

**FÒM POU MANDE BAY MEDIKAMAN KONT DYABÈT**

Fòm demand medikaman pou founisè – Biwo sante lekòl – Ane lekòl 2019–2020

**DELÈ : 31 me Fòm yo resevwa apre 31 me ka retade pwosesis la pou nouvo ane lekòl la. Tanpri fakte tout DMAF nan 347-396-8932/8945.**

<b>Student</b> Last Name	First Name	MI	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	OSIS #
School (include ATSDBN/name, address and borough)			DOE District	Grade	Class

**AJAN SANTE, RANPLI PI BA A**

Type 1 Diabetes  Type 2 Diabetes  non-Type 1/Type 2 Diabetes  Other Diagnosis: \_\_\_\_\_ Recent A1C: Date / / Result . %

**Orders written will be for Sept. '19 through Aug '20 school year unless checked here:**  Current School Year '18-'19

<p><b>Emergency Orders</b></p> <p><b>Severe Hypoglycemia</b> Administer <b>Glucagon</b> and call <b>911</b> <input type="checkbox"/> 1 mg SC/IM <input type="checkbox"/> ___mg SC/IM</p> <p>Give PRN: unconscious, unresponsive, seizure, or inability to swallow <b>EVEN</b> if bG is unknown. Turn onto left side to prevent aspiration.</p> <p><i>For Independent or supervised student: a trained adult will carry glucagon on school trips.</i></p> <p><b>Risk for Ketones or Diabetic Ketoacidosis (DKA)</b> <input type="checkbox"/> Test ketones if bG &gt; ___mg/dl, or if vomiting, or fever &gt; 100.5F <b>OR</b> <input type="checkbox"/> Test ketones if bG &gt; ___mg/dl for the 2<sup>nd</sup> time that day (at least 2 hrs. apart), or if vomiting or fever &gt; 100.5F ➢ If <u>small or trace</u> give water; re-test ketones &amp; bG in 2 hrs or ___ hrs ➢ If initial or retest ketones are <u>moderate or large</u>, give water: Call parent and Endocrinologist; <input type="checkbox"/> <b>NO GYM</b> If ketones and vomiting, unable to take PO and MD not available, <b>CALL 911</b> <input type="checkbox"/> Give insulin correction dose if &gt; 2 hrs or ___ hours since last insulin.</p>	<p><b>Blood Glucose (bG) Monitoring Skill Level</b></p> <p><input type="checkbox"/> Nurse / adult must check bG. <input type="checkbox"/> Student to check bG with adult supervision. <input type="checkbox"/> Student may check bG without supervision.</p> <p><b>Insulin Administration Skill Level</b></p> <p><input type="checkbox"/> Nurse-Dependent Student: nurse must administer medication <input type="checkbox"/> Supervised student: student self-administers, under adult supervision <input type="checkbox"/> Independent Student: Self-carry / Self-administer (<i>Initial below</i>) <b>NOTE: Trip nurse not required for supervised or independent students.</b></p> <p>I attest student demonstrated the ability to self-administer the prescribed medication effectively for school, field trips, &amp; school/sponsored events</p> <p style="text-align: right;">PROVIDER INITIALS</p>
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**bG Monitoring:** Specify times to test in school (must match times for treatment and/or insulin)  Breakfast  Lunch  Snack  Gym  PRN

Use CGM readings (**must complete DMAF Addendum form**)

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

For bG < \_\_\_mg/dl give \_\_\_ gm rapid carbs at:  Breakfast  Lunch  Snack  Gym  PRN  
Repeat bG testing in 15 or \_\_\_ min. If bG still < \_\_\_mg/dl repeat carbs and retesting until bG > \_\_\_mg/dl.

For bG < \_\_\_mg/dl give \_\_\_ gm rapid carbs at:  Breakfast  Lunch  Snack  Gym  PRN  
Repeat bG testing in 15 or \_\_\_ min. If bG still < \_\_\_mg/dl repeat carbs and retesting until bG > \_\_\_mg/dl.

