

DELÈ: 1ye jen. Fòm yo resevwa apre 1ye jen ka retade pwosesis la pou nouvo ane lekòl la.

Tanpri fakse tout DMAF yo nan 347-396-8932/8945.

Siyati elèv la: _____ Non: _____ Dat nesans: (mwa/jou/ane) _____

OSIS _____ Distri DOE: _____ Nivo klas: _____ Klas: _____ Sèks: Gason Fi

Lekòl (ladan non, nimewo, adrès ak borough): _____

SE YON DOKTÈ KI POU RANPLI PI BA A / HEALTH CARE PRACTITIONER COMPLETES BELOW

[Please see 'Provider Guidelines for DMAF Completion']

Type 1 Diabetes Type 2 Diabetes Other Diagnosis: _____ Dx Date _____ Recent A1c Date: _____ Result: _____ (%)

Orders written will be implemented when submitted and approved. If you wish to start order implementation in September 2024, please check here

EMERGENCY ORDERS

Severe Hypoglycemia Administer Glucagon and CALL 911 (If more than one option is chosen, school staff will use ONE form of available glucagon unless otherwise directed.)

Glucagon	GVOKE	Baqsimi	Zegalogue
<input type="checkbox"/> 1 mg	<input type="checkbox"/> 1 mg	<input type="checkbox"/> 3 mg	<input type="checkbox"/> 0.6 mg SC
<input type="checkbox"/> 0.5 mg SC/IM	<input type="checkbox"/> 0.5 mg SC/IM	Intranasal	may repeat in 15 min if needed

Give PRN: unconscious, unresponsive, seizure, or inability to swallow EVEN if bG is unknown. Turn onto left side to prevent aspiration and call 911.

Risk for Ketones or Diabetic Ketoacidosis (DKA)

Test ketones if bG > _____ mg/dl or if vomiting, or fever > 100.5 F **OR**

Test ketones if bG > _____ mg/dl for the 2nd time that day (at least 2 hrs. apart), or if vomiting or fever > 100.5 F

▶ If small or trace give water; re-test ketones & bG in 2 hrs or _____ hrs

▶ If ketones are moderate or large, give water; Call parent and Endocrinologist **NO GYM**

▶ If ketones and vomiting, unable to take PO, has altered mental status or breathing changes and MD not available, CALL 911

Give insulin correction dose if > 2 hrs or _____ hours since last rapid acting insulin.

SKILL LEVEL (if not complete, will default to nurse-dependent)

Blood Glucose (bG) Monitoring Skill Level

Nurse / adult must check bG.

Student to check bG with adult supervision.

Student may check bG without supervision.

Insulin Administration Skill Level

Nurse-Dependent Student: nurse must administer medication.

Supervised student: student calculates and self-administers, under adult supervision.

Independent Student Self-carry / Self-administer

(MUST Initial attestation) I attest that the independent student demonstrated the ability to self-administer the prescribed medication (excluding glucagon) effectively during school, field trips and school sponsored events.

Provider Initials _____

BLOOD GLUCOSE MONITORING [See Part B for CGM readings]

Specify times to test in school (must match times for treatment and/or insulin) Breakfast Lunch Snack Gym Dismissal PRN

Hypoglycemia *Insulin is given before food unless noted here* Breakfast Lunch Snack Give snack* before gym

Check all boxes needed. Must include at least one treatment plan.

For bG < _____ mg/dl give _____ gm rapid carbs at Breakfast Lunch Snack Gym Dismissal PRN

Repeat bG testing in 15 or _____ min. If bG still < _____ mg/dl repeat carbs and retesting until bG > _____ mg/dl

For bG < _____ mg/dl give _____ gm rapid carbs at Breakfast Lunch Snack Gym Dismissal PRN

Repeat bG testing in 15 or _____ min. If bG still < _____ mg/dl repeat carbs and retesting until bG > _____ mg/dl

For bG < _____ mg/dl give pre-gym, no gym For bG < _____ mg/dl treat hypoglycemia and then give snack* Pre-gym PRN

T2DM – no bG monitoring or insulin in school

15 gm rapid carbs = 4 glucose tabs = 1 glucose gel tube = 4 oz. juice

*snacks not provided by student's family will be between 15 and 25 g carbohydrates unless otherwise specified in Other Orders

