

DELÈ: 1ye jen. Fòm yo resevwa apre 1ye jen ka retade pwosesis la pou nouvo ane lekòl la.

Tanpri fakse tout DMAF yo nan 347-396-8932/8945.

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

HEALTH CARE PRACTITIONER COMPLETES BELOW [Please see 'Provider Guidelines for DMAF Completion']

<input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Non-Type 1/Type 2 Diabetes <input type="checkbox"/> Other Diagnosis: _____	Recent A1c Date _____ / _____ / _____ Result _____ %
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Orders written will be implemented when submitted and approved. If you wish to delay orders for September 2023 please check here

EMERGENCY ORDERS

Severe Hypoglycemia Administer Glucagon and CALL 911	Risk for Ketones or Diabetic Ketoacidosis (DKA)								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">Glucagon</td> <td style="width:25%; text-align: center;">GVOKE</td> <td style="width:25%; text-align: center;">Baqsimi</td> <td style="width:25%; text-align: center;">Zegalogue</td> </tr> <tr> <td><input type="checkbox"/> 1 mg <input type="checkbox"/> _____ mg SC/IM</td> <td><input type="checkbox"/> 1 mg <input type="checkbox"/> _____ mg SC/IM</td> <td><input type="checkbox"/> 3 mg Intranasal</td> <td><input type="checkbox"/> 0.6 mg SC May repeat in 15 min if needed</td> </tr> </table>	Glucagon	GVOKE	Baqsimi	Zegalogue	<input type="checkbox"/> 1 mg <input type="checkbox"/> _____ mg SC/IM	<input type="checkbox"/> 1 mg <input type="checkbox"/> _____ mg SC/IM	<input type="checkbox"/> 3 mg Intranasal	<input type="checkbox"/> 0.6 mg SC May repeat in 15 min if needed	<input type="checkbox"/> Test ketones if bG > _____ mg/dl or if vomiting, or fever > 100.5 F OR <input type="checkbox"/> Test ketones if bG > _____ mg/dl for the 2nd time that day (at least 2 hrs. apart), or if vomiting or fever > 100.5 F > If small or trace give water; re-test ketones & bG in 2 hrs or _____ hrs > If ketones are moderate or large, give water, Call parent and Endocrinologist <input type="checkbox"/> NO GYM > If ketones and vomiting, unable to take PO and MD not available, CALL 911 <input type="checkbox"/> Give insulin correction dose if > 2 hrs or _____ hours since last rapid acting insulin.
Glucagon	GVOKE	Baqsimi	Zegalogue						
<input type="checkbox"/> 1 mg <input type="checkbox"/> _____ mg SC/IM	<input type="checkbox"/> 1 mg <input type="checkbox"/> _____ mg SC/IM	<input type="checkbox"/> 3 mg Intranasal	<input type="checkbox"/> 0.6 mg SC May repeat in 15 min if needed						
Give PRN: unconscious, unresponsive, seizure, or inability to swallow EVEN if bG is unknown. Turn onto left side to prevent aspiration. If more than one option is chosen, school staff will use ONE form of available glucagon unless otherwise directed.									

SKILL LEVEL (if not complete, will default to nurse-dependent)

Blood Glucose (bG) Monitoring Skill Level <input type="checkbox"/> Nurse/adult must check bG <input type="checkbox"/> Student to check bG with adult supervision. <input type="checkbox"/> Student may check bG without supervision.	Insulin Administration Skill Level <input type="checkbox"/> Nurse-Dependent Student: nurse must administer medication <input type="checkbox"/> Supervised student: student calculates and self-administers, under adult supervision	<input type="checkbox"/> Independent Student Self carry / Self-administer (MUST initial attestation). I attest that the independent student demonstrated ability to self-administer the prescribed medication (excluding glucagon) effectively during school, field trips and school sponsored events.
		Provider Initials _____

BLOOD GLUCOSE MONITORING [See Part B for CGM readings]

