Guidelines for Insulin Administration by Schools & Licensed Child Facilities

Guidelines for practical administration of insulin in the school and licensed childcare facilities

1. Health Care Plans should be current (reviewed/revised annually) and based on provider orders provided for the start of each school year or annually based on enrollment into the child care facility.

2. Parameters for adjusting insulin per the *Standards of Care for Diabetes Management in the School Setting & Licensed Child Care Facilities – Colorado 2016,* and are indicated on the Health Care Provider Orders are:
   - Parent/guardian authorized to increase or decrease sliding scale +/- 2 units of insulin
   - Parent/guardian authorized to increase or decrease insulin to carb ratio 1 unit +/- 5 grams of carbohydrates

   Note: These changes may be permanent or temporary in nature as long as they do not exceed the frequency noted in #3.

3. Parents will consult the school nurse/child care health consultant when a temporary or on-going change (s) to existing insulin orders is needed for a given day. The school nurse and parent will discuss and review blood glucose trends. The school nurse will provide the school and unlicensed school staff with written instruction for dosage adjustments. Unlicensed school staff will not make any changes in insulin administration until directed by the school nurse. Unlicensed delegated school staff should consult with their school nurse/child care health consultant and refer parents when changes to dosing are needed.

4. In general, adjustments to insulin doses should not occur on a routine or daily basis as this may skew the provider's ability to analyze response to dosing changes, and/ or dosing trends/concerns. ***Adjustments should not exceed three changes per week for correcting BGs below target range, and not exceed two changes per week for correcting BGs above the target range.***

5. Parents may make a one-time insulin adjustment within the established parameters noted above for an extra snack or increase in exercise/activity such as field day. This should be done using a handwritten note, fax or email.

6. If changes to the insulin dosing for injections is a total of +/- 3 units per dose outside the current orders on file, then parents should contact the health care provider for new orders to reflect these changes.

7. Parents should notify the school nurse of any adjustments made to basal and/or bolus rates on an insulin pump so the school staff can be on alert to any reactions to the insulin dosage change.

8. Local endocrinology providers teach parents to look for patterns before adjusting insulin doses. Blood glucose readings after lunch are dependent on the pre-lunch dosage. In general, high blood glucose readings in the morning may be the result of not enough insulin in the morning or high carbohydrate breakfast. The parent should consult with diabetes care provider for adjustments to insulin dosing if a

need for frequent changes to insulin is noted. An *exception* to this would be for the child that is newly diagnosed or self-manages their diabetes, and/or in rare instances such as the student going through an illness, which may necessitate more frequent adjustment but would be limited to the immediate time frame (such as 1-2 days during an illness).

9. The school nurse/child care health consultant in collaboration with the parent may authorize insulin for blood glucose correction when hyperglycemia occurs other than at lunchtime and it has been greater than **3 hours** since the last insulin injection as per the provider orders and *Standards of Care.* The school nurse should follow the indicated correction factor on the provider orders for injections, use the pump calculator and/or contact the diabetes care provider for one-time orders. Careful consideration should be given with hyperglycemia in the morning - taking into account the timing of the morning dose and upcoming lunch dose, as well as other factors such as activity. Current health care provider orders must describe the dose to be given or the diabetes care provider should be contacted for the dose.

10. The school nurse/child care health consultant and school staff will carefully monitor the student after a change in insulin dose. If the student's blood glucose drops below the student's target range in one to two hours following new insulin dosing then the delegated school staff should notify the school nurse/child care health consultant and parent immediately.

11. The insulin medication orders will be attached to the Individualized Healthcare Plan (IHP) [forms #100 & #100 A-E] so that the most current orders are available for the school nurse or school staff.

12. Two individuals should always verify insulin dose by syringe or pen before administration. This could be another trained staff or by the student themselves if competent.

13. School staff will not adjust pump settings. School staff will use the pump calculator for the recommended dosage.

14. Safety features for the insulin pump should be active at all times while the student is at school.