Mid-Range Glycemia *Insulin is given before food unless noted here* Give insulin after Breakfast Lunch Snack Give snack* before gym if bG < _____ mg/dl

Hyperglycemia *Insulin is given before food unless noted here* Give insulin after Breakfast Lunch Snack

For bG > _____ mg/dL pre-gym, no gym and check ketones For bG meter reading "High" use bG of 500 or _____ mg/dl

For bG > _____ mg/dl PRN, Give insulin correction dose if > 2 hrs or _____ hrs. since last rapid acting insulin

Check bG or Sensor Glucose (sG) before dismissal Give correction dose pre-meal and carb coverage after meal

For sG or bG values < _____ mg/dl treat for hypoglycemia if needed, and give _____ gm carb snack before dismissed

For sG or bG values < _____ mg/dl treat for hypoglycemia if needed, and do not send on bus/mass transit, parent to pick up from school.

INSULIN ORDERS

Insulin Name*

*May substitute Novolog with Humalog/Admelog

No Insulin in School No Insulin at Snack

Delivery Method:

Syringe/Pen Smart Pen - use pen suggestions

Pump (Brand) _____

For Pumps:

Student on FDA approved hybrid closed loop pump-basal rate variable per pump.

Suspend/disconnect pump for gym

Suspend pump for hypoglycemia not responding to treatment for _____ min

Activity Mode (HCL pumps): Start _____ minutes prior to exercise, to end _____ minutes after exercise is complete (DEFAULT 1 hr prior, during, and 2 hrs following exercise)

Carb Coverage:

gm carb in meal = X units insulin
gm carb in I:C

Correction Dose using ISF:

$bG - Target\ bG = X\ units\ insulin\ ISF$

Round **DOWN** insulin dose to closest 0.5 unit for syringe/pen or nearest whole unit if syringe/pen doesn't have ½ unit marks; unless otherwise instructed by PCP/endocrinologist. Round **DOWN** to nearest 0.1 unit for pumps, unless following pump recommendations or PCP/endocrinologist orders.

Insulin Calculation Method:

Carb Coverage **ONLY** at Breakfast Lunch Snack

Correction Dose **ONLY** at Breakfast Lunch Snack

Carb Coverage **plus** correction dose when bG > Target **AND** at least 2 hrs or _____ hrs. since last rapid acting insulin at Breakfast Lunch Snack

Correction dose calculated using ISF or Sliding Scale

Fixed Dose (See *Optional Orders*)

Sliding Scale (See *Part B*)

If gym/recess is immediately following lunch, subtract _____ gm carbs from lunch carb calculation.

Additional Pump Instructions:

Follow pump recommendations for bolus dose (if not using pump recommendations, will round down to nearest 0.1 unit)

For bG > _____ mg/dl that has not decreased in _____ hours after correction, consider pump failure and notify parents

For suspected pump failure: SUSPEND pump, give rapid acting insulin by syringe or pen and notify parents.

For pump failure, only give correction dose if > _____ hrs since last rapid acting insulin

Insulin Calculation Directions:

(give number, not range)
Target bG = _____ mg/dl (time _____ to _____)
Target bG = _____ mg/dl (time _____ to _____)

Insulin Sensitivity Factor (ISF):

1 unit decreases bG by _____ mg/dl (time _____ to _____)

1 unit decreases bG by _____ mg/dl (time _____ to _____)

(time will be 7am to 4 pm if not specified)

Insulin to Carb Ration (I:C):

Bkfst OR time _____ to _____

1 unit per _____ gms carbs

Snack OR time _____ to _____

1 unit per _____ gms carbs

Lunch OR time _____ to _____

1 unit per _____ gms carbs

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Siyati elèv la: _____ Non: _____ Dat nesans: (mwa/jou/ane): _____ Nimewo OSIS: _____

CONTINUOUS GLUCOSE MONITORING (CGM) ORDERS [Please see 'Provider Guidelines for DMAF Completion']

Use CGM readings - For CGM's used to replace finger stick bG readings, only devices FDA approved for use and age may be used within the limits of the manufacturer's protocol. (sG = sensor glucose). **Name and Model of CGM:** _____

