

**DELÈ: 1ye jen. Fòm yo resevwa apre 1ye jen ka retade pwosesis la pou nouvo ane lekòl la.**

Siyati elèv la: \_\_\_\_\_ Non: \_\_\_\_\_ Dat nesans: \_\_\_\_\_

Nimewo OSIS: \_\_\_\_\_ Distri DOE: \_\_\_\_\_ Klas: \_\_\_\_\_ Salklas: \_\_\_\_\_ Seks:  Gason  Fi

Lekòl (mete non, nimewo, adrès ak borough): \_\_\_\_\_  
 [Please see 'Provider Guidelines for DMAF Completion']

Type 1 Diabetes  Type 2 Diabetes  Non-Type 1/Type 2 Diabetes  Other Diagnosis: \_\_\_\_\_

**Recent A1C:** Date: \_\_\_\_\_ Result: \_\_\_\_\_ %

**Orders written will be for Sept. 2022 through Aug. 2023 school year unless checked here:**  Current School Year 2021-22 and 2022-2023

**EMERGENCY ORDERS**

**Severe Hypoglycemia Administer Glucagon and CALL 911**

Glucagon	GVOKE	Baqsimi	Zegalogue
<input type="checkbox"/> 1 mg	<input type="checkbox"/> 1 mg	<input type="checkbox"/> 3 mg	<input type="checkbox"/> 0.6 mg SC
<input type="checkbox"/> _____ mg	<input type="checkbox"/> _____ mg	Intranasal	may repeat in 15 min if needed
SC/IM	SC/IM		

Give PRN: unconscious, unresponsive, seizure, or inability to swallow EVEN if bG is unknown. Turn onto left side to prevent aspiration.

**Risk for Ketones or Diabetic Ketoacidosis (DKA)**

- Test ketones if bG > \_\_\_\_\_ mg/dl or if vomiting, or fever > 100.5F
- Test ketones if bG > \_\_\_\_\_ mg/dl for the 2nd time that day (at least 2 hrs. apart), or if vomiting or fever > 100.5F
  - ▶ If small or trace give water; re-test ketones & bG in 2 hrs or \_\_\_\_\_ hrs
  - ▶ If ketones are moderate or large, give water; Call parent and Endocrinologist  NO GYM
  - ▶ If ketones and vomiting, unable to take PO and MD not available, CALL 911
- Give insulin correction dose if > 2 hrs or \_\_\_\_\_ hours since last insulin.

**SKILL LEVEL**

**Blood Glucose (bG) Monitoring Skill Level**

- Nurse / adult must check bG.
- Student to check bG with adult supervision.
- Student may check bG without supervision.

**Insulin Administration Skill Level**

- Nurse-Dependent Student: nurse must administer medication.
- Supervised student: student self-administers, under adult supervision.

- Independent Student Self-carry / Self-administer (*MUST Initial attestation*) I attest that the independent student demonstrated the ability to self-administer the prescribed medication effectively during school, field trips and school sponsored events.

\_\_\_\_\_  
Provider Initials

**BLOOD GLUCOSE MONITORING [See Part B for CGM readings]**

Specify times to test in school (must match times for treatment and/or insulin)  Give insulin after  Breakfast  Lunch  Snack  Gym  PRN

**Hypoglycemia Check all boxes needed. Must include at least one treatment plan.**

- For bG < \_\_\_\_\_ mg/dl give \_\_\_\_\_ gm rapid carbs at  Give insulin after  Breakfast  Lunch  Snack  Gym  PRN  T2DM - no bG monitoring or insulin in school
 

Repeat bG testing in 15 or \_\_\_\_\_ min. If bG still < \_\_\_\_\_ mg/dl repeat carbs and retesting until bG > \_\_\_\_\_
- For bG < \_\_\_\_\_ mg/dl give \_\_\_\_\_ gm rapid carbs at  Give insulin after  Breakfast  Lunch  Snack  Gym  PRN **15 gm rapid carbs = 4 glucose tabs = 1 glucose gel tube = 4 oz. juice**

Repeat bG testing in 15 or \_\_\_\_\_ min. If bG still < \_\_\_\_\_ mg/dl repeat carbs and retesting until bG > \_\_\_\_\_
- For bG < \_\_\_\_\_ mg/dl give pre-gym, no gym  For bG < \_\_\_\_\_ mg/dl  Pre-gym  PRN; treat Hypoglycemia then give snack.

