Name of Student: _____ DOB: _____ School:_____
Hospital: _____Order Date: _____

Complete Diabetes Order Checklist for School Use

1. Student Information
☐ Student's full name and date of birth
☐ Diagnosis: Type 1 or Type 2 diabetes
☐ Date of order

2. Self-Care Abilities
☐ Total Care
☐ Supervision level required for each task
☐ Independent
Student's ability to check BG, calculate carbs, administer insulin, treat lows, use pump/CGM

3. Blood Glucose Monitoring
☐ Target blood glucose range
☐ **Frequency/times for checking BG**
☐ When to confirm CGM with a fingerstick (e.g., symptoms, alerts, >2 arrows, no readings)

4. Insulin Administration
☐ Insulin Delivery Method: Pump, pen, or syringe specified
☐ Name(s) of insulin (e.g., rapid-acting, long-acting)
☐ **I:C ratio** and correction factor specified
☐ **Sliding scale/chart**
☐ **Fixed dose for lunch**
☐ **Frequency of corrections**
☐ Pump-specific instructions: use and malfunction response

5. Hypoglycemia (Low BG) Treatment
☐ Specific glucose level threshold (e.g., <70 mg/dL)
☐ **Treatment instructions** (e.g., 15g fast-acting carb, recheck in 15 mins)
☐ **Glucagon/Gvoke/Bacqimi** prescription with dose and indications

6. Hyperglycemia (High BG) Treatment
☐ Specific BG threshold (e.g., >250 mg/dL)
☐ **PRN correction bolus** instructions (e.g., every 2 hours unless directed otherwise)
☐ **Ketone testing and thresholds for action**, instructions: when and how to respond

7. Meal & Snack Schedule
☐ **Times of meals and snacks**
☐ Carb intake ranges or required meals/snacks

8. Physical Activity
☐ **Thresholds for activity restrictions: Positive ketones, Blood glucose level <70 mg/dLany**
☐ Instructions for pump adjustments during activity

9. Disaster/Emergency/Lockdown
☐ **Check blood glucose every 2-3 hours, correct for hyperglycemia and cover carbohydrates eaten**

10. Authorization & Additional Notes
☐ **Parent/guardian signature and date**
☐ **Provider signature and date**

Reminder to do:

❖ **Confidential Health Information**

❖ **Emergency Action Plans**
   ☐ Hypoglycemia
   ☐ Hyperglycemia

❖ **504 Plan**