting in the nurses' office or be sent home unless vomiting or feeling poorly

Scenario #19

- Jack wears an Omnipod. He comes into your office for lunch, and his blood sugar is 350. He checks for ketones and gets moderate results. No other symptoms. He has not had a bolus since breakfast. He is marked as "independent" on his treatment/intervention form. What should you do next?

A. Give correction factor with current pod.

B. Remove pod, have him place a new one, and administer correction factor.

C. Remove pod, give correction factor via syringe, and then have him place a new pod.

D. Have student sit in nurse's office until his blood sugar is back in range.

E. Send him home.

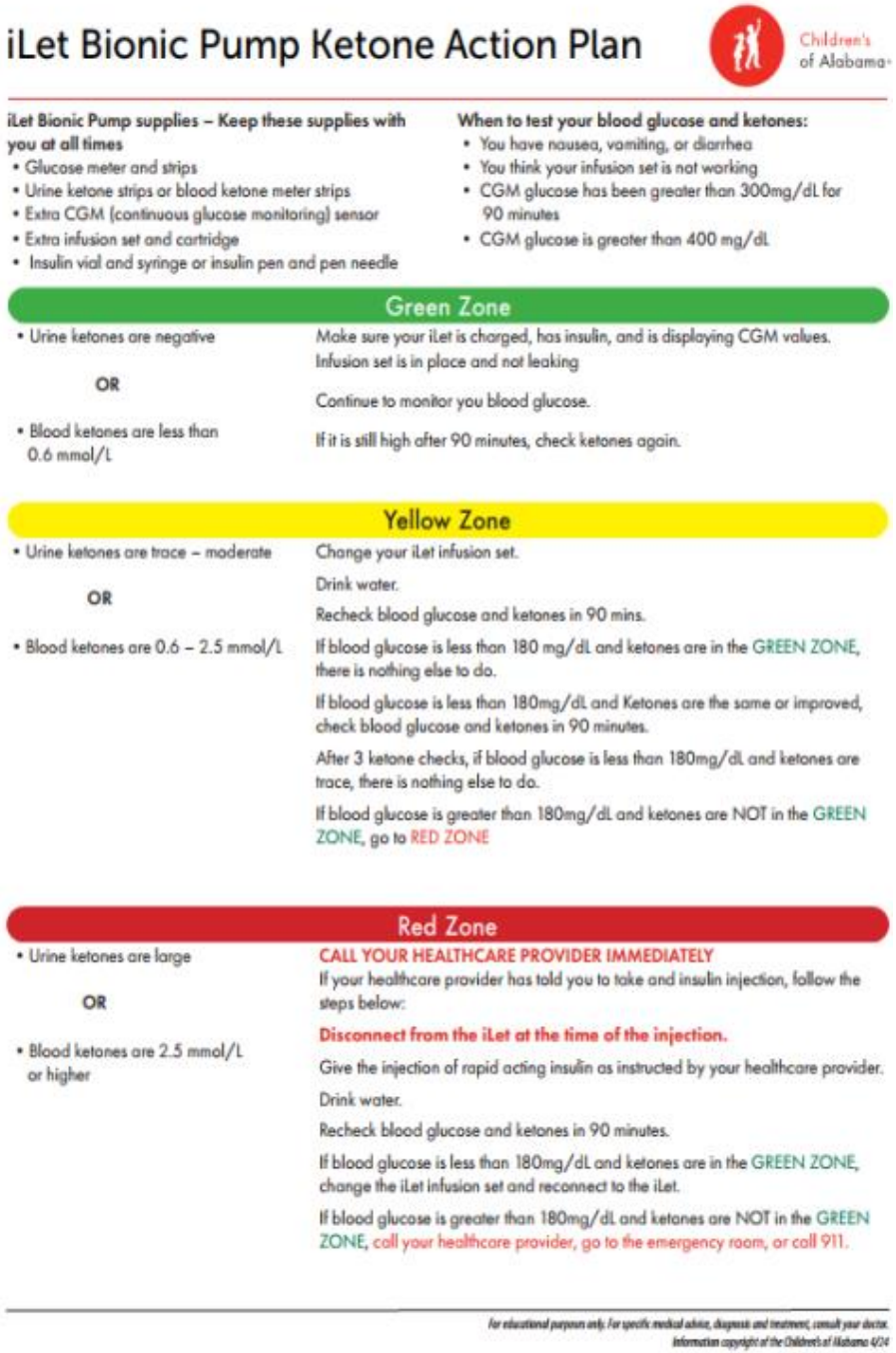
Scenario #19

Answer:

C

Why?

- It is quite possible he has a bad pump site therefore needs a new pod.
- Giving him a syringe injection ensures he gets the correction prior to placing a new pod.



iLet Bionic Pump Ketone Action Plan

Children's of Alabama

iLet Bionic Pump supplies – Keep these supplies with you at all times

- Glucose meter and strips
- Urine ketone strips or blood ketone meter strips
- Extra CGM (continuous glucose monitoring) sensor
- Extra infusion set and cartridge
- Insulin vial and syringe or insulin pen and pen needle

When to test your blood glucose and ketones:

- You have nausea, vomiting, or diarrhea
- You think your infusion set is not working
- CGM glucose has been greater than 300mg/dL for 90 minutes
- CGM glucose is greater than 400 mg/dL

Green Zone

- Urine ketones are negative

OR

- Blood ketones are less than 0.6 mmol/L

Make sure your iLet is charged, has insulin, and is displaying CGM values. Infusion set is in place and not leaking

Continue to monitor you blood glucose.

If it is still high after 90 minutes, check ketones again.

Yellow Zone

- Urine ketones are trace – moderate

OR

- Blood ketones are 0.6 – 2.5 mmol/L

Change your iLet infusion set.

Drink water.

Recheck blood glucose and ketones in 90 mins.

If blood glucose is less than 180 mg/dL and ketones are in the GREEN ZONE, there is nothing else to do.

If blood glucose is less than 180mg/dL and Ketones are the same or improved, check blood glucose and ketones in 90 minutes.

After 3 ketone checks, if blood glucose is less than 180mg/dL and ketones are trace, there is nothing else to do.

If blood glucose is greater than 180mg/dL and ketones are NOT in the GREEN ZONE, go to RED ZONE

Red Zone

- Urine ketones are large

OR

- Blood ketones are 2.5 mmol/L or higher

CALL YOUR HEALTHCARE PROVIDER IMMEDIATELY

If your healthcare provider has told you to take and insulin injection, follow the steps below:

Disconnect from the iLet at the time of the injection.

Give the injection of rapid acting insulin as instructed by your healthcare provider.

Drink water.

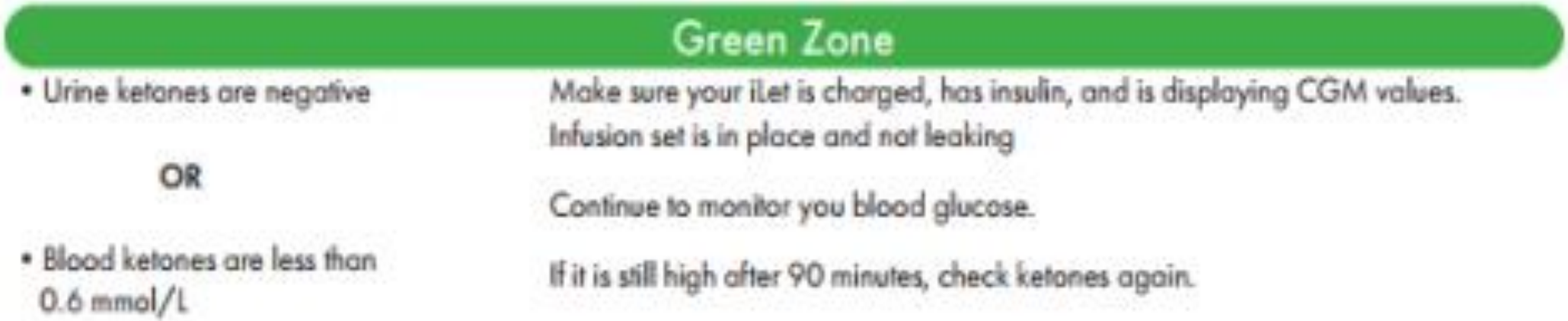
Recheck blood glucose and ketones in 90 minutes.