**Mid-Range Glycemia**

Insulin is given before food unless noted here

- Give insulin after  Breakfast  Lunch  Snack  Give snack before gym

**Hyperglycemia**

Insulin is given before food unless noted here

- Give insulin after  Breakfast  Lunch  Snack

- No Gym For bG > \_\_\_\_\_ mg/dl  Pre-gym and/or  PRN
- For bG > \_\_\_\_\_ mg/dl PRN, Give insulin correction dose if > 2 hrs or \_\_\_\_\_ hrs. since last insulin For bG meter reading "High" use bG of 500 or \_\_\_\_\_ mg/dl
- Check bG or Sensor Glucose (sG) before dismissal**  Give correction dose pre-meal and carb coverage after meal
- For sG or bG values < \_\_\_\_\_ mg/dl treat for hypoglycemia if needed, and give \_\_\_\_\_ gm carb snack before dismissed
- For sG or bG values < \_\_\_\_\_ mg/dl treat for hypoglycemia if needed, and do not send on bus/mass transit, parent to pick up from school.

**INSULIN ORDERS**

**Insulin Name\***

**Insulin Calculation Method**

- Carb coverage ONLY at  Breakfast  Lunch  Snack
- Correction dose ONLY at  Breakfast  Lunch  Snack

**Insulin Calculation Directions (give number, not range)**

Target bG = \_\_\_\_\_ mg/dl

\*May substitute Novolog with Humalog/Admelog

- No Insulin in School  No Insulin at Snack

Carb coverage plus correction dose when bG > Target AND at least 2 hrs or \_\_\_\_\_ hrs. since last insulin at  Breakfast  Lunch  Snack

**Insulin Sensitivity Factor (ISF)**

1 unit decreases bG by \_\_\_\_\_ mg/dl

(time \_\_\_\_\_ to \_\_\_\_\_)

1 unit decreases bG by \_\_\_\_\_ mg/dl

(time \_\_\_\_\_ to \_\_\_\_\_)

If only one ISF, time will be 8am to 4pm if not specified.

**Delivery Method:**

- Syringe/Pen  Smart Pen – use pen Suggestions
- Pump (Brand) \_\_\_\_\_

**Correction dose calculated using**

- ISF or  Sliding Scale
- Fixed Dose (see Other Orders)  Sliding Scale (See Part B)
- If gym/recess is immediately following lunch, subtract \_\_\_\_\_ carbs from lunch calculation.

**Carb Coverage**

**Correction Dose using ISF**

# gm carb in meal = X units insulin **bG – Target bG = X units insulin**  
 # gm carb in I:C ISF

Round DOWN insulin dose to closest 0.5 unit for syringe/pen, or nearest whole unit if syringe/pen doesn't have 1/4 unit marks, unless otherwise instructed by PCP/Endocrinologist.  
 Round DOWN to nearest 0.1 unit for pumps, unless following pump recommendations or PCP/Endocrinologist orders.

**For Pumps–Basal Rate In School**

- \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm \_\_\_\_\_ units/hr
- \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm \_\_\_\_\_ units/hr
- \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm \_\_\_\_\_ units/hr
- Student on FDA approved hybrid closed loop pump-basal rate variable per pump.  Suspend/disconnect pump for gym
- Suspend pump for hypoglycemia not responding to treatment for \_\_\_\_\_ min.

**Additional Pump Instructions**

- Follow pump recommendations for bolus dose (if not using pump recommendations, will round down to nearest 0.1 unit)
- For bG > \_\_\_\_\_ mg/dl that has not decreased in \_\_\_\_\_ hrs after correction, consider pump failure and notify parents.
- For suspected pump failure: SUSPEND pump, give insulin by syringe or pen, and notify parents.
- For pump failure, only give correction dose if > \_\_\_\_\_ hrs since last insulin.

**Insulin to Carb Ratio (I:C)**

Breakfast OR time \_\_\_\_\_ to \_\_\_\_\_  
 1 unit per \_\_\_\_\_ gms carbs  
 Snack OR time \_\_\_\_\_ to \_\_\_\_\_  
 1 unit per \_\_\_\_\_ gms carbs  
 Lunch OR time \_\_\_\_\_ to \_\_\_\_\_  
 1 unit per \_\_\_\_\_ gms carbs  
 Lunch followed by gym \_\_\_\_\_ to \_\_\_\_\_  
 1 unit per \_\_\_\_\_ gms carbs

INCOMPLETE PRACTITIONER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS OHS DMAF REV 3/22

**FORMS CANNOT BE COMPLETED BY A RESIDENT HEALTH CARE PRACTITIONERS: COMPLETE 'PART B' AND SIGN →**

DELE: 1ye jen. Fòm yo resevwa apre 1ye jen ka retade pwosesis la pou nouvo ane lekòl la.