Specify times to test bG in school (must match times for treatment and/or insulin) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Gym <input type="checkbox"/> PRN	
Hypoglycemia	Insulin is given before food unless noted here <input type="checkbox"/> Give insulin after <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Give Snack before gym
Check all boxes needed. Must include at least one treatment plan.	
<input type="checkbox"/> For bG < _____ mg/dl give _____ gm rapid carbs at <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Gym <input type="checkbox"/> PRN Repeat bG testing in 15 min or _____ min. If bG still < _____ mg/dl repeat carbs and retesting until bG > _____ mg/dl	<input type="checkbox"/> T2DM – no bG monitoring or insulin in school 15 gm rapid carbs = 4 glucose tabs = 1 glucose gel tube = 4oz. juice
<input type="checkbox"/> For bG < _____ mg/dl give _____ gm rapid carbs at <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Gym <input type="checkbox"/> PRN Repeat bG testing in 15 min or _____ min. If bG still < _____ mg/dl repeat carbs and retesting until bG > _____ mg/dl	<input type="checkbox"/> For bG < _____ mg/dl pre-gym, no gym <input type="checkbox"/> For bG < _____ mg/dl treat hypoglycemia and then give snack <input type="checkbox"/> Pre-gym <input type="checkbox"/> PRN
Mid-Range Glycemia	Insulin is given before food unless noted here <input type="checkbox"/> Give insulin after <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Give Snack before gym if bG < _____ mg/dl
Hyperglycemia	Insulin is given before food unless noted here <input type="checkbox"/> Give insulin after <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack
<input type="checkbox"/> For bG _____ mg/dl pre-gym, NO GYM For bG meter reading "High" use bG of 500 or _____ mg/dl <input type="checkbox"/> For bG > _____ mg/dl PRN, Give insulin correction dose if > 2 hrs or _____ hrs. since last rapid acting insulin <input type="checkbox"/> Check bG or Sensor Glucose (sG) before dismissal <input type="checkbox"/> Give correction dose pre-meal and carb coverage after meal <input type="checkbox"/> For sG or bG values < _____ mg/dl treat for hypoglycemia if needed, and give _____ gm carb snack before dismissed <input type="checkbox"/> For sG or bG values < _____ mg/dl treat for hypoglycemia if needed, and do not send on bus/mass transit, parent to pick up from school.	

INSULIN ORDERS

Insulin Name _____ <i>*May substitute Novolog with Humalog/Admelog</i> <input type="checkbox"/> No Insulin in school <input type="checkbox"/> No insulin at Snack	Insulin Calculation Method: <input type="checkbox"/> Carb coverage ONLY at: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Correction dose ONLY at: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Carb coverage plus correction dose when bG > Target AND at least 2 hrs or _____ hrs since last rapid acting insulin at <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack Correction dose calculated using: <input type="checkbox"/> ISF or <input type="checkbox"/> Sliding Scale <input type="checkbox"/> Fixed Dose (see Other Orders) <input type="checkbox"/> Sliding Scale (See Part B) <input type="checkbox"/> If gym/recess is immediately following lunch, subtract _____ gm carbs from lunch carb calculation.	Insulin Calculation Directions: (give number, not range) If only one given, time will be 7am to 4pm if not specified Target bG = _____ mg/dl (time _____ to _____) Target bG = _____ mg/dl (time _____ to _____)
Delivery Method <input type="checkbox"/> Syringe/Pen <input type="checkbox"/> Smart Pen – use pen suggestions <input type="checkbox"/> Pump (Brand) _____	Additional Pump Instructions: <input type="checkbox"/> Follow pump recommendations for bolus dose (if not using pump recommendations, will round down to nearest 0.1 unit) <input type="checkbox"/> For bG > _____ mg/dl that has not decreased in _____ hours after correction, consider pump failure and notify parents. <input type="checkbox"/> For suspected pump failure: SUSPEND pump, give rapid acting insulin by syringe or pen, and notify parents. <input type="checkbox"/> For pump failure, only give correction dose if > _____ hrs since last rapid acting insulin	Insulin Sensitivity Factor (ISF): 1 unit decreases bG by _____ mg/dl (time _____ to _____) 1 unit decreases bG by _____ mg/dl (time _____ to _____)
For Pumps: <input type="checkbox"/> Student on FDA approved hybrid closed loop pump-basal rate variable per pump. <input type="checkbox"/> Suspend/disconnect pump for gym <input type="checkbox"/> Suspend pump for hypoglycemia not responding to treatment for _____ min <input type="checkbox"/> Activity Mode (HCL pumps): Start _____ minutes prior to exercise for _____ minutes duration (DEFAULT 1 hr prior, during, and 2 hrs following exercise)	Round DOWN insulin dose to closest 0.5 unit for syringe/pen, or nearest whole unit if syringe/pen doesn't have ½ unit marks; unless otherwise instructed by PCP/Endocrinologist. Round DOWN to nearest 0.1 unit for pumps, unless following pump recommendations or PCP/Endocrinologist orders.	Insulin to Carb Ratio (I:C): Bkfast OR time _____ to _____ 1 unit per _____ gms carbs Snack OR time _____ to _____ 1 unit per _____ gms carbs Lunch OR time _____ to _____ 1 unit per _____ gms carbs
Carb Coverage: # gm carb in meal = X units insulin # gm carb in I:C	Correction Dose using ISF: $\frac{bG - Target\ bG}{insulin\ ISF} = X\ units$	



