

## Guidelines for Insulin Administration by School Staff

- Parents will consult the school nurse when a change to existing insulin orders is needed. The school nurse and parent will discuss and review blood glucose trends. The school nurse will provide the school and unlicensed school staff with written instruction for dosage adjustments. Unlicensed school staff will not make any changes in insulin administration until directed by the school nurse.
- Adjustments to insulin doses should **not occur daily**. The parent should consult with diabetes care provider if daily insulin adjustments are needed. An exception to this would be for the child that is newly diagnosed or self manages their diabetes.
- The local endocrinology providers teach parents to look for patterns before adjusting insulin doses. Insulin doses may be adjusted +/-2 units by the parent as directed in the healthcare provider orders. Adjustments should not exceed three times per week for correcting BGs below target range, and not exceed two times per week for correcting BGs above the target range.
- Parent or school nurse may authorize according to the IHP insulin for blood glucose correction 2 ½ - 3 hours after last insulin injection. Current health care provider orders must describe the dose to be given.
- The insulin medication orders will be attached to the Individualized Healthcare Plan (IHP) [forms #100 & #100 A-E] so that the most current orders are available for the school nurse or school staff.
- The school nurse and school staff will carefully monitor the student after a change in insulin dose. If the student's blood glucose drops below 70 in one to two hours following new insulin dosage the school nurse and parent will be notified immediately.
- Parent may make a one day only insulin adjustment for an extra snack or increase in exercise. This should be done using a handwritten note, fax or email at the beginning of the school day.
- Blood glucose readings after lunch are dependent on the pre-lunch dosage. High blood glucose readings in the morning are a result of the not enough insulin in the morning or high carbohydrate breakfast.
- Two individuals should always verify insulin dose by syringe or pen before administration. This could be another trained staff or by the student themselves if competent.
- Parents should notify the school nurse of any adjustments made to basal and/or bolus rates on an insulin pump so the school staff can be on alert to any reactions to the insulin dosage change.
- School staff will not adjust pump settings. School staff will use the pump wizard program for the recommended dosage.
- Safety features for the insulin pump should be active at all times while the student is at school.
- Health Care Plans and Insulin orders must be current and should be renewed on a yearly basis.