For bG < \_\_\_mg/dl pre-gym, **no gym**  For bG < \_\_\_mg/dl  Pre-gym;  PRN; treat hypoglycemia then give snack.

*Insulin is given before food unless otherwise noted here:*  Give insulin after:  Breakfast  Lunch  Snack

**Mid-range Glycemia:**

*Insulin is given before food unless otherwise noted here:*  Give insulin after:  Breakfast  Lunch  Snack  Give snack before gym

**Hyperglycemia:**

*Insulin is given before food unless otherwise 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 > \_\_\_ hrs. since last insulin

For bG meter reading "**High**" use bG value of \_\_\_mg/dl. *If not specified, Nurse will use bG value of 500 mg/dl.*

<p><b>Insulin orders:</b> <u>Name of Insulin:</u> _____</p> <p><input type="checkbox"/> No Insulin in School <input type="checkbox"/> No Insulin at Snack time</p> <p><b>Delivery Method:</b> <input type="checkbox"/> Syringe/Pen <input type="checkbox"/> Pump (<i>Brand</i>): _____ <input type="checkbox"/> Smart Pen – use pen suggestions <input type="checkbox"/> Parent may have input into insulin dosing. See DMAF Addendum.</p>	<p><b>Insulin Calculation Method:</b></p> <p><input type="checkbox"/> Carb coverage <b>ONLY</b> at: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Correction dose <b>ONLY</b> at: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Carb coverage <b>plus</b> correction dose when bG &gt; Target <b>AND</b> at least 2 hrs or ___ hrs. since last insulin at <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack Correction dose calculated using: <input type="checkbox"/> ISF or <input type="checkbox"/> Sliding Scale <input type="checkbox"/> Fixed Dose (<b>see Other Orders</b>) <input type="checkbox"/> Sliding Scale (<b>See Addendum</b>) <input type="checkbox"/> If Gym/recess is immediately following lunch, subtract ___ gm carbs from lunch carb calculation. <i>Use pre-treatment bG to calculate insulin dose unless otherwise ordered.</i></p>	<p><b>Insulin Calculation Directions:</b> (<i>give number, not range</i>)</p> <p><b>Target bG</b> = ___ mg/dl <b>Insulin Sensitivity Factor (ISF):</b> 1 unit decreases bG by ___ mg/dl (time: ___ to ___) 1 unit decreases bG by ___ mg/dl (time: ___ to ___)</p> <p><i>If only one ISF, time will be 8am to 4pm if not specified.</i></p> <p><b>Insulin to Carb Ratio (I:C):</b> Lunch: 1 unit per ___ gms carbs <b>OR</b> time: ___ to ___ Snack: 1 unit per ___ gms carbs <b>OR</b> time: ___ to ___ Breakfast: 1 unit per ___ gms carbs <b>OR</b> time: ___ to ___</p>
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<b>Carb Coverage:</b> # gm carb in meal = X units insulin # gm carb in I:C	<b>Correction Dose using ISF:</b> bG – Target bG = X units insulin ISF	Round DOWN insulin dose to closest 0.5 unit for syringe/pen, or nearest whole unit if syringe/pen doesn't have ½ 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.
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<p><b>For Pumps - Basal Rate in school:</b> ___:___ AM/PM to ___:___ AM/PM ___ units/hr ___:___ AM/PM to ___:___ AM/PM ___ units/hr ___:___ AM/PM to ___:___ AM/PM ___ units/hr</p> <p><input type="checkbox"/> Student on FDA approved hybrid closed loop pump-basal rate variable per pump. <input type="checkbox"/> Suspend/disconnect pump for gym <input type="checkbox"/> Suspend pump for hypoglycemia not responding to treatment for ___ min.</p>	<p><b>Additional Pump Instructions:</b></p> <p><input type="checkbox"/> Follow pump recommendations for bolus dose (<i>if not using pump recommendations, will round down to nearest 0.1 unit</i>) <input type="checkbox"/> For bG &gt; ___ mg/dl that has not decreased in ___ hours after correction, consider pump failure and notify parents. <input type="checkbox"/> For suspected pump failure: <b>SUSPEND</b> pump, give insulin by syringe or pen, and notify parents. <input type="checkbox"/> For pump failure, only give correction dose if &gt; ___ hrs since last insulin</p>
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<p><b>Other Orders:</b></p>	<p><b>Home Medications</b> (in case of emergency e.g. school lock down)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Medication</th> <th>Dose</th> <th>Frequency</th> <th>Time</th> <th>Route</th> </tr> </thead> <tbody> <tr> <td>Insulin:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Medication	Dose	Frequency	Time	Route	Insulin:					Other:				
Medication	Dose	Frequency	Time	Route												
Insulin:																
Other:																

