



Clinical Documentation

DOCUMENT NAME: Diabetes School Orders
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 PERFORM INFORMATION: Contreras,Jaimie N,RN as proxy for Cernich,Joseph T,MD
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Children's Mercy – Diabetes Medical Management Plan: School Year: 2023-2024

Children's Mercy - Kansas City Diabetes Team: 816-960-8803, Option 1, 2, 2 (phone) | 816-302-9906 (fax)
 Children's Mercy - Wichita Diabetes Team: 316-500-8960, Option 1 (phone) | 816-302-9690 (fax)
 Children's Mercy - Topeka Diabetes Team: 785-600-3775 (phone) | 913-264-9985 (fax)

Student/Patient Info

Name and DOB: Penelope Kovac
 Classroom/Teacher Name:
 Parent Contact Info:

These are the orders for your student's diabetes management. You will find all needed values for dose calculations on page 1. The pages that follow are additional management guidelines that you might find helpful.

Background Information

Type of Diabetes:	X: Type 1 Diabetes _: Type 2 Diabetes _: Other: _
Type of Therapy	_: Multiple Daily Injections (Shots) x: Insulin Pump _: Untethered Insulin Pump (Shots AND Insulin Pump)
Total Daily Dose of Insulin	Approximately 16 units per day
Level of Diabetes Management Independence	_: Requires nurse/adult administration of doses/blood glucose testing _: Needs adult assistance/supervision with diabetes related activities _: May manage diabetes related activities independently XXPLEASE CONTACT PATIENT'S MOTHER FOR DIABETES RELATED ACTIVITIES/DOSING

Blood Glucose (BG) Testing Recommendations

Testing Method	_: Finger Stick Blood Glucose x: Continuous Glucose Monitor (see CGM section below as well)
Minimum Frequency of Testing or CGM Review	X: Before meals/Snacks X: Hypoglycemia symptoms X: Before & after PE
Additional Testing Frequency	_: 2-3 hours after meals/snacks _: Before & after recess if symptomatic of low

Bolus Insulin Dosing Information

Rapid Acting Insulin Type	_: Insulin lispro/Humalog/Admelog x: Insulin aspart/Novolog _: other _
Dosing Timing	X: 10-15 minutes before eating _: At start of meal/snack _: After meal/snack complete
Meal/Snack Dosing Calculation	X: Insulin to Carb Ratio _: Set ("Fixed") doses with meals/snacks

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BOLUS (rapid acting) Insulin Dosing Values

Meal/Time	Insulin to Carb Ratio	ISF (Insulin Sensitivity Factor)	Target BG	Correct BG above
Breakfast	1 unit per 18 grams of carbohydrates	200 mg/dL	100 mg/dL	per pump mg/dL
Mid-AM Snack	1 unit per 18 grams of carbohydrates	200 mg/dL		
Lunch	1 unit per 18 grams of carbohydrates	200 mg/dL		
Mid-PM Snack	1 unit per 18 grams of carbohydrates	200 mg/dL		

Ketone Correction Dosing

Ketone Level – Urine	Ketone Level - Blood	Action
Negative, Small, Trace (tan/pink)	< 0.6 mmol/L	X: Use Insulin Sensitivity Factor
Moderate (light purple)	0.6-1.4 mmol/L	1.5 units (10% of TDD)
Large (dark purple)	³ 1.5 mmol/L	3 units (20% of TDD)

BASAL Insulin Dosing

Basal Insulin Dosed at School?	X: Basal insulin by shot is NOT administered at school _: Basal insulin to be given as below
Type of Long Acting (Basal) Insulin	_: Insulin detemir (Levemir) _: Insulin degludec (Tresiba) _: Insulin glargine (Lantus, Basaglar)
Basal Insulin Dose	_ units
Administration Time	_ hours

General Information

- Goal of School Management: **To keep children with diabetes in sufficient control to enable them to learn, play and participate in classes and extracurricular activities**
- The American Diabetes Association, *Safe at School* program is an excellent reference for training/education not otherwise covered in this document
- We strongly recommend a 504 plan for children with diabetes to promote the highest quality care while at school, as well as to promote the highest quality conditions for learning

Hypoglycemia Treatment (Blood Glucose less than 70 mg/dL):

- Treat with 15 grams of **quick-acting carbohydrate** such as ½ cup juice or 4 glucose tabs without dosing with insulin
 - Blood glucose should be rechecked in 15 minutes
 - If the child's next meal or snack is more than 30 minutes away, follow this treatment with 10-15 grams of complex carbohydrate without dosing insulin (examples include crackers w/ peanut butter, crackers w/ cheese, granola bar, etc). Please be aware of any food allergies the child may have.
 - Student should return to class as soon as blood glucose has risen to greater than 70 mg/dL and symptoms lessen
 - If child is unable to swallow, 1-ounce cake gel may be used
- If child is unconscious or having a seizure due to low glucose, administer glucagon, call 911, and notify family
 - Glucagon is available in multiple formulations, please follow the instruction based on the preparation carried by student
 - Intramuscular (ex Red Kit): 1 mg IM for children over 5 years of age or 0.5 mg for children under 5 years of age

