Diabetes Medication Management Orders (DMMO) In Accordance with UCA 53G-9-504 and 53G-9-506 Utah Department of Health/Utah State Board of Education/OSD	PCH Outpatient Diabetes Program (801) 213-3599 Fax (801) 587-7539	Other Provider (LIP)

SECTION 1: STUDENT INFORMATION	School Year:	
Student Name:	☐ Type 1 ☐ Type 2	School:
DOB:	Age at diagnosis:	School Fax:
Parent Name:	Phone:	Phone:
Emergency Contact:	Relationship:	Phone:

SECTION 2: TO BE COMPLETED BY LIP

In accordance with these orders, an Individualized Healthcare Plan (IHP) must be developed by the School Nurse, Student, and Parent to be shared with appropriate school personnel. As the student's Licensed Independent Provider (LIP) per my assessment, I recommend:

☐ Student is capable to independently count carbohydrates at meals and snacks for insulin administration.

☐ Student requires a trained adult to supervise carbohydrate counting of meals and snacks for insulin administration.

☐ Student requires a trained adult to carbohydrate count meals and snacks and administer insulin.

☐ This student may participate in ALL school activities, including sports and field trips, with the following restrictions:

EMERGENCY GLUCAGON ADMINISTRATION Immediately for severe hypoglycemia: unconscious, semiconscious (unable to control airway, or seizing)	**Glucagon** **Dose:** 1mg/1ml **Route:** IM	Possible side effects: Nausea and Vomiting

BLOOD GLUCOSE TESTING

Target range for blood glucose (BG): ☐ 100-200 ☐ 80-150 ☐ Other:

Times to test: ☐ Before meals ☐ Before exercise ☐ After exercise ☐ Before going home ☐ Other

☐ If symptomatic (See student's specific symptoms in Individualized Healthcare Plan (IHP).

· If BG is less than ____ mg/dl, follow management per Diabetes Emergency Action Plan (EAP).

· Student should not exercise if BG is below ____ mg/dl or symptomatic of hyperglycemia.

INSULIN ADMINISTRATION ☐ Humalog ☐ Novolog ☐ Admelog ☐ Apidra ☐ Other:	☐ Insulin vial/syringe ☐ Insulin pen ☐ Insulin pump	Route: Subcutaneous	Possible side effects: Hypoglycemia

Insulin to Carbohydrate (I:C): ___ units for every ___ grams of carbohydrate before food.

Correction Dose (only be administered at meal times):___ unit for every ____ mg/dl for blood glucose above ___mg/dl.

SNACKS/PARTIES ☐ Snacks/parties (use I:C ratio) ☐ No coverage for snacks/parties ☐ Other:

INSULIN PUMP

If using insulin pump, carbohydrate ratio and correction dose are calculated by pump. Correction doses at times other than meals per PUMP calculation ONLY.

ADDITIONAL PUMP ORDERS: Student may be disconnected from pump for a maximum of 60 minutes, or per IHP/EAP. If unable to use pump after 60 minutes contact parent/guardian, and if BG is over 250 mg/dl give correction dose via syringe or pen. If able to reconnect pump, administer correction dose as calculated by pump.

ADDITIONAL ORDERS

☐ None ☐ Adult supervision of BG testing ☐ Insulin administration ☐ Other:

CONTINUOUS GLUCOSE MONITORING (CGM)

All students using a CGM at school must have the ability to check a finger stick blood glucose with a meter in the event of a CGM failure or apparent discrepancy. Student is currently using the following CGM:

☐ None

☐ Dexcom G4 ☐ Dexcom G5 ☐ Dexcom G6 ☐ Medtronic 530G

☐ Medtronic 630G ☐ Medtronic 670 G ☐ Freestyle Libre ☐ Other

STUDENT NAME:	DOB:

SECTION 3: CONTINUOUS GLUCOSE MONITORING (CGM)

If CGM requires calibration for treatment parent must check appropriate box and sign below*.

☐ Dexcom G4: not FDA approved for making treatment decisions. When the CGM alarms, treatment should be determined based on a finger stick blood glucose.