For CGM used for insulin dosing: finger stick bG will be done when: the symptoms don't match the CGM readings; if there is some reason to doubt the sensor (i.e. for readings <70 mg/dl or sensor does not show both arrows and numbers). CGM to be used for insulin dosing and monitoring — **must be FDA approved for use and age**

sG Monitoring Specify times to check sensor reading Breakfast Lunch Snack Gym Dismissal PRN. [if none checked, will use bG monitoring times]

For sG < 70mg/dl check bG and follow orders on DMAF, unless otherwise ordered below. Use CGM grid below OR See attached CGM instructions

CGM reading	Arrows	Action	<input type="checkbox"/> use < 80 mg/dl instead of < 70 mg/dl for grid action plan
sG < 60 mg/dl	Any arrows	Treat hypoglycemia per bG hypoglycemia plan; Recheck in 15-20 min. If still < 70 mg/dl check bG.	
sG 60-70 mg/dl	and ↓, ↓↓, ↘ or →	Treat hypoglycemia per bG hypoglycemia plan; Recheck in 15-20 min. If still < 70 mg/dl check bG.	
sG 60-70 mg/dl	and ↑, ↑↑, or ↗	If symptomatic, treat hypoglycemia per bG hypoglycemia plan; if not symptomatic, recheck in 15-20 minutes. If still <70 mg/dl check bG.	
sG >70 mg/dl	Any arrows	Follow bG DMAF orders for insulin dosing	
sG ≤ 120 mg/dl pre-gym or recess	and ↓, ↓↓	Give 15 gms uncovered carbs. If gym or recess is immediately after lunch, subtract 15 gms of carbs from lunch carb calculation.	
sG ≥ 250	Any arrows	Follow bG DMAF orders for treatment and insulin dosing	

For student using CGM, wait 2 hours after meal before testing ketones for hyperglycemia.

OPINYON PARAN SOU DOZAJ ENSILIN / PARENTAL INPUT INTO INSULIN DOSING

Parent(s)/Guardian(s) (give name), _____, may provide the nurse with information relevant to insulin dosing, including dosing recommendations. Taking the parent's input into account, the nurse will determine the insulin dose within the range ordered by the health care practitioner and in keeping with nursing judgment.

Please select ONE option below:

Nurse may adjust calculated dose up or down up to _____ units based on parental input and nursing judgment. Nurse may adjust calculated dose up by _____% or down by _____% of the prescribed dose based on parental input and nursing judgment.

MUST COMPLETE Health care practitioner can be reached for urgent dosing orders at: _____ If the parent requests a similar adjustment for > 2 days in a row, the nurse will contact the health care practitioner to see if the school orders need to be revised.

Sliding Scale

Do NOT overlap ranges (e.g. enter 0-100, 101-200, etc.). If ranges overlap, the lower dose will be given. Use pre-treatment bG to calculate insulin dose unless other orders.

Time	bG	Units Insulin	Other Time _____:	bG	Units Insulin
	Zero - _____			Zero - _____	
<input type="checkbox"/> Lunch	_____ - _____		<input type="checkbox"/> Lunch	_____ - _____	
<input type="checkbox"/> Snack	_____ - _____		<input type="checkbox"/> Snack	_____ - _____	
<input type="checkbox"/> Breakfast	_____ - _____		<input type="checkbox"/> Breakfast	_____ - _____	
<input type="checkbox"/> Correction Dose	_____ - _____		<input type="checkbox"/> Correction Dose	_____ - _____	
	_____ - _____			_____ - _____	
<input type="checkbox"/> see attached	_____ - _____			_____ - _____	

Optional Orders

Round insulin dosing to nearest whole unit: 0.51-1.50u rounds to 1.00u. Use sliding scale for correction AND meals ADD:
 Round insulin dosing to nearest half unit; 0.26-0.75u rounds to 0.50 u (must have half unit syringe/pen). _____ units for lunch;
 _____ units for snack;
 _____ units for Breakfast
 (sliding scale must be marked as correction dose only)

Long-acting insulin given in school - Dose _____ units - Time _____ or Lunch
Long Acting Insulin Name _____

Other Orders

HOME MEDICATIONS

None

Medication	Dose	Frequency	Time	Route
Insulin				
Other				

ADDITIONAL INFORMATION

Is the child using altered or non-FDA approved equipment? Yes or No [Please note that New York State Education laws prohibit nurses from managing non-FDA devices. Please provide pump-failure and/or back up orders on DMAF Part A Form.]

