

# OSIS	جنس لڑکی <input type="checkbox"/> لڑکا <input type="checkbox"/>	تاریخ پیدائش	پہلا نام	طالب علم کا آخری نام
گریڈ / کلاس	ضلع	برو	پتہ	اسکول / ATSDBN نام

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) <input type="checkbox"/>			

MEAL ANNOUNCEMENTS			
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Use selected meal size regardless of how many carbs the student is eating

You Select meal size based on carbohydrate content in meal may use large ranges, e.g., 15-100 g carbs

Meal Type	Meal Size		
	Less*	Usual	More
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR

Meal Type	Meal Size Carbohydrate Range (g)		
	Less*	Usual	More
Breakfast	-	-	-
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
 If the student eats more :**ONLY IF CARBOHYDRATE RANGES GIVEN ABOVE**
 .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	
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- Pause pump 60 min or _____ min before starting activity and restart immediately or _____ min after activity
 If lunch is immediately before activity, do not pause pump until activity starts
 After pausing pump for activity, give _____ g of uncovered carbs pre-activity if bG < _____ mg/dl
 Do not pause pump or give uncovered carbohydrates prior to activity

PUMP FAILURE ORDERS	
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= _____ mg/dl Target bG
 mg/dl _____ :1 ISF
 g _____ :1 I:C

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

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

Date	Signature	First name	Health Care Provider Last Name (PLEASE PRINT)
Email		City/State	MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> :Credentials Address Street
ZIP			

CDC & AAP recommend annual seasonal influenza vaccination for all children diagnosed with diabetes	Fax	Tel	NYS License # or NPI # (Required)