If blood glucose is less than 180mg/dL and ketones are in the GREEN ZONE, change the iLet infusion set and reconnect to the iLet.

If blood glucose is greater than 180mg/dL and ketones are NOT in the GREEN ZONE, call your healthcare provider, go to the emergency room, or call 911.

iLet Ketone Action Plan

- This is for iLet Bionic Pump ONLY!
- If student has a blood glucose of >300 for 90mins (1.5hr), start checking for ketones.
- If ketones are present while wearing the iLet pump, the pump/site is not working properly.

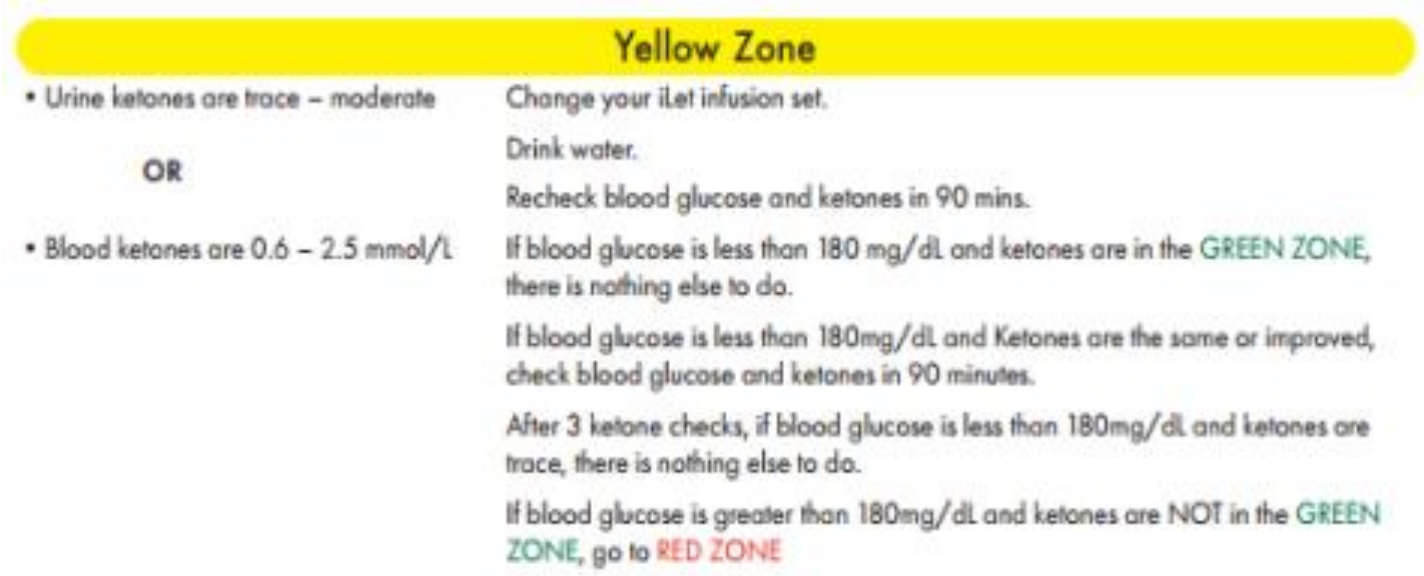


iLet Green Zone

- High blood sugar but ketones are NEGATIVE.
- Check to make sure pump is powered on, the pump site is on the student's body, and there is insulin in the pump.
  - If all are applicable while having negative ketones, continue to monitor and in 90 mins check for ketones again if student is still high.

iLet Yellow Zone

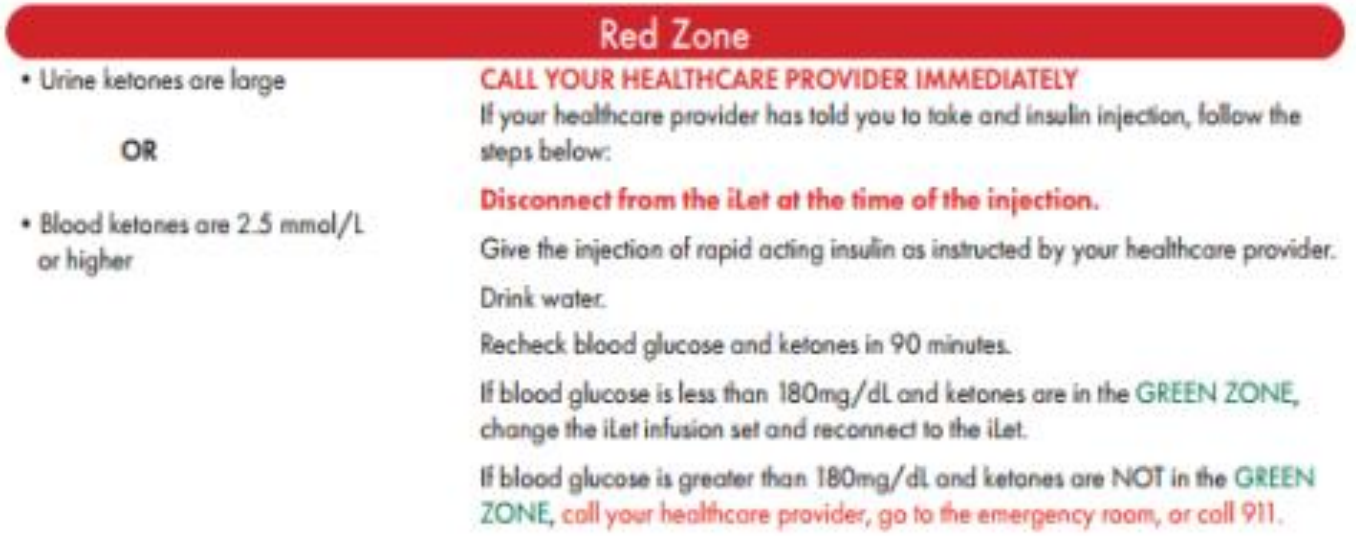
- Ketones are Trace-Moderate
- Change out the iLet infusion set– Remember if the student has ketones, they are possibly not receiving insulin from the pump site.
- After changing the infusion set, have student drink fluids to help excrete ketones.
- The pump has an algorithm that will automatically give correction insulin to bring glucose down.
- Recheck glucose and ketones in 90 minutes after replacing the infusion set to give the correction algorithm time to work.
- Can recheck glucose and ketones every 90 minutes to determine if ketones are clearing from the body.
- After three ketone checks (90 minutes between each check)
  - If the glucose is now less than 180mg/dL and the ketones are negative to trace, continue using the pump and the current site on the body.
  - If ketones do not start to improve, or get worse (Large), proceed to the Red Zone section of the Ketone Action Plan.



Yellow Zone	
• Urine ketones are trace – moderate OR • Blood ketones are 0.6 – 2.5 mmol/L	Change your iLet infusion set. Drink water. Recheck blood glucose and ketones in 90 mins. If blood glucose is less than 180 mg/dL and ketones are in the GREEN ZONE, there is nothing else to do. If blood glucose is less than 180mg/dL and Ketones are the same or improved, check blood glucose and ketones in 90 minutes. After 3 ketone checks, if blood glucose is less than 180mg/dL and ketones are trace, there is nothing else to do. If blood glucose is greater than 180mg/dL and ketones are NOT in the GREEN ZONE, go to RED ZONE

iLet Red Zone

- Ketones are Large
- Disconnect from the iLet, remove the pump site from the body – The student is most likely not getting the insulin. (Potential bad site)
- Give injection of rapid acting insulin -listed on the PPA form
- Recheck glucose and ketones in 90 minutes
  - If ketones are cleared at this time, have the parent or student (if marked independent) replace a new insulin pump site.
- Important: If a manual correction injection was given, you cannot restart the pump until after 90 minutes!
- If ketones continue call Diabetes office or 911



Red Zone

- Urine ketones are large

OR

- Blood ketones are 2.5 mmol/L or higher

CALL YOUR HEALTHCARE PROVIDER IMMEDIATELY

If your healthcare provider has told you to take and insulin injection, follow the steps below:

Disconnect from the iLet at the time of the injection.

