ECS Standard Treatment Protocol for
Insulin

Student Name: ___________________________________ Building: _______________________

The physician is asked to:
- review this standard treatment protocol in light of the individual student
- note any medically necessary adjustments/additions and
- sign/return at the earliest convenience.

Purpose: Insulin is a hormone that controls blood sugar. There are many types of insulin used to treat diabetes. They include:

- **Rapid-acting insulin.** This starts to work within a few minutes and lasts for a couple of hours.
- **Regular- or short-acting insulin.** It takes about 30 minutes to work fully and lasts for 3 to 6 hours.
- **Intermediate-acting insulin.** This takes 2 to 4 hours to work fully. Its effects can last for up to 18 hours.
- **Long-acting insulin.** It can work for an entire day.

Care and Storage:
Always keep two bottles of each type of your insulin on hand. Store the bottle that is being used at room temperature (not higher than 80 F) for 30 days. Keep it where it will not get too hot or too cold, and out of direct sunlight.

Training
Staff who works with the diabetic student, as well as office staff or other emergency responders, will receive training with regard to signs of diabetic emergency and how to administer the insulin or other emergency treatment. This training will be provided by a school designated trained personnel unless the student's physician directs otherwise.

Signs of an asthma attack typically include:

Administration Procedure:

1. There are several methods. The diabetic can give him/herself an insulin injection using a needle and syringe, a cartridge system, or pre-filled pen systems. Inhaled insulin, insulin pumps, and a quick-acting insulin device are also available.
2. If using an injectable insulin, the place on the body to give the shot may matter.
3. The patient will absorb insulin the most consistently when injected it into their belly. The next best places to inject are arms, thighs, and buttocks.
4. Make it a habit to inject insulin at the same general area of the body, but vary the exact injection spot. This helps minimize scarring under the skin.
5. In the event of a severe attack, call parent and 911.

**Directions Insulin Use (physician will check all that apply):**

**Insulin:**

<table>
<thead>
<tr>
<th>Insulin given during school</th>
<th>Time</th>
<th>Type</th>
<th>Dosage</th>
</tr>
</thead>
</table>

Can student given own injection? Yes ☐ No ☐
Can student determine correct amount of insulin? Yes ☐ No ☐
Can student draw correct dose of insulin? Yes ☐ No ☐

**Insulin Pumps:**

| Type of pump | Insulin/Carbohydrate ratio | Correction factor | Is student competent regarding pump? Yes ☐ No ☐
|--------------|-----------------------------|-------------------|----------------------------------|

Can student troubleshoot problems with pump malfunction? Yes ☐ No ☐

**Exercise and Sports:**

A snack such as ___________________________ should be readily available at the site of exercise or sports.

Restrictions on activity (if any) ___________________________

Student should not exercise if blood glucose is below ________ mg/dl or above ________ mg/dl

Snack before exercise? ___________________ Snack after exercise? ______________________

**Check all that apply.**

Medications to be given at school _______________________________________________________

Blood Glucose test performed daily at ____________________________.

Student may self test? ___________________

Student may self test with supervision? _______________________

Will require assistance for blood glucose testing __________________________

Target glucose range ________ to ________

Low blood sugar range ________ to ________

Intervention ____________________________

High blood sugar range ________ to ________

Intervention ____________________________

**OTHER MEDICALLY NECESSARY STEPS THAT MUST BE TAKEN WITH REGARD TO INSULIN ADMINISTRATION:**

_____________________________________________________________________________

_____________________________________________________________________________
I hereby approve the above Insulin protocol as medically appropriate for this student.

Physician’s Signature: ____________________________  Date: ___________

Return ASAP within 5 business days to
Eastpointe Community Schools
Office of Student Support Services
24685 Kelly Rd.
Eastpointe, MI  48021
586-533-3742