Siyati elèv la	Non	Nimewo OSIS
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CONTINUOUS GLUCOSE MONITORING (CGM) ORDERS [Please see 'Provider Guidelines for DMAF Completion']

Use CGM readings - For CGM's used to replace finger stick bG readings, only devices FDA approved for use and age may be used within the limits of the manufacturer's protocol. (sG = sensor glucose). You must include name and model of the CGM in use.

Name and Model of CGM: _____

For CGM used for insulin dosing: finger stick bG will be done when: the symptoms don't match the CGM readings; if there is some reason to doubt the sensor (i.e. for readings <70 mg/dl or sensor does not show both arrows and numbers)

CGM to be used for insulin dosing and monitoring - **must be FDA approved for use and age**

sG Monitoring Specify times to check sensor reading Breakfast Lunch Snack Gym PRN [if none checked, will use bG monitoring times]

For sG <70mg/dL check bG and follow orders on DMAF, unless otherwise ordered below. Use CGM grid below OR See attached CGM instruction

CGM reading	Arrows	Action
sG < 60 mg/dl	Any arrows	Treat hypoglycemia per bG hypoglycemia plan; Recheck in 15-20 min. If still < 70 mg/dl check bG.
sG 60-70 mg/dl	and ↓, ↓↓, ↘ or →	Treat hypoglycemia per bG hypoglycemia plan; Recheck in 15-20 min. If still < 70 mg/dl check bG.
sG 60-70 mg/dl	and ↑, ↑↑, or ↗	If symptomatic, treat hypoglycemia per bG hypoglycemia plan; if not symptomatic, recheck in 15-20 minutes. If still <70 mg/dl check bG.
sG >70 mg/dl	Any arrows	Follow bG DMAF orders for insulin dosing
sG ≤ 120 mg/dl pre-gym or repo	and ↓, ↓↓	Give 15 gms uncovered carbs. If gym or recess is immediately after lunch, subtract 15 gms of carbs from lunch carb calculation.
sG ≥ 250	Any arrows	Follow bG DMAF orders for treatment and insulin dosing

For student using CGM, wait 2 hours after meal before testing ketones with hyperglycemia.

OPINYON PARAN SOU DOZAJ INSULIN

Paran/responsab (*give name*), _____, kapab bay enfimye a enfòmasyon apwopriye sou dozaj ensilin, ladan dozaj yo rekòmande. Lè enfimye a pran opinyon paran an ankant, l ap detèmine dòz ensilin lan nan ranje doktè a te bay lòd epi ann akò avèk jijman enfimye a.

Tanpri chwazi YON opsyon pi ba a:

1. Enfimye ka ajiste dòz yo kalkile pou pi wo oswa pi ba jiska inite selon opinyon paran ak jijman enfimye a.
2. Enfimye ka ajiste dòz yo kalkile a monte jiska % oswa desann jiska % dòz yo preskri a dapre opinyon paran ak jijman enfimye a.

MUST COMPLETE: Health care practitioner can be reached for urgent dosing orders at: () - Si paran an mande yon ajisteman parèy pou > 2 jou afilè, enfimye a pral kontakte doktè a pou wè si yo bezwen revize lòd yo bay lekòl la

ECHÈL VARYE

PA mete ranje yo youn sou lòt (egzanp antre 0-100, 101-200, etc.). Si ranje yo youn sou lòt, y ap bay dòz ki pi ba a. Sèvi avèk pre-tretman bG pou kalkile dòz ensilin sof si gen lòt lòd.

