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:_____

Injectable Glucagon	**Intranasal 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	For severe low blood glucose, give by intranasal route: ☐3 mg nasal powder in one nasal (for students 4 years and above)

Insulin (rapid acting insulin only)

☐ lispro (Admelog or Humalog) ☐ aspart (Trurapi or NovoRapid ☐ Other_____

Insulin delivery device: ☐ insulin pump ☐ insulin pen (Junior 1/2 unit pen only)

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

☐Bolus-calculating meter (e.g. Libre, Insulinx Meter / Insulin Mentor Meter)

☐Fixed Amount/Dose:_____units (include insulin name and amount)

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 (asthere 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:_____

Reference:

Fillable document created from Ministries of Health, Education and Child Care, and Children and Family Development (March, 2015; page 16).

Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting (pg. 16). Vancouver, BC: Author.