Give the injection of rapid acting insulin as instructed by your healthcare provider.

Drink water.

Recheck blood glucose and ketones in 90 minutes.

If blood glucose is less than 180mg/dL and ketones are in the GREEN ZONE, change the iLet infusion set and reconnect to the iLet.

If blood glucose is greater than 180mg/dL and ketones are NOT in the GREEN ZONE, call your healthcare provider, go to the emergency room, or call 911.

Scenario #20:

- Olivia, age 8 comes to your office with stomach cramps. She wears the iLet insulin pump. She arrived at school around one hour ago. She does not remember what time she ate breakfast, but it was before arriving to school. She does remember her mom announcing for it. She tells you she has been “high” all morning. Her CGM is reading 310, upon finger-stick the glucose is 352. You have her check for ketones, and they are Moderate.

Question:

What Zone is she in on the iLet Ketone Action Plan?

A. Green Zone

B. Yellow Zone

C. Red Zone

D. None of the above

Scenario #20 :

Answer:

- (B) Yellow Zone

Why?:

- The CGM is over 300 (For at least 1 hour/possibly longer)
- Ketones are Moderate
- With the iLet pump if ketones are Moderate to Large the patient is most likely not receiving insulin “When in doubt change it out”

Scenario #20 part 2:

Question:

Now that we know she is in the Yellow Zone and making Ketones, what is the next step to take?

A. Nothing, the pump is smart let it take care of the highs and Ketones
B. Have her drink water only, that will take care of the ketones
C. Call the parent to come change out the pump site (if not marked independent)
D. Let the pump continue to run, and check glucose and ketones again in 90 minutes

Scenario #20 part 2

Answer:

- (C) Call the parent to come change out the pump site – She is not marked independent

Reason:

- If the student is making ketones especially Moderate to Large they are most likely not getting insulin from the pump
- With this particular insulin pump, if the glucose is above 300 for more than 90 minutes, or over 400 there is a high possibility the patient is not receiving insulin
- Check the site to see if leaking, and check the tubing to see if kinked
- This pump has a built-in correction algorithm that should keep the student's glucose below these ranges if delivering correctly

Scenario #20 part 3:

You contact the parent to come change out the insulin pump site for Olivia. She is not marked as independent on the prescriber authorization form. The parent is out of town and unable to come to the school today to change out the pump site.

Question:

What is your next step?

A- Panic
B- Ignore the forms and have the student change out her site
C- You as the school nurse, change out the pump site
D- Follow the Dosing Instructions on page 2 of the iLet Pump Therapy form

Scenario #20 part 3:

Answer:

D- Follow the Dosing Instructions on page 2 of the iLet Pump Therapy form

Reason:

- Since the student has Moderate ketones with stomach cramps we know she is most likely not getting the insulin needed from her pump
- The body must have insulin in order to stop ketones
- Her parent cannot come change out the site, and she is not marked independent
- Disconnect the iLet from her body – if you continue to use the pump she is at risk of DKA if no insulin is delivered
- Follow page two of the iLet Prescriber Authorization form for dosing instructions
- Give a correction dose using the correction factor formula on the page (Can do correction dose every three hours if needed when on injections)
- Remember: if a dose of insulin was ever given via pen/syringe injection you MUST wait 90 minutes before starting the insulin pump back (If the parent ends up coming to the school to change out the site)

Scenario #21

Michael wears an iLet pump. His blood sugar is 260, and it's been 2 ½ hours since he announced breakfast. Lunch is still 2 hours away. What should you do?

A. Nothing. Let the pump's algorithm work to bring them back down.
B. Check ketones.
C. Announce a meal so it will give them a bolus.

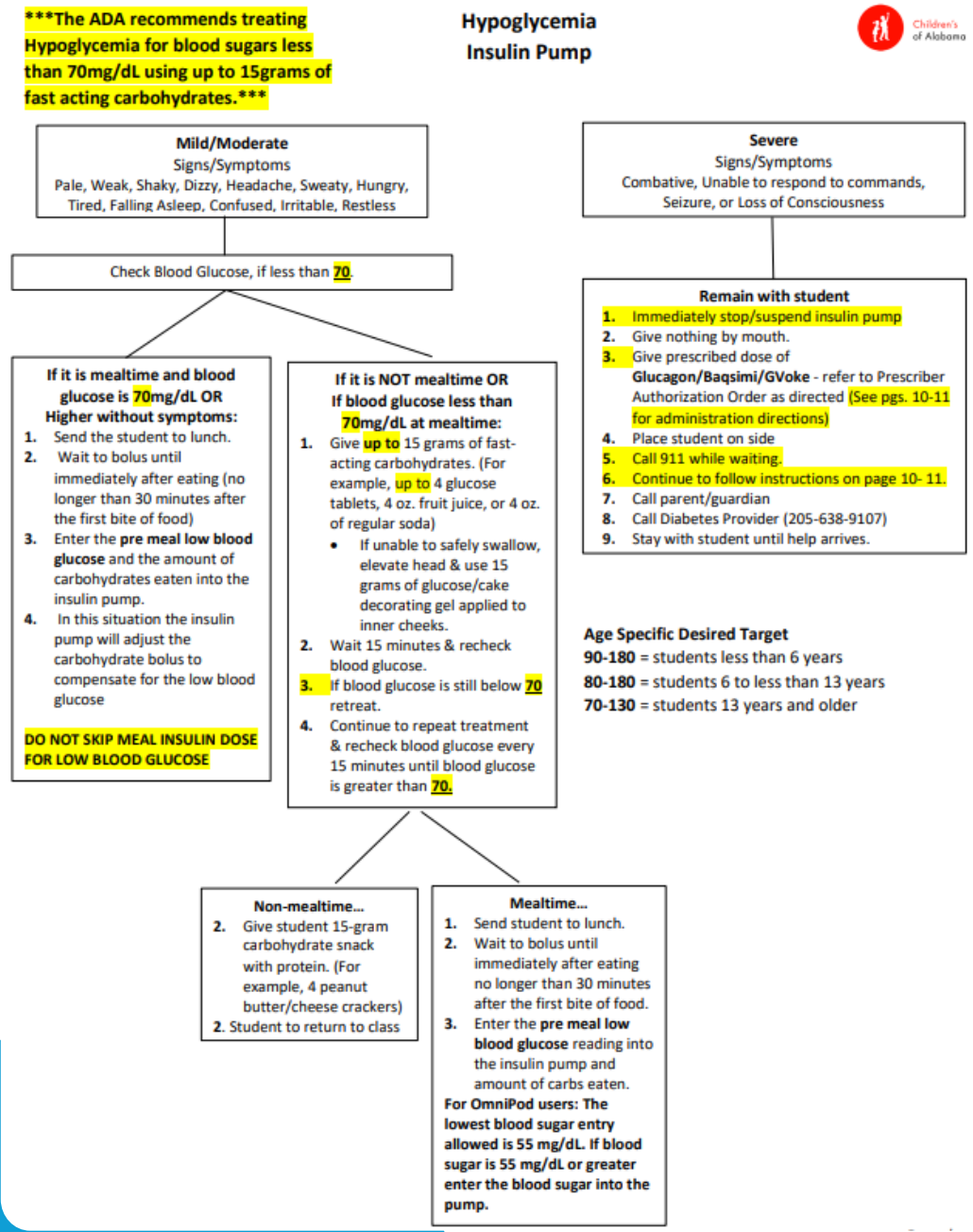
Scenario #21

Answer:

