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| --- | --- | --- | --- |
|  | **INSULIN PUMP ADDENDUM** | Date of Orders: |  |
| **Student:** |  | DOB: |       | School: |       | Grade: |       |
| **Physician/Provider:** |       | Phone: |  |
| **Diabetes Educator:** |       | Phone: |       |

|  |  |
| --- | --- |
| Insulin Pump Info: Type of pump:       | Type of Insulin in pump  |
| **Insulin to Carbohydrate ratio:** | **Sensitivity/Correction Factor:**  |
| **Target Range:** |  |
| [ ]  Parent/guardian authorized to increase or decrease insulin to carb ratio 1 unit +/- 5 grams of carbohydrates |  |

Time to Bolus: [ ]  Before the Meal [ ]  After the Meal [ ]  ½ Bolus Before Meal and ½ After Meal [ ]  Other:

* Check blood glucose level before the meal or snack [ ]  Automatic/radiofrequency from CGM
* Enter the blood glucose value into the pump [ ]  Student [ ]  Supervision [ ]  Performed by Delegated Staff
* Count the grams of carbohydrates in the food
eaten or to be eaten [ ]  Student [ ]  Supervision [ ]  Performed by Delegated Staff
* Enter the grams of carbohydrates into the pump [ ]  Student [ ]  Supervision [ ]  Performed by Delegated Staff
* The **pump will calculate the prescribed amount of insulin**
* Deliver the bolus dose by pressing the designated
button(s) on the pump [ ]  Student [ ]  Supervision [ ]  Performed by Delegated Staff
* If bolus given prior to meal, do not administer more than 10 minutes before eating
* If blood glucose is less than  mg/dl, wait to give meal bolus until after meal
* If blood glucose is greater than mg/dl, deliver a correction bolus prior to eating

*The settings on the pump are established by the student’s healthcare provider & are not to be changed by school personnel*

**If Pump or Set Malfunctions: *Notify School Nurse and Parent immediately***

[ ]  School Nurse to give Injection [ ] Student self-administers [ ]  Parent will give injection [ ]  Other:

 **Insulin by injection:**  [ ]  Insulin Pen provided [ ]  Insulin & Syringe/Needle [ ]  Use Insulin Pump Cartridge

**Calculating Insulin Dose when pump malfunctions: Use Pump Calculator or *School Nurse and/or Parent will do calculation (School nurse may contact provider for One-Time Order)***

If pump is operational then the insulin dosing can be calculated as noted above using pump calculator.

If pump is not operational: Give Insulin according to Insulin to student’s dosing (For School nurse use only)

**Current Blood Glucose – Target Range BG       (top of range) + Grams of carbohydrates = Units of Insulin**

 **Correction Factor Carbohydrate ratio**

If the BG is already in range according to the specific targets for that child  - skip the first calculation and just do the carb calculation).  School Nurse may contact provider for One-Time Order

Note: round insulin to the nearest half or whole unit

A**dditional Information:** 1. Parents should notify the school nurse (*at or before the beginning of the school day)* of any adjustments made to basal and/or bolus rates on the insulin pump so the school staff can be on alert to any reactions to the insulin dosage change. 2. School staff will not adjust pump settings. School staff will use the pump bolus calculator program for the recommended dosage. 3. Safety features for the insulin pump should be active at all times while the student is at school.

**Contact Parent/Guardians if symptoms of:** Soreness, redness or bleeding at infusion site  Dislodged Infusion Set

 \*Repeated Alarms Leakage t connection to pump or infusion site Pump Malfunction

Parent Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_

School Nurse:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Nurse Signature:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_