- Manje midi
 Snack
 Manje maten
 Dòz koreksyon

bG	Inite insulin	Lòt lè :	bG	Inite insulin
Zewo -		<input type="checkbox"/> Manje midi <input type="checkbox"/> Snack <input type="checkbox"/> Manje maten <input type="checkbox"/> Dòz koreksyon	Zewo -	
-			-	
-			-	
-			-	
-			-	
-			-	

DOZAJ OPSYONEL

- Dòz ensilin pi pre inite nonb antye a: 0.51-1.50u rounds to 1.00u.
 Dòz ensilin pi pre mwaye inite: 0.26-0.75u awondi pou 0.50u (dwe gen sereng/plim mwaye inite).

- Sèvi avèk echèl varye pou koreksyon AK nan repa _____ inite pou manje midi; inite pou goute; _____ inite pou manje maten
(yo dwe make echèl varye a kòm dòz koreksyon sèlman)

Ensilin efè ki dire lontan yo bay nan lekòl la - Non Ensilin lan: _____

Dòz: _____ inite Tan _____ oswa Manje midi

LOT LOD	REMED FEY (oswa san)		<input type="checkbox"/> Okenn		
	Medikaman	Dòz	Kantite fwa	Lè	Fason pou l
	Ensilin				
	Lòt				

LOT ENFOMASYON

Èske timoun nan itilize ekipman ki chanje oswa ki pa apwouve FDA?

Lè mwen siyen fòm sa a, mwen sètifye ke mwen te pale sou lòd sa yo avèk paran an(yo) / responsab la(yo).

Praktisyonè Swen Sante DÈNYE PREMYE	SIYATI	DAT
EKRI KLÈ tcheke youn <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA		
Adrès STREET	CITY/STATE	ZIP
		Imèl
Nimewo Lisans NYS (obligatwa)	Telefòn	Fax
CDC ak AAP rekòmande pou tout timoun yo dyagnostike ki gen dyabèt pran vaksen grip sezon an chak ane.		



PARAN AK RESPONSAB: LI, RANPLI AK SIYEN. LÈ M SIYEN PI BA A, MWEN DAKÒ AVÈK BAGAY SA YO:

1. Mwen dakò pou enfimiyè/founisè SBHC a bay pitit mwen an medikaman yo preskri yo, ak pou enfimiyè/estaf ki fòmè/founisè SBHC tcheke nivo sik nan san pitit mwen an epi pou trete nivo sik nan san pitit mwen an dapre rekòmandasyon ak nivo abilite doktè k ap pran swen pitit mwen an detèmine a. Yo ka fè bagay sa yo nan lekòl la oswa pandan pwomnad lekòl la.
2. Mwen dakò tou pou nenpòt ekipman yo bezwen pou yo ka konsève ak itilize medikaman pitit mwen an nan lekòl la.
3. **Mwen konprann ke:**
 - Mwen sipoze remèt enfimiyè lekòl /founisè SBHC a medikaman, snacks, ekipman, ak materyèl yo epi mwen dwe ranplase medikaman, ekipman ak materyèl sa yo lè sa nesèsè. Biwo sante lekòl (OSH) rekòmande lansèt sekirite yo ak lòt ekipman sekirite egui pou tcheke nivo sik nan san pitit mwen an ak ba li ensilin.
 - **Tout medikaman sou preskripsyon ak tout medikaman “ki vann san preksripsyon (over-the-counter)” fèt pou nèf, kachte nan bwat oswa boutèy orijinal la. M ap bay lekòl la medikaman ki resan, ki pa ekspire pou pitit mwen itilize pandan jounen lekòl la.**
 - Medikaman ki vann sou preskripsyon yo fèt pou gen etikèt **orijinal** famasi a sou bwat la oswa sou boutèy la. Etikèt la dwe gen ladan: **1)** non pitit mwen an, **2)** non ak nimewo telefòn famasi a, **3)** non doktè pitit mwen an, **4)** dat, **5)** kantite rechaj (refills), **6)** non medikaman an, **7)** kantite dòz, **8)** lè pou li pran l, **9)** kòman pou li pran medikaman an ak **10)** nenpòt lòt eksplikasyon.
 - Mwen dwe **imedyatman** di enfimiyè lekòl la/founisè SBHC a nenpòt chanjman ki genyen nan medikaman pitit mwen an oswa nan eksplikasyon doktè k ap trete l.
 - OSH ak ajan li ki patisipe nan ofri pitit mwen an sèvis sante ki pi wo yo konte sou prezizyon ki nan enfòmasyon ki sou fòm sa a.
 - Lè m siyen fòm pou bay medikaman sa a (medication administration form, MAF) sa a, mwen otorize OSH pou bay pitit mwen an sèvis sante. Sèvis sa yo ka genyen ladan pami lòt, yon evalyasyon klinik oswa yon konsiltasyon medikal yon doktè oswa yon enfimiyè OSH fè.
 - Preskripsyon medikaman ki sou fòm MAF sa a ekspire nan fen ane lekòl pitit mwen an, ki ka gen ladan tou sesyon ete, oswa lè mwen bay enfimiyè lekòl la/founisè SBHC a yon nouvo fòm MAF (kèlkeswa sa ki rive avan an). Lè preskripsyon medikaman sa a ekspire, m ap bay enfimiyè/founisè SBHC lekòl pitit mwen an yon nouvo fòm MAF ke doktè pitit mwen an ap ekri.
 - OSH ak Depatman edikasyon (DOE) asire yo pitit mwen an ka tcheke nivo sik nan san l ansekirite.
 - Fòm sa a reprezante konsantman m ak demand mwen fè pou sèvis dyabèt yo dekri sou fòm sa a. Se pa yon akò OSH genyen pou li bay sèvis ou mande a. Si OSH deside bay sèvis sa yo, pitit mwen an bezwen tou yon Plan akomodasyon Seksyon 504. Se lekòl la k ap ranpli plan sa a.
 - Nan objektif pou bay pitit mwen an swen oswa tretman, OSH ka gen nenpòt lòt enfòmasyon yo panse ki nesèsè sou pwoblèm medikal pitit mwen an, medikaman l ap pran oswa tertman l suiv. OSH ka pran enfòmasyon sa a nan men nenpòt doktè, enfimiyè oswa famasyon ki bay pitit mwen an sèvis.