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- Intranasal (ex Baqsimi): 3 mg intranasal for patients > 4 years
- Subcutaneous (ex Gvoke): 1 mg SQ for children over 5 years of age or 0.5 mg SQ for children under 5 years of age

Hyperglycemia Treatment:

- Correction Instructions
 - If BG is above "correct above threshold" from table above, use Insulin Sensitivity Factor
 - § Instructions on ISF use (using orders above)
 - Take child's current blood glucose and subtract target blood glucose
 - Take the remainder and divide it by the ISF
 - The result is the number of units of fast-acting insulin that should be given
 - If BG is > 240 mg/dL check ketones, and follow appropriate ketone instruction below
 - If BG is < 240 mg/dL and patient is on an insulin pump, enter blood glucose into pump and administer correction dose
 - If BG is < 240 mg/dL and patient is on injections, corrections may be given using the ordered regimen above, no more than approximately every 3 hours after any rapid acting insulin dose.
- Ketone Corrections (if BG > 240 mg/dL)
 - **If negative, trace or small ketones:**
 - There is no acute danger of Diabetic Ketoacidosis (DKA). **Children with high blood glucose and negative, trace, or small ketones may remain at school and attend classes per usual**
 - Drink 6-8 ounces of water every hour that glucose is elevated
 - Give correction bolus as described above making sure it has been at least 2-3 hours since the last rapid acting insulin dose
 - **If moderate-large ketones:**
 - Drink 6-8 ounces water every hour that glucose is elevated and ketones positive
 - Additional rapid acting insulin is required by injection (pump MAY NOT be used for ketone doses)
 - Use Total Daily Dose (TDD) of insulin as indicated above. **This dose SHOULD NOT be combined with any other correction dosing for hyperglycemia. It may, however, be combined with carbohydrate dosing if the student is eating.**
 - For moderate ketones give 10% of the TDD of insulin (see specific dose listed on page 1 above)
 - For large ketones give 20% of the TDD of insulin (see specific dose listed on page 1 above)
 - For students on insulin pumps

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- The student (or parent/guardian) should also change the pump site. If a new pump site is not immediately available, injections should then be given for carb and correction dosing (using settings from the insulin pump)
 - o Blood glucose and ketones should be rechecked in 2 hours. If BG remains elevated and ketones are still moderate or large, follow the instructions above for subsequent insulin doses (every 2 hours)
 - o Gym Class: Students with moderate-large ketones should not exercise until ketones are negative

Class Time & Extracurricular Activities

- According to the Americans with Disabilities Act (ADA), the school should provide an adult who is available to recognize signs and symptoms of low blood glucose and other diabetes emergencies at all school sponsored events
- Student should still be educated on topics that are missed while away from the classroom treating diabetes emergencies
- Student may need to retake or reschedule examinations when blood sugars are < 70 mg/dL or > 240 mg/dL (with moderate to large ketones) as their performance may be negatively impaired during and after hypo- or hyperglycemia
- Student may require extra time between classes to care for diabetes
- Student may require extra bathroom breaks and access to drinking water
- Schools are required to provide all carbohydrate information for foods and snacks served at school
- Extracurricular activities are an integral part of any child's peer and social development. A child with diabetes should have glucose testing equipment and a supply of fast acting carbohydrate to treat low blood glucoses during these activities
- Please excuse absences for all diabetes clinic visits and diabetes- related illnesses

Acceptable Range for Insulin Adjustments:

- Depending on activity level and current blood glucose, final administered dose of rapid acting insulin for corrections and meal doses may be adjusted by $\pm 20\%$ to accommodate for these circumstances. When appropriate, parental and nursing judgment should be utilized to determine final dose.

Insulin Pump Use (for patients using an insulin pump):

- Students on pumps should enter all blood glucose readings and carbohydrate intake into pump to deliver insulin boluses
- Student should receive his/her mealtime insulin prior to eating unless ordered differently
- Pumps may be disconnected at the infusion site during contact sports, water sports or if child is experiencing lows that are not responding to treatment. Notify parent if pump is disconnected more than 30-60 minutes

For Patients on Hybrid Closed Loop Systems (Medtronic 670G/770G in AutoMode, Tandem X2 in Control IQ & Omnipod 5 in automated mode):

- These pumps automatically adjust the basal rates (background insulin) based off Continuous Glucose Monitor readings. They can predict both high and low blood glucoses and subsequently stop/lower/increase insulin being delivered to maintain BG in target. If the blood glucose is < 70 mg/dL, treat hypoglycemia per usual (as discussed below).

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- If ketone dosing (moderate or large) is required, follow these steps:
 - Treat ketones per the ketone section in this document, including pump infusion site change
 - Disable Hybrid Closed Loop System
 - § Medtronic 670G/770G in AutoMode: Options > SmartGuard > AutoMode > AutoMode (again to turn off) > Save
 - § Omnipod 5 in Automated Mode: Menu > Switch Mode > tap SWITCH
 - § Tandem X2 in Control IQ: Options > My Pump > Control IQ > Slide Toggle to Off > Check Mark to Confirm

- For patients prone to hypoglycemia with activity and exercise, follow these instructions
 - Medtronic 670G/770G in AutoMode: Main Menu > Temp Target > Set Duration. Automatically disables at end of specified time
 - Omnipod 5 in Automated Mode: Menu > Activity > Set Duration > tap CONFIRM > tap START
 - Tandem X2 in Control IQ: Options > My Pump > Exercise START. Disable following the same steps.

Continuous Glucose Monitors (CGM) - For patients using a CGM:

- CGM may be used in place of finger stick blood glucoses (Dexcom G6/G7 & Free Style Libre, 2 & 3)
- If the patient has signs/symptoms of hypoglycemia, blood glucose needs to be confirmed with a finger stick
- Insulin injections should be given at least 3 inches away from CGM site
- If required, calibrations should be done while the CGM is displaying a steady glucose reading
- Do not disconnect from CGM for sports or activities
- If the CGM becomes dislodged, return all parts to the parent/guardian
- Patient using a cellular enabled device as a receiver should always have immediate access to it

Dietary Plan/Dietary 504 Orders (Meal Modifications)

Modifications to Accommodate a Disability: A school is required to make meal modifications prescribed by a medical authority to accommodate a student's disability.

Definition of Disability: Under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and Departmental Regulations of 7 CFR part 15b define a person with disability as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. "Major life activities" are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. "Major life activities" also include operation of a major bodily function, including but not limited to, function of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

This Diabetes Medical Management Plan is completed by a medical authority that is authorized by Kansas and Missouri State Laws to write medical prescriptions, including dietary modifications. The electronic signature of the physician or advanced practice nurse is included below and stored electronically on this child's medical record at Children's Mercy.

Justification: This patient has diabetes mellitus, and therefore meets the requirements herein discussed. This plan is to be followed for all meals and snacks, as non-adherence could result in unnecessary and unsafe blood glucose fluctuations.

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Prescribed Dietary Modifications: No juice, regular Gatorade, Kool-Aid, Regular soda (pop) or other similar sugar containing beverage should be given unless treating hypoglycemia (BG < 70 mg/dL). May drink flavored milk, diet soda, water and all sugar-free drinks. Student should always be allowed to have free access to water at their desk. Unless treating hypoglycemia, patient should count carbohydrates and dose insulin as discussed above. Student may require additional dietary items in this regard. No other diabetes-specific dietary modifications are required.

For patients with Celiac Disease, a gluten free diet must be provided.

Independent Performance of Diabetes Tasks (see patient specific information above for level of independence)

For students marked "may manage diabetes related activities independently", they may perform the following aspect of diabetes management (unless otherwise specified): carrying supplies for blood glucose monitoring, checking blood glucose, checking urine or blood ketones, administering insulin, treating hypoglycemia, treating hyperglycemia, determining own snack/meal carbohydrate content, managing insulin pump (if applicable), replacing insulin pump infusion site (if applicable), and managing continuous glucose monitoring (if applicable)

Questions/Concerns Related to Diabetes Care:

Parents/guardians should be updated regularly on the need for frequent corrections, and patterns of hypo- or hyperglycemia. For questions, concerns or clarifications regarding basic diabetes care, school RN is to first contact child's parent/guardian. CMH Diabetes Team is available for questions, concerns or clarifications of prescribed orders.

Parental Authorization for Communication

I, (parent/guardian) _____ give permission to the school nurse or qualified health care professional or trained diabetes personnel of (school) _____ to perform and carry out the diabetes care tasks as herein outlined in (student) _____'s Diabetes Medical Management Plan and Dietary Orders.

My initials below also indicate that I consent to the release of information contained in the Diabetes Medical Management Plan to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I also give permission to the school nurse or another qualified health care profession to contact my child's physician/health care provider in reference to the orders herein. ____ (parent/guardian's initials)

Signature of Parent/Guardian: _____

Date: _____

Provider Name: Joseph T Cernich, MD

Electronically Signed On: 07/19/23 10:45 AM

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