☐ Dexcom G5: is FDA approved for making treatment decisions. Correction doses of insulin for hyperglycemia, or the intake of carbohydrates for treating hypoglycemia can be determined at school based on the CGM if the sensor glucose value is between 80 mg/dl and 350 mg/dl and there is a directional arrow; unless otherwise directed by the provider. If the symptoms of the student don't match the CGM reading, check a finger stick blood glucose with a meter. In addition, ***the parent/guardian must sign below* verifying they are responsible for calibrating the CGM at home two times daily and approve the school personnel or school nurse to treat hypoglycemia or give insulin doses based on the CGM.***

☐ Dexcom G6: is FDA approved for making treatment decisions. Correction doses of insulin for hyperglycemia, or the intake of carbohydrates for treating or preventing hypoglycemia can be determined at school based on the CGM if there is a glucose number and a directional arrow visible on the CGM. The "Urgent Low Soon Alert" signifies that a glucose of 55 mg/dl will be reached within 20 minutes. This should be treated based on the student's hypoglycemia treatment plan. If the symptoms of the student don't match the CGM reading, check a finger stick blood glucose with a meter. In addition***, the parent/guardian must sign below* verifying they approve the school personnel or school nurse to treat hypoglycemia or give insulin doses based on the CGM.***

☐ Medtronic 530 G and 630 G with Enlite Sensor, and 670 G with Guardian sensor are not FDA approved for making treatment decisions. When CGM alarms, treatment should be determined based on a finger stick blood glucose. If the pump requests a calibration, the student can calibrate this on their own. The school nurse and the parent must put a plan in place for calibrating the CGM at school if the pump requests a calibration and the student is unable to calibrate the CGM independently. The reading used to calibrate the CGM must come from a finger stick blood glucose using a meter. In addition, ***the parent/guardian must sign below* verifying they approve the school personnel or school nurse to assist with calibrations (if desired).***

☐ Freestyle Libre: not FDA approved for making treatment decisions in individuals under the age of 18.

SECTION 4: SIGNATURES

PRESCRIBER TO COMPLETE (as required by UCA 53G-9-506)

The above named student is under my care. This document reflects my plan of care for the above named student.

☐ I confirm the student has a diagnosis of diabetes mellitus.

☐ **It is** medically appropriate for the student to possess and self-administer diabetes medication and the student should be in possession of diabetes medications at all times.

☐ **It is** medically appropriate for the student to possess, but **NOT self-administer** diabetes medication and the student should be in possession of diabetes medications at all times.

☐ **It is NOT** medically appropriate for the student to possess, or self-administer diabetes medication and the student should have access to their diabetes medications at all times.

Prescriber Name (print):	Phone:
Prescriber Signature:	Date:

PARENT TO AUTHORIZATION

I understand that a school team, including parent or guardian, may make decisions about implementation and assistance in the school based on consideration of the above recommendation, available resources, and the student's level of self-management. I acknowledge that these orders signed by the LIP will be used by the school nurse, and shared with appropriate school staff, to develop the IHP for my child's diabetes management at school. I understand and accept the risk that in the course of communication between myself, the school, and the provider, protected health information (PHI) sent via unencrypted email or text message may be intercepted and read by third parties.

*☐ If my child is using a CGM at school I understand that I am responsible for calibrating the CGM at home, if required, and that I approve the school personnel or school nurse to make treatment decisions based on the information from the CGM.

Parent Name:	Signature:	Date:

Medical Provider to Complete

Please check one of the following:

☐ During the COVID- 19 pandemic the student is able to attend school at their school site with the recommended practices of frequent handwashing, social distancing, and wearing of a mask.

☐ During the COVID-19 pandemic and due to the student's medical condition, in addition to utilizing the recommended practices listed above, the following additional accommodations should be considered in order for the student to attend school safely:

☐ During the COVID-19 pandemic and due to the student's medical condition, it is not recommended that the student attend school as the risk of exposure jeopardizes the student's health and safety.

Providers Signature: _____ Date: _____