

Siyati elèv la	Non elèv la	Dat nesans li	Sèks <input type="checkbox"/> Gason <input type="checkbox"/> Fi	# OSIS:
Non/ATSDBN lekòl la	Adrès	Borough	Distri	Nivo klas/salklas

**These orders must be submitted with Pages 1 and 2 of the SY 26-27 DMAF.** The iLet pump does not deliver correction dose boluses or use carb ratios. If you would like the school nurse to use the iLet pump, you must provide carbohydrate ranges for “less”, “usual”, and “more” carbohydrates or select one option the nurse should use for each meal.

GLUCOSE TARGET	
Usual (120 mg/dl) <input type="checkbox"/> Lower (110 mg/dl) <input type="checkbox"/> Higher (130 mg/dl)	

MEAL ANNOUNCEMENTS							
<input type="checkbox"/> Use selected meal size regardless of how many carbs the student is eating				<input type="checkbox"/> Select meal size based on carbohydrate content in meal. You may use large ranges, e.g., 15-100 g carbs			
<b>OR</b>							
Meal Size				Meal Size Carbohydrate Range (g)			
Meal Type	Less*	Usual	More	Meal Type	Less*	Usual	More
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breakfast	-	-	-
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lunch	-	-	-

\* If the “Less” option is not available, do not announce the meal/snack

**Announce all snacks as (PICK ONE):**

- “Less” lunch
- “Less” breakfast
- Closest meal in time
- Closest meal based on usual carb content (must give range of carbs above)
- Other: \_\_\_\_\_
- Do not announce snacks

**General iLet Insulin Pump Orders**

**Do not announce meals/snacks with carbohydrate content under 15 g or \_\_\_\_\_ g carbs.**  
 Do not announce meals/snacks more than 15 min or \_\_\_\_\_ min prior to eating.  
 Do not announce meals/snacks if it has been more than 30 min or \_\_\_\_\_ min since the student started eating.  
 **ONLY IF CARBOHYDRATE RANGES GIVEN ABOVE:** If the student eats more carbohydrates after a meal announcement, announce again for the additional carbs. Only consider the amount of additional carbs when choosing the additional meal size; do not include carbs that were already announced.

ACTIVITY PARAMETERS	
<input type="checkbox"/> Pause pump 60 min or _____ min before starting activity and restart immediately or _____ min after activity	
<input type="checkbox"/> If lunch is immediately before activity, do not pause pump until activity starts	
<input type="checkbox"/> <b>After</b> pausing pump for activity, give _____ g of uncovered carbs pre-activity if bG < _____ mg/dl	
<input type="checkbox"/> Do not pause pump or give uncovered carbohydrates prior to activity	

PUMP FAILURE ORDERS	
In the event of iLet pump failure, contact parent/endocrinologist/provider for dosing instructions or use the following ratios to deliver insulin via syringe/pen.	Target bG = _____ mg/dl
	ISF 1: _____ mg/dl
	I:C 1: _____ g

Other Orders	

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

Health Care Provider Last Name (PLEASE PRINT)	First name	Signature	Date
Credentials: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA			
Address Street	City/State	ZIP	Email
NYS License # or NPI # (Required)	Tel	Fax	CDC & AAP recommend annual seasonal influenza vaccination for

			all children diagnosed with diabetes.
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