Tanpri fakse tout DMAF yo nan 347-396-8932/8945.

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ OSIS Number: \_\_\_\_\_

**CONTINUOUS GLUCOSE MONITORING (CGM) ORDERS** [Please see 'Provider Guidelines for DMAF Completion']

- Use CGM readings - For CGM's used to replace finger stick bG readings, only devices FDA approved for use and age may be used within the limits of the manufacturer's protocol. (sG = sensor glucose). **Name and Model of CGM:** \_\_\_\_\_

For CGM used for insulin dosing: finger stick bG will be done when: the symptoms don't match the CGM readings; if there is some reason to doubt the sensor (i.e. for readings <70 mg/dl or sensor does not show both arrows and numbers).  CGM to be used for insulin dosing and monitoring — **must be FDA approved for use and age**

**sG Monitoring** Specify times to check sensor reading  Breakfast  Lunch  Snack  Gym  PRN [if none checked, will use bG monitoring times] For sG < 70mg/dl check bG and follow orders on DMAF, unless otherwise ordered below. Use CGM grid below OR  See attached CGM instruction

CGM reading	Arrows	Action
sG < 60 mg/dl	Any arrows	Treat hypoglycemia per bG hypoglycemia plan; Recheck in 15-20 min. If still < 70 mg/dl check bG.
sG 60-70 mg/dl	and ↓, ↓↓, ↘ or →	Treat hypoglycemia per bG hypoglycemia plan; Recheck in 15-20 min. If still < 70 mg/dl check bG.
sG 60-70 mg/dl	and ↑, ↑↑, or ↗	If symptomatic, treat hypoglycemia per bG hypoglycemia plan; if not symptomatic, recheck in 15-20 minutes. If still <70 mg/dl check bG.
sG >70 mg/dl	Any arrows	Follow bG DMAF orders for insulin dosing
sG ≤ 120 mg/dl pre-gym or recess	and ↓, ↓↓	Give 15 gms uncovered carbs. If gym or recess is immediately after lunch, subtract 15 gms of carbs from lunch carb calculation.
sG ≥ 250	Any arrows	Follow bG DMAF orders for treatment and insulin dosing

- For student using CGM, wait 2 hours after meal before testing ketones with hyperglycemia.

**PARENTAL INPUT INTO INSULIN DOSING**

Parent(s)/Guardian(s) (give name), \_\_\_\_\_, may provide the nurse with information relevant to insulin dosing, including dosing recommendations. Taking the parent's input into account, the nurse will determine the insulin dose within the range ordered by the health care practitioner and in keeping with nursing judgment.

Please select ONE option below:

- Nurse may adjust calculated dose up or down up to \_\_\_\_\_ units based on parental input and nursing judgment.  Nurse may adjust calculated dose up by \_\_\_\_\_% or down by \_\_\_\_\_% of the prescribed dose based on parental input and nursing judgment.

**MUST COMPLETE** Health care practitioner can be reached for urgent dosing orders at: \_\_\_\_\_ If the parent requests a similar adjustment for > 2 days in a row, the nurse will contact the health care practitioner to see if the school orders need to be revised.

**Sliding Scale**

Do NOT overlap ranges (e.g. enter 0-100, 101-200, etc.). If ranges overlap, the lower dose will be given. Use pre-treatment bG to calculate insulin dose unless other orders.

Time	bG	Units Insulin	Other Time	bG	Units Insulin
	Zero - _____			Zero - _____	
<input type="checkbox"/> Lunch	_____ - _____		<input type="checkbox"/> Lunch	_____ - _____	
<input type="checkbox"/> Snack	_____ - _____		<input type="checkbox"/> Snack	_____ - _____	
<input type="checkbox"/> Breakfast	_____ - _____		<input type="checkbox"/> Breakfast	_____ - _____	
<input type="checkbox"/> Correction Dose	_____ - _____		<input type="checkbox"/> Correction Dose	_____ - _____	
	_____ - _____			_____ - _____	
	_____ - _____			_____ - _____	

**Optional Orders**

- Round insulin dosing to nearest whole unit: 0.51-1.50u rounds to 1.00u.  Use sliding scale for correction **AND** meals ADD: \_\_\_\_\_ units for lunch; \_\_\_\_\_ units for snack; \_\_\_\_\_ units for Breakfast (sliding scale must be marked as correction dose only).
- Round insulin dosing to nearest half unit: 0.26-0.75u rounds to 0.50 u (must have half unit syringe/pen).
- Long-acting insulin given in school - Dose \_\_\_\_\_ units - Time \_\_\_\_\_ or  Lunch Insulin Name \_\_\_\_\_