Liy gratis OSH pou paran poze kesyon sou DMAF: 718-786-4933 POU ELÈV KI KA PRAN

POU ELÈV KI KA PRAN MEDIKAMN POUKONT YO (ELÈV KI ENDEPANDAN SÈLMAN)

- Mwen sètifye/konfime pitit mwen an resevwa bonjan trening epi li kapab pran medikaman poukont li. Mwen dakò pou pitit mwen an pote, konsève ak pran medikaman yo preskri nan fòm sa a nan lekòl la. Mwen gen responsablite pou bay pitit mwen an medikaman sa a nan boutèy oswa nan bwat yo jan yo dekri sa pi wo a. Mwen gen responsablite pou m sipèvizite itilizasyon medikaman pitit mwen an ak pou tout konsekans ki genyen nan itilizasyon medikaman pitit mwen an pran nan lekòl la. Enfimiyè lekòl la oswa founisè SBHC pral konfime kapasite pitit mwen an pou l pote ak pran medikaman yo. Mwen dakò tou pou m bay lekòl la medikaman “an rezèv” nan yon bwat oswa boutèy ki gen etikèt byen klè sou li.
- Mwen dakò pou enfimiyè lekòl la oswa manm estaf ki resevwa trening bay pitit mwen an Glucagon si se yon doktè ki preskri l si pitit mwen an pa kapab pran l poukont li pou yon ti tan.

SONJE: Li pi bon si w voye medikaman ak ekipman pou pitit ou a nan jou yon pwomnad lekòl ak nan aktivite k ap fèt andeyò lokal lekòl la.

Siyati elèv la		Non elèv la		MI	Dat nesans	
Non / ATSDBN lekòl la				Borough		Distri
Ekri ak lèt detache non paran/responsab			Siyati paran/responsab pou Pati A & B		Dat siyati a	
Adrès paran/responsab				Imèl paran/responsab la		
Nimewo telefòn	No. telefòn pandan lajounen		No. telefòn lakay ou		No. telefòn selilè	
Non lòt moun pou kontakte nan ka ijans			Lyen avèk elèv la		No. telefòn kontak la	



For Office of School Health (OSH) Use Only

OSIS Number:

Received by: Name

Date: ____ / ____ / ____

Reviewed by: Name

Date: ____ / ____ / ____

504 IEP Other

Referred to School 504 Coordinator Yes No

Services provided by:

Nurse/NP

OSH Public Health Advisor (for supervised students only)

School Based Health
Center

Signature and Title (RN OR SMD):

Date School Notified & Form Sent to DOE Liaison ____ / ____ / ____

Revisions as per OSH contact with prescribing health care practitioner

Clarified Modified

Notes