

Anthony Wayne Local Schools

DIABETES- MEDICATION ADMINISTRATION RECORD (MAR) Completed forms can be FAXED to: _____

A completed form must be provided to the school principal and/or nurse before the student may be assisted in their diabetes management at school

Student name	<input type="checkbox"/> male <input type="checkbox"/> female	Home address	Student ID#	Student Photo (Must attach)
Grade/Class	Teacher	School		

Medication orders must be completed and signed by prescriber (please)

Emergency Situations	<p><u>Severe Hypoglycemia</u></p> <p>1. Give glucagon <input type="checkbox"/> 1 mg IM or SQ. or <input type="checkbox"/> ____mg IM or SQ. and CALL 911 for unconsciousness, unresponsiveness, seizure, or inability to swallow.</p> <p><input type="checkbox"/> 2. Turn student onto his/her side in case of nausea or vomiting</p> <p><input type="checkbox"/> 3. Stay with student until emergency help arrives (have someone contact parent(s))</p> <p><input type="checkbox"/> 4. When student awakens and is able to swallow, encourage to take small sips of a carb-containing fluid (fruit juice/regular soda). If tolerated, follow with 15 grams of a carb and fat-containing food (peanut butter/crackers). Check blood glucose every 15 minutes and repeat snacks until BG is above 200 mg/dl.</p> <p><input type="checkbox"/> 5. Other _____</p>	<p><u>Risk for Diabetic Ketoacidosis (DKA)</u></p> <p>1. <input type="checkbox"/> Ketones: Test ketones if hyperglycemic*, ill, vomiting, or fever > 100.5 oral if small or trace, give unlimited water and restroom pass. Re-test ketones and BG in _____hours. If initial or retest ketones are moderate or large, give unlimited water and restroom pass and:</p> <p><input type="checkbox"/> Call parent <input type="checkbox"/> and/or MD <input type="checkbox"/> No gym/recess</p> <p><input type="checkbox"/> If vomiting, unable to take by mouth, and MD not available. Call 911</p> <p><input type="checkbox"/> Give insulin bolus, if ordered</p>
Blood Glucose Testing	<p><u>BG Testing</u></p> <p><input type="checkbox"/> May check BG without supervision <input type="checkbox"/> Test BG prior to eating meals/snacks that contain carbohydrates</p> <p><input type="checkbox"/> May check BG with supervision <input type="checkbox"/> Test BG for symptoms/signs of a low or high BG</p> <p><input type="checkbox"/> Must have school personnel check BG <input type="checkbox"/> Test BG if student is ill</p>	
Target Blood Gucose (BG)= _____ -- _____ mg/dl		
Hypoglycemia Low Blood Glucose < _____mg/dl	<p><u>Hypoglycemia-Requires Immediate Treatment</u> <input type="checkbox"/> Self treatment of mild lows <input type="checkbox"/> Assistance for all lows</p> <p><input type="checkbox"/> If the BG is less than _____ and the child can safely consume food/drink, give 15 grams of fast-acting carbs (4 oz. juice, regular pop, 3-4 glucose tablets, or 5-8 lifesavers).</p> <p><input type="checkbox"/> Retest BG in 15 minutes. Give additional 15 grams until BG is greater than _____.</p> <p><input type="checkbox"/> If the low BG occurs at meal or snack time, treat the low BG as above and then give the usual insulin dose</p> <p><input type="checkbox"/> If unable to test BG, but child is symptomatic of low BG, treat as noted above</p> <p><input type="checkbox"/> Contact the parent(s) if the child required two or more carb treatments for a low BG or if the BG was less than _____</p> <p><input type="checkbox"/> If meal is more than one hour away, give additional _____ gm. of snack with protein.</p> <p><input type="checkbox"/> If participating in exercise, give additional _____gm. of snack with protein.</p>	
Hyperglycemia High Blood Glucose > _____mg/dl	<p><u>Hyperglycemia-</u> <input type="checkbox"/> Notify parent if BG is > _____ <input type="checkbox"/> or if BG is > _____ and urine ketones are positive or if student is vomiting</p> <p><input type="checkbox"/> check ketones at school if BG is > _____. <input type="checkbox"/> Correct BG with preset insulin scale in pump.</p> <p><input type="checkbox"/> Use insulin sliding scale to cover BG. *Note: Insulin is not to be injected more frequently than every 3 hours.</p> <p><input type="checkbox"/> <u>Ketone Scale:</u> small-give _____ units insulin moderate-give _____ units insulin large- give _____units insulin.</p> <p><input type="checkbox"/> Increase water intake <input type="checkbox"/> Unlimited bathroom pass</p>	
Exercise & Sports	<p><input type="checkbox"/> Snack before exercise <input type="checkbox"/> Student should not exercise if BG is < _____ mg/dl or > _____ mg/dl with moderate to large ketones present</p> <p><input type="checkbox"/> Other _____</p>	
Student's School Schedule	<p>School start time: _____ Lunch time: _____ Phys. Ed: Days: _____ Snack time: _____</p> <p>School end time: _____ Recess time (s): _____ Time: _____ <input type="checkbox"/> Student may carry and self administer snacks</p>	

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Insulin Orders and Carb Coverage	check one box only <input type="checkbox"/> Carb coverage <input type="checkbox"/> Carb coverage plus correction when BG > target BG or sliding scale <input type="checkbox"/> Sliding scale <input type="checkbox"/> No insulin at school-glucose monitoring ONLY																										
	Name of Insulin: <input type="checkbox"/> Insulin lispro (Humalog) <input type="checkbox"/> Insulin aspart (Novolog) <input type="checkbox"/> Insulin glulisine (Apidra) <input type="checkbox"/> Other _____ <input type="checkbox"/> SYRINGE <input type="checkbox"/> PEN <input type="checkbox"/> PUMP <input checked="" type="checkbox"/> Store unopened vial of insulin in the refrigerator. After vial is opened, it may be kept at room temperature. Discard after four weeks. Keep several syringes at school in case injection is needed.																										
<input type="checkbox"/> Student has an insulin pump	<table style="width:100%; border: none;"> <tr> <td style="width:30%; vertical-align: top;"> Insulin Pump brand/model _____ </td> <td style="width:30%; vertical-align: top;"> <input type="checkbox"/> In school Basal Rate(s) _____ units/hr. <input type="checkbox"/> Gym or Temp. _____% basal rate for _____ hrs. <input type="checkbox"/> Disconnect pump for gym </td> <td style="width:40%; vertical-align: top;"> For Pump <input type="checkbox"/> Follow pump recommendation for bolus dose <input type="checkbox"/> For BG > _____mg/dll that has not decreased _____ hours after correction consider pump failure: Notify parent <input type="checkbox"/> For suspected pump failure: DISCONNECT pump and give insulin by syringe or pen </td> </tr> </table>				Insulin Pump brand/model _____	<input type="checkbox"/> In school Basal Rate(s) _____ units/hr. <input type="checkbox"/> Gym or Temp. _____% basal rate for _____ hrs. <input type="checkbox"/> Disconnect pump for gym	For Pump <input type="checkbox"/> Follow pump recommendation for bolus dose <input type="checkbox"/> For BG > _____mg/dll that has not decreased _____ hours after correction consider pump failure: Notify parent <input type="checkbox"/> For suspected pump failure: DISCONNECT pump and give insulin by syringe or pen																				
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<input type="checkbox"/> Student Injects insulin to Cover Blood Sugar and Carbohydrates Eaten	<table style="width:100%; border: none;"> <tr> <td style="width:55%; vertical-align: top;"> Sliding Scale: Insulin for blood glucose coverage is to be taken in addition to insulin for carbohydrate coverage (See Insulin Carb Ratio below) Insulin should be administered: <input type="checkbox"/> before lunch <input type="checkbox"/> after lunch Name of Insulin: _____ _____ Insulin: Carb Ratio: (I:C) _____ units of insulin/ _____ grams of carbohydrates </td> <td style="width:45%; vertical-align: top;"> <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">BG Coverage:</td> <td style="text-align: center;">BG Range</td> <td style="text-align: center;">Insulin Units</td> </tr> <tr> <td></td> <td style="text-align: center;">_____ to _____</td> <td style="text-align: center;">= _____</td> </tr> <tr> <td></td> <td style="text-align: center;">_____ to _____</td> <td style="text-align: center;">= _____</td> </tr> <tr> <td></td> <td style="text-align: center;">_____ to _____</td> <td style="text-align: center;">= _____</td> </tr> <tr> <td></td> <td style="text-align: center;">_____ to _____</td> <td style="text-align: center;">= _____</td> </tr> <tr> <td></td> <td style="text-align: center;">_____ to _____</td> <td style="text-align: center;">= _____</td> </tr> <tr> <td></td> <td style="text-align: center;">_____ to _____</td> <td style="text-align: center;">= _____</td> </tr> </table> </td> </tr> </table>				Sliding Scale: Insulin for blood glucose coverage is to be taken in addition to insulin for carbohydrate coverage (See Insulin Carb Ratio below) Insulin should be administered: <input type="checkbox"/> before lunch <input type="checkbox"/> after lunch Name of Insulin: _____ _____ Insulin: Carb Ratio: (I:C) _____ units of insulin/ _____ grams of carbohydrates	<table style="width:100%; border: none;"> <tr> <td style="text-align: right;">BG Coverage:</td> <td style="text-align: center;">BG Range</td> <td style="text-align: center;">Insulin Units</td> </tr> <tr> <td></td> <td style="text-align: center;">_____ to _____</td> <td style="text-align: center;">= _____</td> </tr> <tr> <td></td> <td style="text-align: center;">_____ to _____</td> <td style="text-align: center;">= _____</td> </tr> <tr> <td></td> <td style="text-align: center;">_____ to _____</td> <td style="text-align: center;">= _____</td> </tr> <tr> <td></td> <td style="text-align: center;">_____ to _____</td> <td style="text-align: center;">= _____</td> </tr> <tr> <td></td> <td style="text-align: center;">_____ to _____</td> <td style="text-align: center;">= _____</td> </tr> <tr> <td></td> <td style="text-align: center;">_____ to _____</td> <td style="text-align: center;">= _____</td> </tr> </table>	BG Coverage:	BG Range	Insulin Units		_____ to _____	= _____		_____ to _____	= _____		_____ to _____	= _____		_____ to _____	= _____		_____ to _____	= _____		_____ to _____	= _____
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Prescriber Authorization	Special Instructions _____ _____ Prescriber Signature: _____ Prescriber Name (print): _____ Date: _____ Prescriber Emergency Phone # _____ Fax # _____																										
Parent Authorization	<input checked="" type="checkbox"/> I understand that according to Anthony Wayne Board of Education Policy 5330 (Use of Medication) this form must be completed by the prescribing physician and parent prior to administration of prescription medication by designated school personnel. <input checked="" type="checkbox"/> I authorize a designated employee of the Anthony Wayne Board of Education to administer the above medication. <input checked="" type="checkbox"/> I release and agree to hold the Board of Education, its officials and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization <input checked="" type="checkbox"/> I understand that the medication must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.																										
	Parent/Guardian Signature _____	Date _____	#1 Contact phone _____	#2 Contact phone _____																							
	Primary email address _____																										