A

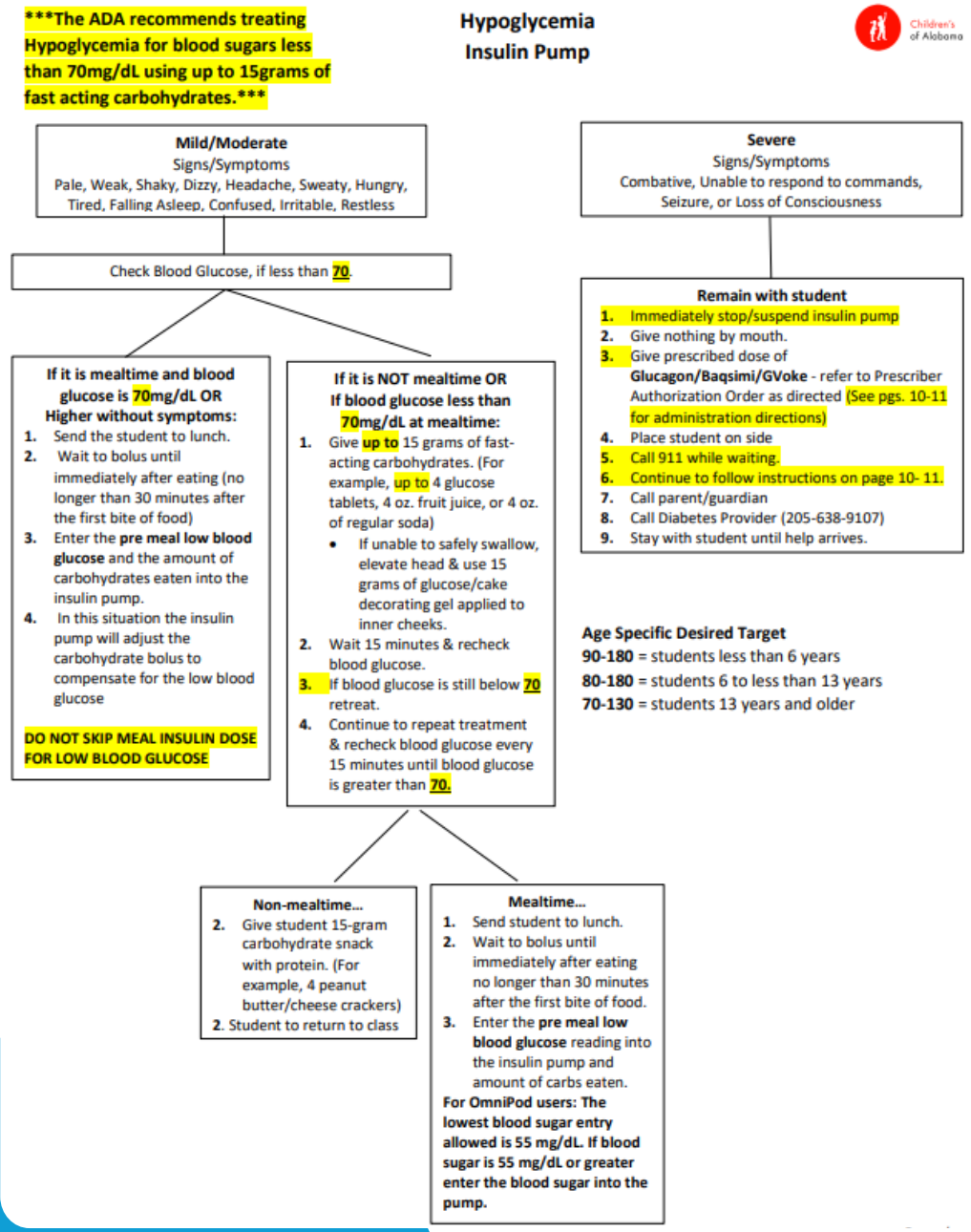
Why?

- The iLet is designed to correct highs based on its algorithm.
- There is no way to give a correction in the iLet, only announce meals.



Lows on Pump

- Of note: If the Student is using an Automated insulin pump that is in communication with a CGM, the pump should have predicted and recognized the impending low. Depending on the insulin pump algorithm, the insulin would have been slowed down or suspended for 30 minutes to 1 hour before the low occurred.
  - Because of this, you may notice giving the entire 15 grams of carbs for treatment might elevate their glucose more than expected.
  - This is another reason why our recommendations are for “up to” 15 grams of carbs.



Scenario #22

Sam is a 13-year-old student at your school using an Omnipod 5 insulin pump. He arrives to your office after P.E. with complaints of dizziness and sweating. His Dexcom G7 is reading 108 with double arrows down. Upon fingerstick he is 68. It has been 2 hours since he had lunch. What is your next step?

A. Give exactly 15 grams of fast acting carbs

B. Give 8 grams of fast acting carbs

C. Have him drink water

D. Have him drink an entire 12 ounce can of regular soda and eat a 6 pack of peanut butter crackers

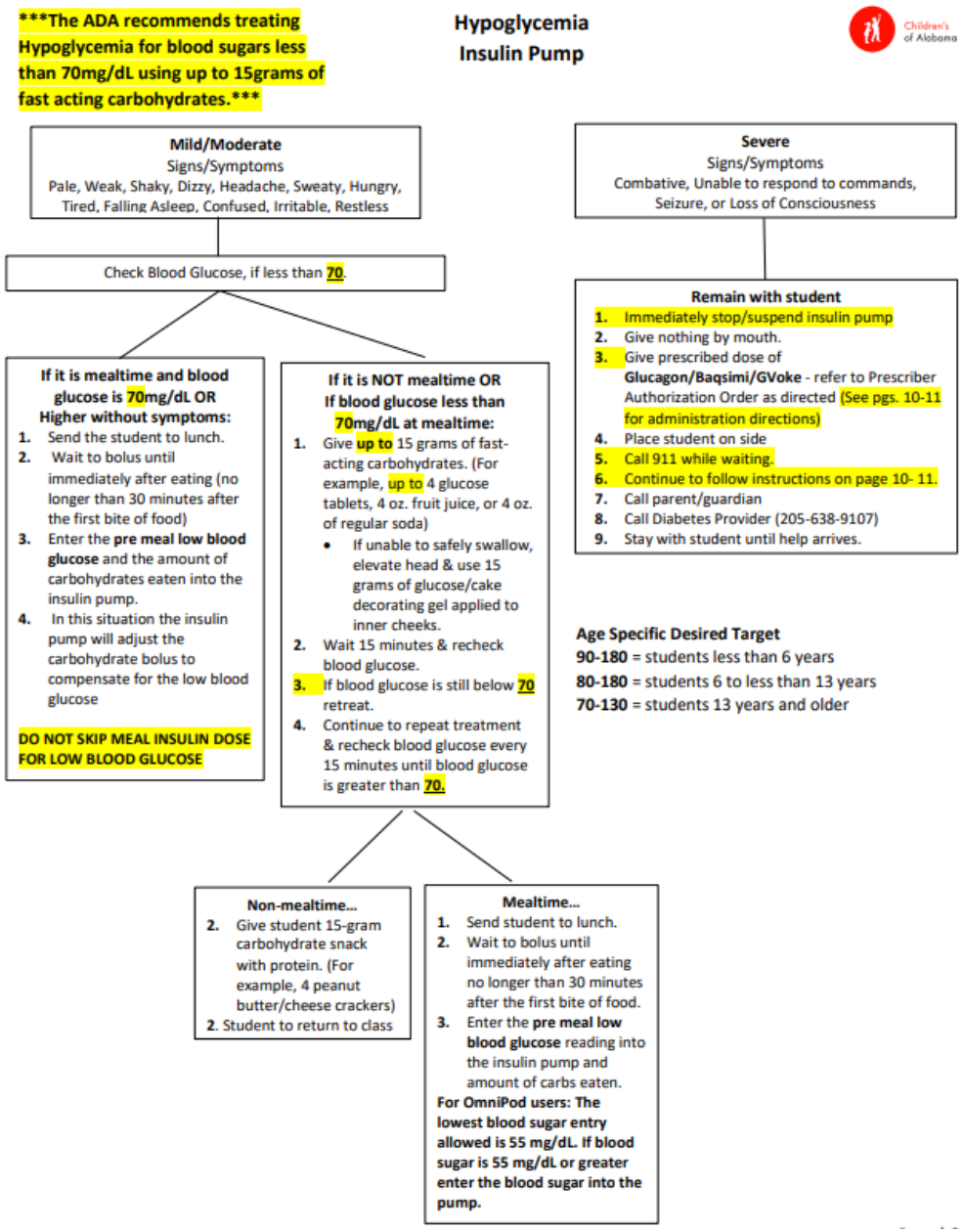
Scenario #22

Answer:

A or B

Why?