**Snack Orders**

- Student may carry and self-administer snack Snack time of day: \_\_\_\_\_ Type & amount of snack: \_\_\_\_\_

**Other Orders**

**HOME MEDICATIONS**

None

Medication	Dose	Frequency	Time
Insulin			
Other			

**ADDITIONAL INFORMATION**

Is the child using altered or non-FDA approved equipment?  Yes or  No [Please note that New York State Education laws prohibit nurses from managing non-FDA devices. Please provide pump-failure and/or back up orders on DMAF Part A Form.]

**By signing this form, I certify that I have discussed these orders with the parent(s)/guardian(s).**

**Health Care Practitioner**

Last Name (Print): \_\_\_\_\_ First Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NYS License # (Required): \_\_\_\_\_ Check one:  MD  DO  NP  PA

Address: \_\_\_\_\_ Email address: \_\_\_\_\_

Tel.: \_\_\_\_\_ FAX: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**CDC ak AAP rekòmande pou tout timoun yo dyagnostike ki gen dyabèt pran vaksen grip sezon an chak ane.**

DELÈ: 1ye jen. Fòm yo resevwa apre 1ye jen ka retade pwosesis la pou nouvo ane lekòl la.

**PARAN/RESPONSAB: LI, RANPLI AK SIYEN. LÈ M SIYEN PI BA A, MWEN DAKÒ AVÈK BAGAY SA YO:**

1. Mwen dakò pou enfimiyè a bay pitit mwen an medikaman yo preskri yo, ak pou enfimiyè/estaf yo antrene pou sa a nan lekòl pitit mwen an tcheke nivo sik nan san pitit mwen an epi pou trete nivo sik nan san pitit mwen an dapre rekòmantasyon ak nivo abilite doktè k ap pran swen pitit mwen an detèmine a. Yo ka fè bagay sa yo nan lekòl la oswa pandan pwomnad lekòl la.
2. Mwen dakò tou pou nenpòt ekipman yo bezwen pou yo ka konsève ak itilize medikaman pitit mwen an nan lekòl la.
3. **Mwen konprann ke:**
  - Mwen sipoze remèt enfimiyè lekòl la medikaman, snacks, ekipman yo epi mwen dwe ranplase bagay sa yo lè sa nesèsè. OSH rekòmande lansèt sekirite yo ak lòt egui sekirite ak ekipman pou tcheke nivo sik nan san pitit mwen an ak ba li ensilin.
  - **Tout medikaman sou preskripsyon ak tout medikaman “ki vann san preksripsyon (over-the-counter)” fèt pou nèf, kachte nan bwat oswa boutèy orijinal la. M ap bay lekòl la medikaman ki resan, ki pa ekspire pou pitit mwen itilize pandan jounen lekòl la.**
    - Medikaman ki vann ak preskripsyon yo fèt pou gen etikèt orijinal famasi a sou bwat la oswa sou boutèy la. Etikèt la dwe gen ladan: 1) non pitit mwen an, 2) non ak nimewo telefòn famasi a, 3) non doktè pitit mwen an, 4) dat, 5) kantite rechaj(refills), 6) non medikaman an, 7) dozaj, 8) lè pou li pran l, 9) kòman pou li pran medikaman an ak 10) nenpòt lòt eksplikasyon.
  - Mwen dwe di enfimiyè lekòl la **imedyatman** nenpòt chanjman ki genyen nan medikaman pitit mwen an oswa nan eksplikasyon doktè k ap trete l.
  - OSH ak ajan li ki patisipe nan ofri pitit mwen an sèvis sante ki pi wo yo konte sou presizyon ki nan enfòmasyon ki sou fòm sa a.
  - Lè m siyen fòm pou bay medikaman sa a (medication administration form, MAF) sa a, mwen otorize OSH pou bay pitit mwen an sèvis sante. Sèvis sa yo ka genyen ladan pami lòt, yon evalyasyon klinik oswa yon konsiltasyon medikal yon doktè oswa yon enfimiyè OSH fè.
  - Lòd pou bay medikaman ki sou fòm MAF sa a ekspire nan fen ane lekòl pitit mwen an, ki ka gen ladan tou sesyon ete, oswa lè mwen bay enfimiyè lekòl la yon nouvo fòm MAF (kèlkeswa sa ki rive avan an). Lè preskripsyon medikaman sa a ekspire, m ap bay enfimiyè lekòl pitit mwen an yon nouvo fòm MAF ke doktè pitit mwen an ap ekri. OSH pa p bezwen siyati m pou l ekri lòt fòm MAF alavni.
  - OSH ak Department of Education (DOE) responsab pou asire yo pitit mwen an ka tcheke nivo sik nan san l.
  - Fòm sa a reprezante konsantman m ak demand mwen fè pou sèvis dyabèt yo dekri sou fòm sa a. Se pa yon akò OSH genyen pou li bay sèvis ou mande a. Si OSH decide bay sèvis sa yo, pitit mwen an bezwen tou yon Plan akomodasyon pou elèv. Se lekòl la k ap ranpli plan sa a.
  - Nan objektif pou bay pitit mwen an swen oswa tretman, OSH ka gen nenpòt lòt enfòmasyon yo panse ki nesèsè sou pwoblèm medikal pitit mwen an, medikaman l ap pran oswa tertman l suiv. OSH ka pran enfòmasyon sa a nan men nenpòt doktè, enfimiyè oswa famasyen ki bay pitit mwen an sèvis.

**Liy gratis OSH pou paran poze kesyon sou DMAF: 718-310-2496**  
**POU ELÈV KI KA PRAN MEDIKAMN POUKONT YO (ELÈV KI ENDEPANDAN SÈLMAN)**

- Mwen sètifye/konfime pitit mwen an resevwa bon jan trening epi li kapab pran medikaman poukont li. Mwen dakò pou pitit mwen an pote, konsève ak pran medikaman yo preskri nan fòm sa a nan lekòl la. Mwen gen responsablite pou bay pitit mwen an medikaman sa a nan boutèy oswa nan bwat yo jan yo dekri sa pi wo a. Mwen gen responsablite pou m sipèvizite itilizasyon medikaman pitit mwen an ak pou tout konsekans ki genyen nan itilizasyon medikaman pitit mwen an pran nan lekòl la. Enfimiyè lekòl la pral konfime kapasite pitit mwen an pou l pote ak pran medikaman yo. Mwen dakò tou pou m bay lekòl la medikaman “an rezèv” nan yon bwat oswa boutèy ki gen etikèt byen klè sou li.
- Mwen dakò pou enfimiyè lekòl la oswa manm estaf ki resevwa trening bay pitit mwen an Glucagon sou fòm likid nan bouch ak/oswa glucagon nan nen si se doktè l ki preskri l si pitit mwen an pa kapab pran l poukont li pou yon ti tan.

**SONJE: Li pi bon si w voye medikaman ak ekipman pou pitit ou a nan jou yon pwomnad lekòl ak nan aktivite k ap fèt andeyò lokal lekòl la.**

Siyati **elèv la**: \_\_\_\_\_ Non: \_\_\_\_\_ Inisyal dezyèm non: \_\_\_\_\_ Dat nesans: \_\_\_\_\_

**Lekòl (ATS DBN/Non)**: \_\_\_\_\_ Borough: \_\_\_\_\_ Distri: \_\_\_\_\_

**Non paran/responsab** (ekri byen klè): \_\_\_\_\_ Imèl paran/responsab la: \_\_\_\_\_

Siyati **Paran/Responsab** pou Pati A ak B: \_\_\_\_\_ Dat fòm lan siyen: \_\_\_\_\_

Adrès **paran/responsab**: \_\_\_\_\_

**Nimewo telefòn**: Lajounen: \_\_\_\_\_ Lakay: \_\_\_\_\_ Selilè: \_\_\_\_\_

**Lòt non moun nou ka kontakte lè gen ijans:** \_\_\_\_\_

Non: \_\_\_\_\_ Relasyon l avèk elèv la: \_\_\_\_\_ Nimewo telefòn: \_\_\_\_\_

**For Office of School Health (OSH) Use Only / Plas sa a rezève pou Biwo OSH sèlman**

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OSIS Number: \_\_\_\_\_

Received by - Name: \_\_\_\_\_ Date: \_\_\_\_\_

504  IEP  Other: \_\_\_\_\_

Reviewed by - Name: \_\_\_\_\_ Date: \_\_\_\_\_

Referred to School 504 Coordinator:  Yes  No

Services provided by:  Nurse/NP  OSH Public Health Advisor (for supervised students only)  School Based Health Center

Signature and Title (RN OR SMD): \_\_\_\_\_ Date School Notified & Form Sent to DOE Liaison: \_\_\_\_\_

Revisions as per OSH contact with prescribing health care practitioner:  Clarified  Modified

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Notes: