NYC | Health Department | Public Schools

Health Care Practitioner Guidelines for Diabetes Medication Administration Form (DMAF) Completion

Dear Health Care Practitioner:

Please use this guide as a reference to complete and submit the DMAF forms for your patients:

General Information

1. As per New York State Education Department (NYSED) guidelines, each school year, all initial diabetes orders must be received complete in order for OSH staff to implement.
2. Submission of minor changes of an order, known as an amendment or modifications, may be submitted on your letterhead, with the student's name, DOB and/or OSIS number, and the provider's name, date, license number and signature.
    a. Examples of minor changes include adjustments to the ISF, the I:C ratio, the basal rate, or the sliding scale.
3. Major changes require a new DMAF. Examples include starting a student on a pump, transitioning from an insulin pump to a pen/syringe, transitioning from a sliding scale to ISF and I:C ratio or vice versa, or changing the provider practice.
4. If a correction is needed to the initial DMAF submitted due to missing information, a typographical error, etc., NYSED requires that you rewrite and resubmit the DMAF, or correct the existing DMAF and initial and date any changes, before the Office of School Health (OSH) can accept it.
5. OSH physicians and nurses will contact you if orders need clarification. If the initial prescriber is not available, only the following members of your practice can provide clarification: MD, DO, NP, or PA,. OSH cannot accept clarification from other staff in your office, including nurses.
6. Changing standard language on the DMAF may delay review and implementation.

Demographic Information

1. At the top of the form, provide: Student's name, DOB, and either the school name/number with borough (i.e. there are several P.S. 1s in NYC) or the student's school ID number (OSIS number). Reference the OSIS number if calling OSH about your patient. Parents should be able to provide the OSIS number, if known.
2. Provide a diagnosis for your patient, especially for the initial form for the year.
3. Orders written on the 2025-26 DMAF will be effective when submitted, reviewed, and approved unless the provider checks the box stating they wish to delay implementation until the beginning of the new school year.

Newly Diagnosed Students/Students New to the NYC Public School System

1. Providers of students who are newly diagnosed/new to the NYC Public School System are encouraged to call the Diabetes Hotline Number (718-786-4933) as soon as possible to alert OSH to the diagnosis, and ensure all proper paperwork is received and processed.
2. OSH will then reach out to the student's school to begin providing any necessary additional resources to the school staff.

Emergency Orders – Glucagon

1. NYS law allows unlicensed personnel to administer Zegalogue, Baqsimi and Gvoke in addition to standard glucagon kits.

2. When ordering Glucagon, specify the dose for the type of glucagon ordered. If more than one is selected, school staff will use the form of glucagon available unless otherwise directed.
3. For an Independent or Supervised student, a trained adult will carry glucagon on school trips as they do for nurse-dependent students.

Emergency Orders - For Risk for DKA

1. Select ONE option for when to test ketones. If both boxes are checked, the **first option** will be utilized.
2. The "No Gym" option in this section refers to moderate to large ketones. For no gym when a student has hyperglycemia regardless of ketones, use the "No Gym" box under "bG Monitoring - Hyperglycemia."

Skill Levels

OSH uses skill level designations as defined by NYSED:

Task	Who Manages in School Setting	Notes
Blood Glucose Monitoring	Student, nurse, or trained adult	
Insulin Administration	Nurse Dependent: nurse must administer Supervised: student administers with adult supervision Independent: student administers	Supervised students must be able to perform the task independently, with supervision of a trained adult (e.g., reminders, aid in carbohydrate counting, witness dose administration)
Ketone Testing	Student, nurse, or trained adult	

1. Physician attestation: You must initial for any student designated as Independent with respect to insulin/medication administration. If not initialed, the orders will be implemented as Nurse Dependent until OSH receives your attestation.
2. In NYS schools, only a licensed health professional, the student, or the parent/guardian or parent designee may administer insulin. The designee cannot be a DOE employee. Trained, non-licensed personnel (including paraprofessionals and school staff) may not administer insulin.

Blood Glucose (bG) Monitoring

1. For T2DM patients that do not need to monitor glucose or take insulin in school, check the box on the right that indicates that the student requires no bG monitoring or insulin in school. For all other students, complete bG monitoring orders.
2. OSH will give insulin before meals or snacks, when ordered, unless you indicate otherwise in this section.
3. Order bG monitoring for all times when the value will be needed to calculate insulin.
4. A bG value of 500 mg/dL is used to calculate the dose in case of a "high" meter reading unless another value is indicated.
5. Under Hyperglycemia, the box for "No Gym" allows you to specify the daily glucose value above which the student should not participate in gym. Specify if this applies to having the elevated glucose value pre-gym and/or prn by checking the appropriate boxes.

Insulin Orders

1. Indicate the name of insulin to be given in school. This is usually a rapid-acting insulin. If needed, order long-acting insulin for in-school on "Part B, Optional Orders".

2. Humalog and Admelog are biosimilar medications and are interchangeable. Novolog may be substituted for either Humalog or Admelog. If a student switches between these rapid acting insulins mid-year, no new order is necessary.
3. If your patient does not take insulin during the school day, check the "No Insulin in School" box.
4. OSH uses fingerstick bG and/or CGMs that are FDA-approved for use and age for insulin calculations.
5. Complete the "Parental Input" section to authorize parents or guardians to provide input for insulin dosing. Include the name of the person(s). Do not give a range in the parameters section (i.e. 1-3 units of insulin or 10-15% of calculated dose); if a range is given, the low number will be used.
6. If a student has hypoglycemia before a meal or snack and requires treatment with rapid acting carbohydrates, OSH will use the pre-hypoglycemia treatment bG/sG to calculate the insulin dose unless otherwise ordered.
7. OSH will round DOWN an insulin dose to closest 0.5 unit for syringe/pen, or nearest whole unit if syringe/pen doesn't have ½ unit markings – unless you instruct otherwise. For students utilizing pumps, the pump recommendations will be used. Alternate rounding options are in "Part B, Optional Orders".
8. Target: As per NYSED, specify a specific target, not a range. If no time is specified and only one bG target is given, the time will default to 7 AM to 4 PM.
9. ISF: Indicate the time for each ISF. If no time is specified and only one ISF is given, the time will be 7 AM to 4 PM.
10. The minimum time between corrections will be 1 hour to prevent insulin stacking/unintended overdose.
11. I:C ratios: The I:C ratio will be for the meal indicated unless specific times are given. If only one I:C ratio is given, but insulin is ordered for multiple times, the I:C ratio will be from 7 AM to 4 PM.
12. Insulin Pumps: OSH only uses and/or manages devices that are FDA-approved for use and age.
13. For students utilizing the iLet insulin pump, a separate iLet addendum is available on the DOE website, to be filled out in addition to the DMAF.
    a. On the standard DMAF, choose "Fixed Dose."
    b. Carbohydrate ranges must be provided for "usual" meals and pump failure orders must be provided.
    c. Back-up orders (BG target, ISF, etc.) must be given in the event of pump failure
14. For students taking an extended break from utilizing their insulin pump (greater than 10 business days), a new DMAF is required to reflect the change in insulin delivery method.
15. For students using an FDA-approved insulin pump with pump adjusted basal rates, complete "For Pumps" section.
    a. For students who use the Activity Mode option for hybrid-closed loop pumps, providers should indicate the number of minutes to start Activity Mode before exercise and the duration for which it should be used. If the Activity Mode box is checked off but the remaining information is incomplete, the default will be to start 60 minutes period to exercise, continue through the duration of the exercise, and expire two hours after exercise is complete.