- Neither A or B is wrong
- The Medical Management Plan states “up to 15 grams” of carbs
- When a patient is using an Automated “smart” pump, the algorithm should have already detected the low and started to slow down or pause the basal insulin to try to prevent the hypoglycemia; therefore, the treatment may not require as many carbs to get he glucose back in range.
- Remember: we want to get them back in range, but not over treat



Scenario #23

- Alexis uses the Tandem t:slim and she comes to your office before lunch. You see that her Dexcom reading is 60 and she says she is shaky. You do a fingerstick and she is 58. You decide to give her a juice box that has 15 grams of carbs. After about 15 minutes, her blood sugar is now 142 with an arrow up and she is ready to eat lunch. What blood sugar do you use to dose her for lunch?

Scenario #23

Answer:

58

Why?

- We want to do the lowest blood sugar number we saw. Her pump will use a “reverse correction” which will subtract insulin from the calculation to allow her to receive insulin only if needed.
- If we allow her to use the 142 with the arrow up, her pump will give her too much insulin (because it thinks she is going high) and she will have a rollercoaster event all day

Scenario #24

- Liam is a 7-year-old student that is using an automated insulin pump. He comes to you before lunch to dose. He is notorious for not eating all carbs he is dosed for, so you decide to dose him after he eats. He returns to your office 1 hour later after being dosed for lunch experiencing hypoglycemia. What might be the cause of this?

Scenario #24

Answer:

Dosing after eating

Why?

- When using an automated insulin pump, the algorithm will predict 30min-1 hour before the high occurs and starts to increase the basal insulin immediately. When you dose late, the pump has realized his blood sugar is rising and starts increasing that basal delivery. Then, when the meal-time insulin is dosed AFTER eating, not only has the pump increased basal delivery, but he is now getting a correction bolus which could stack insulin and cause a low.

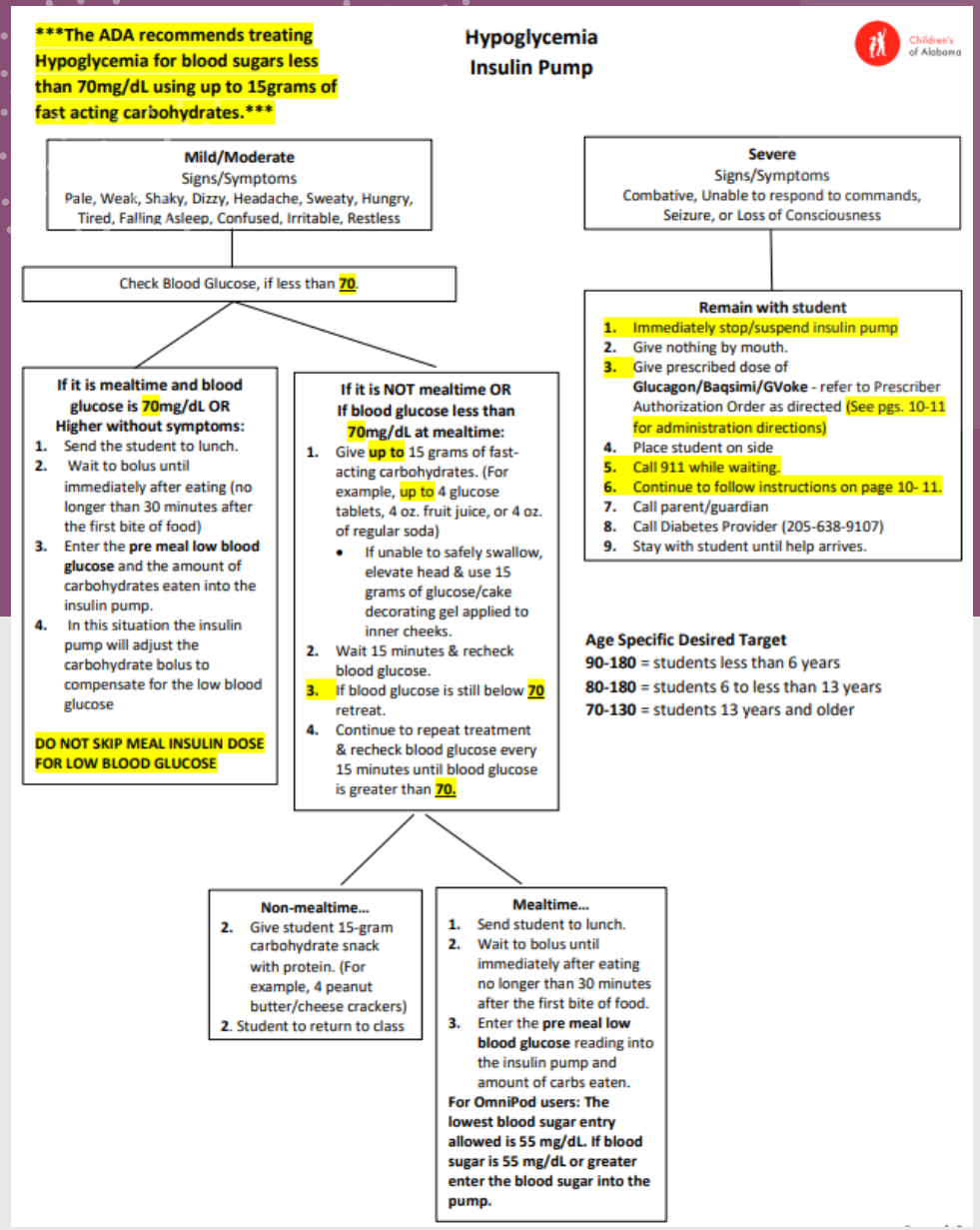
Scenario #25

Vicki wears a Tandem Mobi. You get a call that she has become unresponsive in her classroom.

- Would you give cake gel or prescribed Baqsimi?
- Do you stop the pump from administering insulin?
- Do you trust the algorithm will suspend the pump?

Scenario #25

- Answer:
  - Give Baqsimi. Assume severe low blood sugar due to unresponsiveness. Do not put anything into her mouth
  - Stop the pump. Dexcom may be reading incorrectly, or the Baqsimi may make their blood sugar rapidly rise, which will result in the pump administering insulin



The ADA recommends treating Hypoglycemia for blood sugars less than 70mg/dL using up to 15grams of fast acting carbohydrates.

Hypoglycemia
Insulin Pump

Children's of Alabama

Mild/Moderate
Signs/Symptoms
Pale, Weak, Shaky, Dizzy, Headache, Sweaty, Hungry, Tired, Falling Asleep, Confused, Irritable, Restless

Check Blood Glucose, if less than 70.

If it is mealtime and blood glucose is 70mg/dL OR Higher without symptoms:
1. Send the student to lunch.
2. Wait to bolus until immediately after eating (no longer than 30 minutes after the first bite of food)
3. Enter the **pre meal low blood glucose** and the amount of carbohydrates eaten into the insulin pump.
4. In this situation the insulin pump will adjust the carbohydrate bolus to compensate for the low blood glucose

DO NOT SKIP MEAL INSULIN DOSE FOR LOW BLOOD GLUCOSE

If it is NOT mealtime OR If blood glucose less than 70mg/dL at mealtime:
1. Give **up to** 15 grams of fast-acting carbohydrates. (For example, up to 4 glucose tablets, 4 oz. fruit juice, or 4 oz. of regular soda)
   - If unable to safely swallow, elevate head & use 15 grams of glucose/cake decorating gel applied to inner cheeks.
2. Wait 15 minutes & recheck blood glucose.
3. If blood glucose is still below 70 retreat.
4. Continue to repeat treatment & recheck blood glucose every 15 minutes until blood glucose is greater than 70.

Non-mealtime...
2. Give student 15-gram carbohydrate snack with protein. (For example, 4 peanut butter/cheese crackers)
2. Student to return to class

Mealtime...
1. Send student to lunch.
2. Wait to bolus until immediately after eating no longer than 30 minutes after the first bite of food.
3. Enter the **pre meal low blood glucose** reading into the insulin pump and amount of carbs eaten.

For OmniPod users: The lowest blood sugar entry allowed is 55 mg/dL. If blood sugar is 55 mg/dL or greater enter the blood sugar into the pump.

Severe
Signs/Symptoms
Combative, Unable to respond to commands, Seizure, or Loss of Consciousness

Remain with student
1. Immediately stop/suspend insulin pump
2. Give nothing by mouth.
3. Give prescribed dose of **Glucagon/Baqsimi/GVoke** - refer to Prescriber Authorization Order as directed (See pgs. 10-11 for administration directions)
4. Place student on side
5. Call 911 while waiting.
6. Continue to follow instructions on page 10- 11.
7. Call parent/guardian
8. Call Diabetes Provider (205-638-9107)
9. Stay with student until help arrives.

Age Specific Desired Target
90-180 = students less than 6 years
80-180 = students 6 to less than 13 years
70-130 = students 13 years and older

Pump Therapy

- No basal rates listed as most patients are using an automated system, therefore, rates are fluctuating.
- Long-acting dose is listed for Nurse to be given in event of pump failure IF long-acting insulin is available. (Caregiver is not required to keep at school)
  - If Pump failure occurs use Carb ratios and correction factor listed on this form
  - Remember must wait 3 hours between CF dose if using injections.

UAB MEDICINE
DEPARTMENT OF PEDIATRICS

Children's of Alabama

PRESCRIBER AUTHORIZATION
STUDENT INFORMATION

Student's Name: 3mprocedure Test
Date of Birth: 10/15/2012
Age: 12 y.o.
Allergies: He has No Known Allergies.

Pump Therapy

START DATE: 5/14/2025 **STOP DATE:** 5/14/2026

Name of Medication: **Insulin (Humalog)**

Dosage:

Correction/Supplemental Dose	Time Frame
Blood sugar - (150) / (150) = x units	12am-3pm
Blood sugar - (180) / (150) = x units	3pm-12am

Bolus Ratio	Time Ratio
1 unit per 12 grams of carbohydrate	at 12am-10am meals and snacks
1 unit per 15 grams of carbohydrate	at 10am-4pm meals and snacks
1 unit per 12 grams of carbohydrate	at 4pm-12am meals and snacks

For pump failure (remove pump and resume insulin injections) - (See page 6 of Diabetes Medical Plan):
Notify caregiver(s) so long acting insulin can be administered.
Basal Insulin Dose (If available)
Name of Medication: **Insulin (Tresiba)** Dosage: 7 unit(s); Route: Subcutaneous one dose as soon as possible after pump failure.

Family is **NOT required to leave long-acting insulin at school or transport long-acting insulin to and from school.**
Remember you must wait 3 hours between correction factor dose administrations but give meal dose as scheduled.
The above rapid acting insulin may be administered by syringe injection for insulin to carbohydrate ratio and correction factor doses.
Student does not need to go home (unless he/she meets criteria on page 6 of Diabetes Medical Plan)

UAB MEDICINE
DEPARTMENT OF PEDIATRICS

PRESCRIBER AUTHORIZATION
STUDENT INFORMATION

Student's Name: 3mprocedure Test
Date of Birth: 10/15/2012
Age: 12 y.o.
Allergies: He has No Known Allergies.

Pump Therapy

START DATE: 5/14/2025 **STOP DATE:** 5/14/

Name of Medication: **Insulin (Humalog)**

Dosage:

Correction/Supplemental Dose	Time Frame
Blood sugar - (150) / (150) = x units	12am-3pm
Blood sugar - (180) / (150) = x units	3pm-12am

Bolus Ratio	Time Ratio
1 unit per 12 grams of carbohydrate	at 12am-10am meals and snacks
1 unit per 15 grams of carbohydrate	at 10am-4pm meals and snacks
1 unit per 12 grams of carbohydrate	at 4pm-12am meals and snacks

For pump failure (remove pump and resume insulin injections) - (See page 6 of Diabetes Medical Plan):
Notify caregiver(s) so long acting insulin can be administered.
Basal Insulin Dose (If available)
Name of Medication: **Insulin (Tresiba)** Dosage: 7 unit(s); Route: Subcutaneous one dose as soon as possible after pump failure.

Family is **NOT required to leave long-acting insulin at school or transport long-acting insuli and from school.**
Remember you must wait 3 hours between correction factor dose administrations o meal dose as scheduled.
The above rapid acting insulin may be administered by syringe injection for insulin to carbohydrate ratio and correction factor doses.
Student does not need to go home (unless he/she meets criteria on page 6 of Dia et Medical Plan)

Scenario #26

James wears a Medtronic pump. At 10 AM, he comes to your office and lets you know his pump has failed (there is an error code on the screen saying it has failed). In James' orders, you see that he is supposed to receive 25 units of long-acting insulin in case of pump failure. You realize the parents have decided not to keep any long-acting insulin at the school. You attempt to contact them multiple times with no success. How should you proceed?

A. Call 911.
B. Use another student's long-acting insulin.
C. Send them back to class.
D. Give a correction factor via syringe/pen every 3 hours as needed until he can receive his long-acting insulin injection.

Scenario #26

Answer:

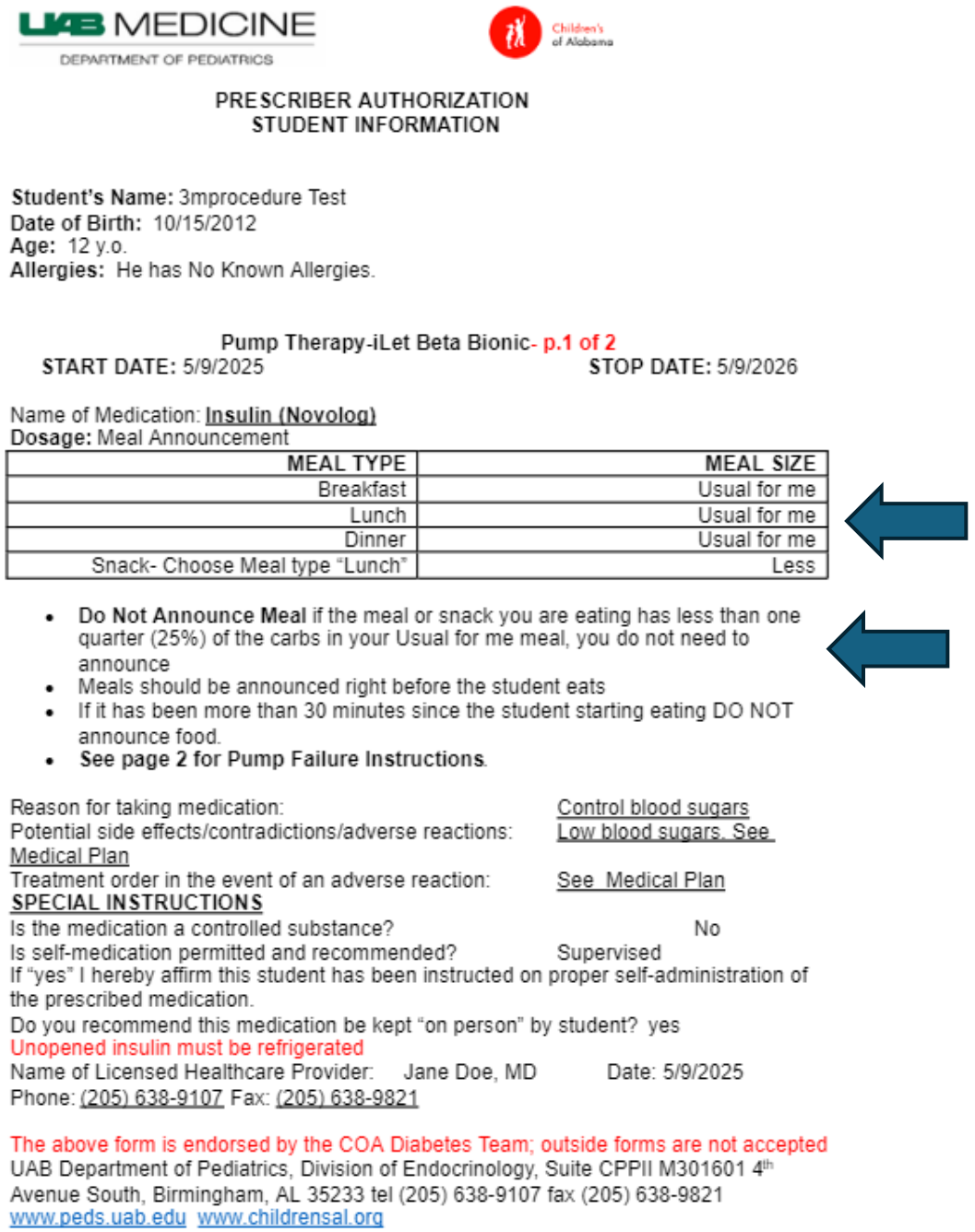
D

Why?

- James has no way of receiving insulin.
- Remember rapid acting insulin is in the body a minimum of 4 hours therefore giving a correction every 3 hours will keep insulin in him to keep him safe until long acting is given.

iLet Pump

- Two page document
- First page tells you what dose to select for boluses.
- All boluses will be Usual for Me except for snacks. Snacks are Less
- Recommendations listed for how to best utilize iLet dosing
  - Important to dose before eating to prevent hypoglycemia.
  - If it has been longer than 30 minutes past the first bite of food, do not announce or you could cause a low blood glucose for the patient.
  - If student is eating lunch/snack that is less than 15 grams of carbs, do not announce for this.



UAB MEDICINE
DEPARTMENT OF PEDIATRICS
Children's of Alabama

PRESCRIBER AUTHORIZATION
STUDENT INFORMATION

Student's Name: 3mprocedure Test
Date of Birth: 10/15/2012
Age: 12 y.o.
Allergies: He has No Known Allergies.

Pump Therapy-iLet Beta Bionic- p.1 of 2
START DATE: 5/9/2025 **STOP DATE:** 5/9/2026

Name of Medication: **Insulin (Novolog)**
Dosage: Meal Announcement

MEAL TYPE	MEAL SIZE
Breakfast	Usual for me
Lunch	Usual for me
Dinner	Usual for me
Snack- Choose Meal type "Lunch"	Less

- **Do Not Announce Meal** if the meal or snack you are eating has less than one quarter (25%) of the carbs in your Usual for me meal, you do not need to announce
- Meals should be announced right before the student eats
- If it has been more than 30 minutes since the student starting eating DO NOT announce food.
- **See page 2 for Pump Failure Instructions.**

Reason for taking medication: Control blood sugars
Potential side effects/contradictions/adverse reactions: Low blood sugars. See Medical Plan
Treatment order in the event of an adverse reaction: See Medical Plan
SPECIAL INSTRUCTIONS
Is the medication a controlled substance? No
Is self-medication permitted and recommended? Supervised
If "yes" I hereby affirm this student has been instructed on proper self-administration of the prescribed medication.
Do you recommend this medication be kept "on person" by student? yes
Unopened insulin must be refrigerated
Name of Licensed Healthcare Provider: Jane Doe, MD Date: 5/9/2025
Phone: (205) 638-9107 Fax: (205) 638-9821

The above form is endorsed by the COA Diabetes Team; outside forms are not accepted
UAB Department of Pediatrics, Division of Endocrinology, Suite CPPII M301601 4th Avenue South, Birmingham, AL 35233 tel (205) 638-9107 fax (205) 638-9821
www.peds.uab.edu www.childrensal.org

iLet Page 2

- Instructions for Pump failure
  - Carb ratio and correction factor dose listed
  - Remember- must wait 3 hours between CF doses if now using injections.

UAB MEDICINE
DEPARTMENT OF PEDIATRICS

Children's of Alabama

PRESCRIBER AUTHORIZATION
STUDENT INFORMATION

Student's Name: 3mprocedure Test
Date of Birth: 10/15/2012
Age: 12 y.o.
Allergies: He has No Known Allergies.

Pump Therapy- iLet Beta Bionic- p.2 of 2
Ilet Beta Bionic Pump Failure Dosing Instructions – Insulin to Carbohydrate Ratio

START DATE: 5/9/2025 **STOP DATE:** 5/9/2026

Pump Failure:
For pump failure (remove pump and resume insulin injections)
Notify caregiver(s) so long-acting insulin can be administered
The rapid acting insulin may be administered by syringe injection for insulin to carbohydrate ratio and correction factor doses.
Remember you must wait 3 hours between correction factor dose administrations but give meal dose as scheduled.
Student does not need to go home (unless he/she meets criteria in the Diabetes Medical Plan)

Basal Insulin Dose (If available)
Name of Medication: Insulin (Tresiba)
Dosage: 10 unit(s); Route: Subcutaneous one dose as soon as possible after pump failure

---

Correction Dose
Name of Medication: **Insulin(Humalog)**

Bolus Ratio	Time Ratio
1 unit per 18 grams of carbohydrate	before breakfast
1 unit per 22 grams of carbohydrate	before lunch
1 unit per 12 grams of carbohydrate	before dinner
1 unit per 25 grams of carbohydrate	before snack

Give Correction Factor every 3 hours
Blood sugar - (150) = x units
(80)

Reason for taking medication:	Control blood sugars
Potential side effects/contradictions/adverse reactions:	Low blood sugars. See Medical Plan
Treatment order in the event of an adverse reaction:	See Medical Plan

iLet Page 2

Pump failure doses

Option for Fixed dose and correction factor

UAB MEDICINE
DEPARTMENT OF PEDIATRICS
Children's of Alabama

PRESCRIBER AUTHORIZATION
STUDENT INFORMATION

Student's Name: 3mprocedure Test
Date of Birth: 10/15/2012
Age: 12 y.o.
Allergies: He has No Known Allergies.

Pump Therapy- iLet Beta Bionic- p.2 of 2
ILet Beta Bionic Pump Failure Dosing Instructions – Fixed Dose

START DATE: 5/9/2025 **STOP DATE:** 5/9/2026

Pump Failure:
For pump failure (remove pump and resume insulin injections)
Notify caregiver(s) so long-acting insulin can be administered
The rapid acting insulin may be administered by syringe injection for insulin to carbohydrate ratio and correction factor doses.
Remember you must wait 3 hours between correction factor dose administrations but give meal dose as scheduled.
Student does not need to go home (unless he/she meets criteria in the Diabetes Medical Plan)

Basal Insulin Dose (If available)
Name of Medication: **Insulin (Tresiba)**
Dosage: 15 unit(s); Route: Subcutaneous one dose as soon as possible after pump failure

---

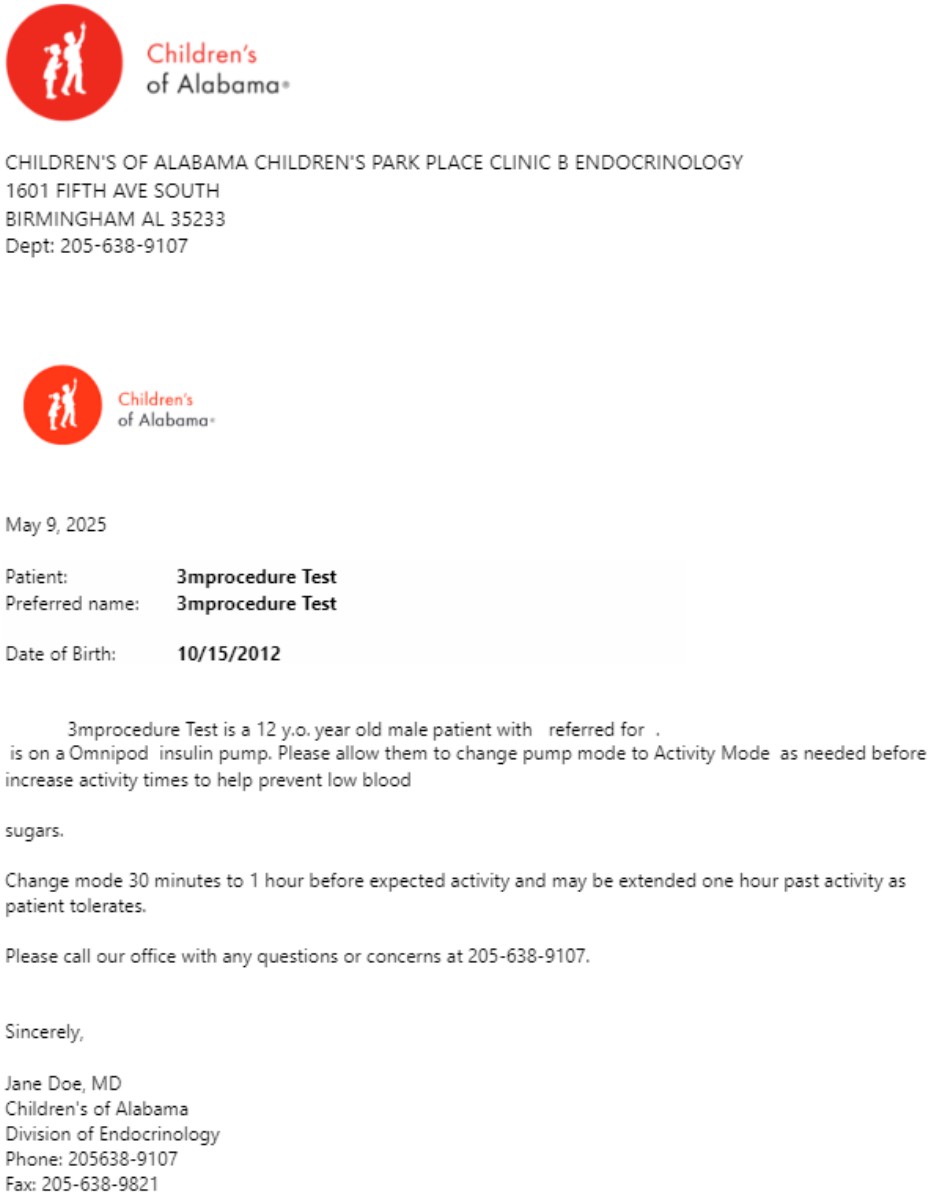
Meal/Correction Dose
Name of Medication: **Insulin(Novolog)**

Fixed Dose	Time
5 units before breakfast	
5 units before lunch	
7 units before dinner	
3 units before snack	

Give Correction Factor every 3 hours
Blood sugar - (120) = x units
(50)

Reason for taking medication: Control blood sugars
Potential side effects/contradictions/adverse reactions: Low blood sugars. See Medical Plan
Treatment order in the event of an adverse reaction: See Medical Plan

SPECIAL INSTRUCTIONS



Children's of Alabama

CHILDREN'S OF ALABAMA CHILDREN'S PARK PLACE CLINIC B ENDOCRINOLOGY
1601 FIFTH AVE SOUTH
BIRMINGHAM AL 35233
Dept: 205-638-9107

Children's of Alabama

May 9, 2025

Patient: **3mprocedure Test**
Preferred name: **3mprocedure Test**

Date of Birth: **10/15/2012**

3mprocedure Test is a 12 y.o. year old male patient with referred for .
is on a Omnipod insulin pump. Please allow them to change pump mode to Activity Mode as needed before increase activity times to help prevent low blood

sugars.

Change mode 30 minutes to 1 hour before expected activity and may be extended one hour past activity as patient tolerates.

Please call our office with any questions or concerns at 205-638-9107.

Sincerely,

Jane Doe, MD
Children's of Alabama
Division of Endocrinology
Phone: 205638-9107
Fax: 205-638-9821

Activity/Exercise Mode Form

- Most Automated insulin pumps have the option to activate “Activity/Exercise Mode”
- This is a feature to tell the insulin pump algorithm to be more cautious when delivering insulin while the student is active to hopefully reduce the chance of experiencing hypoglycemia.
- This allows the insulin pump to increase the Target to 140-150mg/dL depending on the insulin pump.
- Best practice is to start Activity/Exercise mode 30 minutes to 1 hour before the activity.
- Hypoglycemia could possibly still occur – treat as directed.
- Call the Diabetes office and ask for the Diabetes Educators if one of these forms are needed 205-638-9107

Scenario #27

John is on an automated insulin pump and is known to go low after P.E. There is a scheduled Field Day next week and you are concerned that he may experience lows throughout the day. After talking with his parent, they suggested that he be put in exercise mode to prevent lows with activity. You realize you do not have orders to use this feature. What do you do?

A. Use it anyways, it's super easy to turn on.

B. Don't worry about the lows, treat him as they happen

C. Call or have parent call the Diabetes office to get the activity/exercise form completed.

Scenario #27

Answer

C

Why?

- You need an order to utilize activity/exercise mode.
- The diabetes team can work to get this for you!

Housekeeping and Q&A

Melissa Beasley, Lead Pump Educator, RN, BSN, CDCES, CPT
Heather Armstrong, Lead Diabetes Educator, RN, BSN, CDCES

Housekeeping

- School packets are dated for a rolling calendar year. New packets are not issued each school year. Please do not discard at end of school year!
- Prescription label and PPA doses will likely not match. This is due to frequent dose changes.
- When a nurse calls our office for dose changes, form modification, updated orders, etc., per protocol, we must speak with the family before any new forms or changes can be made. Please notify family, if possible, when you are reaching out to us
- We do not require parents, or you to send in blood sugars weekly/monthly, etc. unless requested by the provider. We recommend reaching out when you see patterns.
    - If you send us blood sugars, we ask that you also send a copy home to the caregivers. We will be reaching out to them to get home readings, and we want them to be aware of what's happening at school as well.
- Goal is to keep your students feeling as normal as their peers. Therefore, unless ordered by provider we do not restrict food choices. We want them to know, if you want to eat it, dose for it!
- We are here a part of your team! Please do not hesitate to reach out when you have questions or concerns!

Contact Info

- 205-638-9107
  - M-F 8am-4pm
  - If you have a student in your office that you need immediate answer regarding care decision ask for a “sick day page” and you will receive a callback within 15 minutes.
- Diabetes.educator@childrensal.org
  - Monitored during business hours
  - Can send in BG logs, questions, concerns, etc
  - We are not allowed to email you school forms, must be sent via fax or physical copy via caregivers.


why
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QUESTIONS
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