By signing this form, I certify that I have discussed these orders with the parent(s) / guardian(s).

Health Care Practitioner

Last Name (Print): _____ First Name (Print): _____

Signature: _____ Date: _____

NYS License or NPI # (Required): _____ Check one: MD DO NP PA

Address: _____ Email address: _____

Tel.: _____ FAX: _____ Cell Phone: _____

**CDC & AAP recommend annual seasonal influenza vaccination for all children diagnosed with diabetes.
 INCOMPLETE PRACTITIONER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS**

DELÈ: 1ye jen. Fòm yo resevwa apre 1ye jen ka retade pwosesis la pou nouvo ane lekòl la.

PARAN AK RESPONSAB: LI, RANPLI AK SIYEN. LÈ M SIYEN PI BA A, MWEN DAKÒ AVÈK BAGAY SA YO:

1. Mwen dakò pou enfimiyè/founisè SBHC a bay pitit mwen an medikaman yo preskri yo, ak pou enfimiyè/estaf ki fòme/founisè SBHC tcheke nivo sik nan san pitit mwen an epi pou trete nivo sik nan san pitit mwen an dapre rekòmandasyon ak nivo abilite doktè k ap pran swen pitit mwen an detèmine a. Yo ka fè bagay sa yo nan lekòl la oswa pandan pwomnad lekòl la.
2. Mwen dakò tou pou nenpòt ekipman yo bezwen pou yo ka konsève ak itilize medikaman pitit mwen an nan lekòl la.
3. **Mwen konprann ke:**
 - Mwen sipoze remèt enfimiyè lekòl /founisè SBHC a medikaman, snacks, ekipman, ak materyèl yo epi mwen dwe ranplase medikaman, ekipman ak materyèl sa yo lè sa nesèsè. Biwo sante lekòl (OSH) rekòmande lansèt sekirite yo ak lòt ekipman sekirite egui pou tcheke nivo sik nan san pitit mwen an ak ba li ensilin.
 - Mwen dakò pou pitit mwen an pote medikaman/ekipman l nan lekòl la ak nan pwomnad yo jan yo dekri l nan reyinyon 504 yo.
 - **Tout medikaman sou preskripsyon ak tout medikaman “ki vann san preksripsyon (over-the-counter)” fèt pou nèf, kachte nan bwat oswa boutèy orijinal la. M ap bay lekòl la medikaman ki resan, ki pa ekspire pou pitit mwen itilize pandan jounen lekòl la.**
 - Medikaman ki vann sou preskripsyon yo fèt pou gen etikèt orijinal famasi a sou bwat la oswa sou boutèy la. Etikèt la dwe gen ladan: 1) non pitit mwen an, 2) non ak nimewo telefòn famasi a, 3) non doktè pitit mwen an, 4) dat, 5) kantite rechaj (refills), 6) non medikaman an, 7) kantite dòz, 8) lè pou li pran l, 9) kòman pou li pran medikaman an ak 10) nenpòt lòt eksplikasyon.
 - Mwen dwe **imedyatman** di enfimiyè lekòl la/founisè SBHC a nenpòt chanjman ki genyen nan medikaman pitit mwen an oswa nan eksplikasyon doktè k ap trete l.
 - OSH ak ajan li ki patisipe nan ofri pitit mwen an sèvis sante ki pi wo yo konte sou presizyon ki nan enfòmasyon ki sou fòm sa a.
 - Lè m siyen fòm pou bay medikaman sa a (medication administration form, MAF) sa a, mwen otorize OSH pou bay pitit mwen an sèvis sante. Sèvis sa yo ka genyen ladan pami lòt, yon evalyasyon klinik oswa yon konsiltasyon medikal yon doktè oswa yon enfimiyè OSH fè.
 - Preskripsyon medikaman ki sou fòm MAF sa a ekspire nan fen ane lekòl pitit mwen an, ki ka gen ladan tou sesyon ete, oswa lè mwen bay enfimiyè lekòl la/founisè SBHC a yon nouvo fòm MAF (kèlkeswa sa ki rive avan an). Lè preskripsyon medikaman sa a ekspire, m ap bay enfimiyè/founisè SBHC lekòl pitit mwen an yon nouvo fòm MAF ke doktè pitit mwen an ap ekri.
 - OSH ak Depatman edikasyon (DOE) asire yo pitit mwen an ka tcheke nivo sik nan san l ansekirite.
 - Fòm sa a reprezante konsantman m ak demand mwen fè pou sèvis dyabèt yo dekri sou fòm sa a, epi ou ka voye l dirèkteman bay OSH. Se pa yon akò OSH genyen pou li bay sèvis ou mande a. Si OSH deside bay sèvis sa yo, pitit mwen an bezwen tou yon Plan akomodasyon Seksyon 504. Se lekòl la k ap ranpli plan sa a.
 - Nan objektif pou bay pitit mwen an swen oswa tretman, OSH ka gen nenpòt lòt enfòmasyon yo panse ki nesèsè sou pwoblèm medikal pitit mwen an, medikaman l ap pran oswa tertman l suiv. OSH ka pran enfòmasyon sa a nan men nenpòt doktè, enfimiyè oswa famasyon ki bay pitit mwen an sèvis.

