WVU Medicine Golisano Children's
Operated by WVU Hospitals

PHONE: 304-598-4835 FAX: 304-974-3250 PO Box 9214
Morgantown, WV 26506-9214

School Orders

Name: _____ DOB: _____/_____/_____

School fax: _____ School: _____ Date: _____/_____/_____

School Nurse E-Mail: _____

These school orders are for one school year unless otherwise ordered or there is a change in the student's health status.

PLEASE COMPLETE THE FOLLOWING:

DIAGNOSIS: ☐ **Type 2, without insulin therapy** ☐ **Hypoglycemia** ☐ **Hypoglycemia/Mody**

MONITORING: ☐ **Blood Glucose Testing** ☐ **CGM**

1. BLOOD GLUCOSE AND CGM TESTING: Please check blood sugars if student experiences symptoms of hypo/hyperglycemia via fingersticks or CGM.

☐ **As needed:** _____
All cellular devices and readers should be kept within 20 feet of the student at all times to prevent data and communication loss. Students should only be using devices for medical purposes while in class.

BLOOD GLUCOSE TESTING (School nurse must determine whether it is safe and appropriate):
☐ **Independent** ☐ **Dependent with nurse supervision or school nurse delegation**

2. HYPOGLYCEMIA: Signs of hypoglycemia include hunger, feeling funny, shakiness, irritable, tired, drowsy, weakness, paleness, dizziness, sweating, inability to concentrate, personality changes. If present, check blood sugar or CGM reading. Parents may modify carbohydrate grams for treating lows.

For blood glucose less than 70, use the 15/15 treatment method: Escort to nurse's office and treat with 15 grams of fast-acting carbs such as 3-4 glucose tablets, ½ cup fruit juice, or 5 jelly beans. Recheck blood glucose in 15 minutes and treat again if needed. If the next meal or snack is greater than 45 minutes away, please follow with a small snack containing complex carbohydrate and protein, such as cheese crackers. If low occurs right before lunch, follow the 15/15 treatment method and allow the student to eat lunch. If blood glucose is <60 when first checked, treat with 30 grams of a fast-acting carbohydrate.

3. GLUCAGON: May be administered as needed for severe hypoglycemia. Give intramuscularly, intranasally, or subcutaneously if unconscious, seizure, or unable to swallow. Call 911. (Glucagon kit/Gvoke dose; Baqsimi = 3mg only)
☐ **0.5 MG OR Baqsimi** ☐ **1.0 MG OR Baqsimi**

Possible side effects of Glucagon include nausea or vomiting. Position student on side after glucagon administration until fully awake. Glucagon may not be self administered. Glucagon/Baqsimi or glucose gel (and other needed diabetes supplies) must be taken on field trips.

4. HYPERGLYCEMIA: Signs of hyperglycemia include thirst, frequent urination, fatigue or sleepiness, blurred vision, difficulty concentrating, flushing of skin, sweet or fruity breath, nausea, and vomiting. If present, check blood sugar or CGM reading.

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Students should receive additional care at home, at a hospital, or through follow-up with a physician if:
- Persistent hyperglycemia (blood glucose >400).
- If patient is vomiting.

5. ACADEMIC TESTING: If student is experiencing a hypoglycemic (<80) or hyperglycemic (>350) episode prior to or during a test, the student must retake the test at a later time. Uncontrolled blood sugars can affect the thought process and ultimately affect grades.

6. Please call **304-598-4835** if there are any questions or concerns.

I GIVE MY PERMISSION FOR MY CHILD TO BE TREATED PER ABOVE ORDERS AND FOR THE EXCHANGE OF PERTINENT INFORMATION BETWEEN THE SCHOOL AND DOCTOR'S OFFICE. I UNDERSTAND IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO PROVIDE ALL TESTING AND TREATMENT SUPPLIES.

_____ Date: _____/_____/_____
Signature of Parent/Guardian

_____ Date: _____/_____/_____

Evan A. Jones, MD, PhD
Brian Ely, MD
Elizabeth Minchau, DNP, APRN-BC

WVU Medicine Golisano Children's

Department of Pediatrics
Pediatric Endocrinology
1 Medical Center Drive
Morgantown, WV 26506-9214

10 Medical Park
Wheeling, WV 26003-6389

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INSTRUCTIONS FOR COMPLETION OF DIABETES SCHOOL ORDERS

Patients and families,

Our team places the highest priority on meeting the diabetes needs of your child as we transition into the upcoming school year. To ease this transition, we are asking that you please complete the following steps so that your child will have optimal diabetes management at school.

1. Please contact your school nurse and schedule a meeting prior to the start of school.

2. Complete this School Orders in its entirety prior to meeting with your school nurse. During your meeting, please discuss the information on the form and any concerns for your child's care while they attend school. Please agree upon a plan of care for your child during school hours.

3. Send the completed form through any of the options fisted below:
   - Fax to 304-974-3250. Your school nurse may also be able to assist in faxing your forms during the meeting.
   - Send through MyWVUChart as an attachment. If you have not signed up for MyWVUChart, our office can assist you.
   - Mail to: WVU Pediatric Endocrinology
     PO Box9214
     Morgantown, WV 26506

4. Allow 5-7 days for our office to receive and review completed forms. We will then send completed forms with a physician's signature to your child's school using the information provided on the form. If a verified fax number or e-mail is not included on the School Orders form, this will prolong the process.

Please Note: Schools will not permit children to ATTEND school without the School Form being completed and signed by a physician. If you have any questions, please contact our office.