<p><b>Health Care Practitioner Name</b> LAST FIRST (Please print and circle one: MD, DO, NP, PA) Address NYS License # (<b>Required</b>) NPI #</p>	<p>Signature _____ Date _____</p>	<p>Tel. (____) _____ Fax. (____) _____ CDC &amp; AAP recommend annual seasonal influenza vaccination for all children diagnosed with diabetes.</p>
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## PARAN/RESPONSAB RANPLI PATI PI BA A

### LÈ M SIYEN PI BA, MWEN DAKÒ AVÈK BAGAY SA YO:

- Mwen dakò pou enfimye a bay pitit mwen an medikaman yo preskri yo, ak pou enfimye/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 rekòmandasyon 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.
- Mwen dakò tou pou yo konsève nenpòt ekipman yo bezwen pou yo ka konsève medikaman pitit mwen an ak itilize l nan lekòl la.
- Mwen konprann ke:
  - Mwen sipoze remèt enfimye lekòl la medikaman, snacks, ekipman yo epi mwen dwe ranplase bagay sa yo lè sa nesese. 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 ak preskripsyon ak tout medikaman “ki vann san preksripsyon(over-the-counter)” fèt pou nèf, kachte nan bwat oswa boutèt 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 enfimye 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 enfimye 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 enfimye lekòl la yon nouvo fòm MAF(kèlkeswa sa ki rive avan an).
  - 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 ofri sèvis sa yo, pitit mwen an ka bezwen tou yon Plan Akomodasyon pou Elèv(Student Accommodation Plan). 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 nesese sou pwoblèm medikal pitit mwen an, medikaman l ap pran oswa tertman l suiv. OSH ka pran enfòmasyon sa a nan men nenpòt doktè, enfimye oswa famasyon ki bay pitit mwen an sèvis.

### 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 poukontli 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. Enfimye lekòl la pral konfime kapasite pitit mwen an pou l pote ak pran medikaman yo poukont li. 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 enfimye lekòl la oswa manm estaf ki resevwa trening bay pitit mwen an medikaman si li pa kapab pote ak pran yo 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 Inisyal	Non elèv la	Dat nesans elèv la ___/___/___	
Non/ATSDBN lekòl la	Borough	Distri	
Ekri ak Non Paran/Responsab la byen klè	<b>SIYEN LA A</b>	Siyati paran/responsab	Dat ou siyen an ___/___/___
Imèl paran/responsab la	Adrès Paran/Responsab		
Nimewo telefòn: Lajounen (____) ____ - ____ Lakay (____) ____ - ____ Selilè* (____) ____ - ____			
Non lòt moun pou kontakte nan ka ijans	Lyen avèk elèv la	Nimewo Telefòn lòt moun pou nou kontakte a (____) ____ - ____	
Non lòt moun pou kontakte nan ka ijans		Nimewo Telefòn lòt moun pou nou kontakte a (____) ____ - ____	

### PLAS SA A REZÈVE POU OSH SÈLMAN

OSIS Number:

504  IEP  Other

Received by: Name

Date \_\_\_/\_\_\_/\_\_\_

Reviewed by: Name

Date \_\_\_/\_\_\_/\_\_\_

Services provided by:  Nurse/NP  OSH Public Health Advisor (For supervised students only)

School Based Health Center

Signature and Title (RN OR MD/DO/NP):

Revisions per OSH after consultation with prescribing health care practitioner

Modified

Not Modified