CGM Orders

1. For CGMs used to replace finger stick bG readings, OSH uses only devices that are FDA-approved for use and age.
2. For any CGMs:

a. If the reading is not consistent with symptoms, a fingerstick bG reading will be done.
b. School nurses may **not** monitor CGM values remotely. Nurses and school staff may not monitor a CGM on a personal device. If a student has an assigned paraprofessional, the para may monitor the CGM via the device's receiver.
c. Families are responsible for calibrating the CGM and changing the sensor in accordance with the device's manufacturer's protocols. OSH nurses cannot do regularly scheduled calibrations of the CGM, but they may do an unplanned calibration once during the school day, if needed. If the CGM continues to require calibrations, the nurse will utilize fingerstick bG monitoring for the remainder of the school day. Families must then determine and correct the problem at home.
d. Families are responsible for notifying the school nurse if a sensor is not reliable (e.g. If student is on hydroxyurea and is using a Dexcom G6).

3. The CGM receiver must have the low-glucose-level alarm turned ON in school.
4. Indicate the times CGM readings are to be checked. If no times are indicated, the bG monitoring times will be used. If there are no times indicated to check bG in the bG monitoring section, the times indicated to check CGM readings will be used.
5. For students with CGMs, the CGM treatment grid will be used unless you check the box to use alternate instructions AND provide those instructions on letterhead stationery, with the student's name, DOB and/or OSIS number, and your name, date, license number and signature.

Parental Input Orders

1. The person(s) indicated may provide input into insulin dosing when ordered by you and in accordance with NYS regulations.
2. You must specify the name of the parent/guardian(s) authorized to give dosing input; do not put "parent of [student name]."
3. Parental input must be within the parameters permitted by you and agreed to by the nurse. Orders containing parental input must be submitted to OSH on the DMAF directly from the provider.
4. NYSED requires that nursing judgment be applied to parental input dosing adjustments. Therefore, if a Supervised student is following parental input, the school nurse must confirm dosing prior to implementation of parental input.
5. If the parental recommendation is significantly different from the dose determined by the nurse and/or out of the parameters prescribed by the student's medical provider, the nurse should contact you for a one-time order. If you cannot be immediately reached, the nurse will give the lower dose that falls within your ordered range. Additionally, if the parent requests a similar adjustment for more than five days in a row (excluding for a temporary illness), the nurse will contact you to see if the in-school orders need to be revised.
6. If a range is given for parental input, such as changing calculated doses up or down by 10-15%, the lower number will be used.

Sliding Scale

1. Sliding scale orders may not overlap. If the sliding scale ranges overlap, the lower dose will be given. The pre-treatment bG is used to calculate insulin dose unless other orders are specified.
2. The initial sliding scale range should begin with 0, since the pre-hypoglycemia treatment value is used to calculate the insulin dose.

Health Care Practitioner Information

1. A licensed health care attending, not residents, should complete forms. The licensed attending MUST cosign and print their name on the forms if completed by fellows who do not have their own license number.
2. The form must include:
   a. Your printed name and title
   b. Your signature
   c. Your license number: hospital training licenses used by residents or fellows are NOT accepted.
   d. Telephone number where the provider can be reached for questions: this should not be a general practice number for an automated system. OSH physicians and nurses may need to reach the provider with questions or for urgent care issues.
   e. Your work email address

Part C: Parental Consent Page

A parent signature for consent is required on an initial DMAF. If forms are submitted without the parent's name, date and signature, it may delay the processing of the forms and the implementation of care.

1. Parent signatures are required for major changes to care (e.g., starting a student on a pump, transitioning from an insulin pump to a pen/syringe, transitioning from a sliding scale to ISF and I:C ratio or vice versa, or changing the provider practice). Minor changes during the school year may be submitted on provider letterhead; these modifications do not require the parental signature. If a minor change is submitted on a new DMAF, no updated parent signature is needed.

Part D: School Trips

School Trips – Day trips that extend beyond the regular school hours may require additional orders to be submitted at least 2 weeks before the trip. Orders for glucose monitoring and insulin should cover all mealtimes for the duration of the trip. Orders should also include any medications the student usually takes at home.

For questions and concerns, please contact the Office of School Health at 718-786-4933.