

## AP 323-2 Diabetes Medication Administration Form

### Instructions:

This form is updated annually to document physician approval regarding the following:

- Administration of glucagon by school staff
- Administration of insulin by school staff for a student not able to complete the task (NSS Delegated Care)
- Supervision by school staff of a student self-administering insulin who is not yet fully independent in the task (NSS Delegated Care)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Care Card Number: \_\_\_\_\_

Parent/Guardians' Name(s) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Glucagon (GlucaGen® or Lilly Glucagon™)

For severe low blood glucose, give by intramuscular injection:

- 0.5 mg = 0.5 ml for students 5 years of age and under
- 1.0 mg = 1.0 ml for students 6 years of age and over

### Insulin (rapid acting insulin only)

Insulin delivery device:  insulin pump  insulin pen

Note: The following **cannot** be accommodated when insulin administration is being delegated to a school staff person via pump or pen:

- Overriding the calculated dose
- Entering an altered carbohydrate count for foods in order to change the insulin dose
- Changing the settings on the pump
- Deviating from the NSS Delegated Care Plan

**For students using an insulin pen, insulin may be administered at lunchtime only (due to the inability to accurately calculate insulin on board). The method of calculating the dose is as follows:**

- Bolus Calculator Sheet
- Variable dose insulin scale for blood glucose for consistent carbohydrates consumed
- InsuLinx® Meter

Parent/guardian authority to adjust insulin dose for bolus calculator sheet or sliding scale:  Yes  No

**For students using an insulin pump, insulin can be given if needed at recess, lunch and two hours after lunch (as there is an ability to know the insulin on board).**

I agree the student's diabetes can be safely managed at school within the above parameters:

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Clinic Phone Number: \_\_\_\_\_