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|----------------------|------------|---------------|--|---------------|
| Student Last Name | First name | Date of Birth | Sex <input type="checkbox"/> M <input type="checkbox"/> F | OSIS # |
| School ATSDBN / Name | Address | Borough | District | Grade / Class |

These orders must be submitted with Parts A and B of the SY 25-26 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) Lower (110 mg/dl) Higher (130 mg/dl)

MEAL ANNOUNCEMENTS

- Minimum carbohydrate content to announce meal or snack:** 15 g or _____ g carbs
- Use selected meal size** regardless of how many carbs the student is eating
- Select meal size based on carbohydrate content** in meal. You 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 snacks as:

- "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 more than 15 min or _____ min prior to eating.

Do not announce meals if it has been more than 30 min or _____ min since the student started eating.

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

- 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

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. |