SONJE: Li pi bon si w voye medikaman ak ekipman pou pitit ou a nan jou yon pwomnad lekòl ak nan aktivite k ap fèt andeyò lokal lekòl la.

Liy gratis OSH pou paran poze kesyon sou DMAF: 718-786-4933

POU ELÈV KI KA PRAN MEDIKAMAN POUKONT YO (ELÈV KI ENDEPANDAN SÈLMAN)

- Mwen sètifye/konfime pitit mwen an resevwa bonjan trening epi li kapab pran medikaman poukont li. Mwen dakò pou pitit mwen an pote, konsève ak pran medikaman yo preskri nan fòm sa a nan lekòl ak nan pwomnad. Mwen gen responsablite pou bay pitit mwen an medikaman sa a nan boutèy oswa nan bwat yo jan yo dekri sa pi wo a. Mwen gen responsablite pou m sipèvize itilizasyon medikaman pitit mwen an ak pou tout konsekans ki genyen nan itilizasyon medikaman pitit mwen an pran nan lekòl la. Enfimiyè lekòl la oswa founisè SBHC pral konfime kapasite pitit mwen an pou l pote ak pran medikaman yo. Mwen dakò tou pou m bay lekòl la medikaman “an rezèv” nan yon bwat oswa boutèy ki gen etikèt byen klè sou li.
- Mwen dakò pou enfimiyè lekòl la oswa manm estaf ki resevwa trening bay pitit mwen an Glucagon si se yon doktè ki preskri l si pitit mwen an pa kapab pran l poukont li pou yon ti tan.

Siyati elèv la: _____ Non elèv la: _____ MI: _____ Dat nesans (mwa/jou/ane): _____

Non /ATSDBN lekòl la: _____ Borough: _____ Distri: _____

Ekri ak lèt detache non paran/responsab: _____ Imèl paran/responsab la: _____

Siyati paran/responsab pou Pati A & B: _____ Dat siyati a (mwa/jou/ane): _____

Adrès paran/responsab: _____

Nimewo telefòn: No. telefòn pandan lajounen: _____ No. telefòn lakay ou _____ No. telefòn selilè: _____

Non lòt moun pou kontakte nan ka ijans: _____ Lyen avèk elèv la: _____ No. telefòn kontak la: _____

Pati sa se pou biwo sante nan lekòl (OSH) sèlman / For Office of School Health (OSH) Use Only

OSIS Number: _____

Received by - Name: _____ Date: _____

504 IEP Other: _____

Reviewed by - Name: _____ Date: _____

Referred to School 504 Coordinator: Yes No

Services provided by: Nurse/NP OSH Public Health Advisor (for supervised students only) School Based Health Center

Signature and Title (RN OR SMD): _____ Date School Notified & Form Sent to DOE Liaison: _____

Revisions as per OSH contact with prescribing health care practitioner: Clarified Modified

Notes: