



## **McLane Children's Baylor Scott & White**

**Care Plan Date: 07/19/2023**

**McLane Children's Baylor Scott & White**  
1901 SW HK Dodgen Loop | 3<sup>rd</sup> Floor | Temple, Texas 76502  
254-935-5048 Office  
254-724-7037 After-hours  
254-935-5045 Fax

### **McLANE CHILDREN'S BAYLOR SCOTT & WHITE DIABETES CARE ORDERS**

***Our team commits to provide the best diabetes and endocrine care to the children and families we serve.***

**Child/Student Specifics:** Patient Instructions: 1. DIABETES TYPE (must select) - This student has Diabetes Type (select diagnosis): Type 1 Diabetes (T1D): Consistent glucose checks, insulin administration, eating, and exercise are strongly encouraged. Please limit concentrated sugar intake unless treating low glucose. Low and high glucose are expected from time to time with Type 1 Diabetes. Please notify if glucose is persistently greater than 250-300 mg/dl or less than 70-80 mg/dl. In addition to glucose check and insulin administration, student/parent should supply Glucagon/Glucagen/Baqsimi for treatment of severe low glucose and Urine or Blood Ketone Strips for high glucose/sick-day management.

2. DIABETES CARE PLAN (must select ALL that apply) - PUMPERS/PODDERS - Student uses Insulin Pump Plan: Insulin Pump: The student uses an Insulin Pump: Pump malfunction or site issue should be assumed if persistent high glucose despite correction bolus, always resort to INJECTION if such concern(s) until glucose normalizes and ketones clear (if present). The student should be allowed to wear this device at ALL times. Please verify glucose checks and delivery of appropriate insulin doses through insulin pumps (including food and correction coverage). Please allow to wear ALL necessary electronic devices at ALL times for insulin pump device. USES CGM: The student uses a Continuous Glucose Meter (CGM): Always resort to blood glucose for checking glucose (if CGM is not available, lack of data, or concerns about data accuracy). The student should be allowed to wear this device at ALL times. This student should be allowed to carry a receiver or phone/smart device at ALL times for monitoring continuous glucose meter data. May use CGM WITHOUT calibration instead of fingerstick glucose, assuming calibration is NOT requested by the device. Insulin

Pump/CGM DEVICE(S) used: Phone, Dexcom G6, and Omnipod 5..

3. SUPERVISION REQUESTED (must select, verify supervision for student) - It is requested that this student have the following supervision/management considerations, Supervision Requests (select ALL that apply): Adult supervision is requested with ALL diabetes-related tasks. Verify ALL care tasks. Please make efforts to minimize time away from class, as applicable. This student's diabetes care should be supervised by an adult unless otherwise written by physician/physician assistant provider. , Please allow student to manage mild low glucose in the classroom with teacher supervision. Please make efforts to minimize time away from class. May return to class once glucose greater than or equal to 80 mg/dl and symptoms resolved. Allow to resume "active" activities based on student's comfort. , Parent may adjust care plan for specific circumstances to include: (1) Up to 5 gram above or below usual insulin to carbohydrate ratio per week or specific event(s) (for example, may change from 1:10g to 1:12g or 1:15g or down to 1:8g or 1:5g but not up to 1:20 or down to 1:4) without new orders, (2) Set insulin dose changes should not exceed a 15% increase or decrease per week without new orders. (3) Use of correction factor up to every 2 hours if needed. (4) If further adjustments needed, parents must request updated orders from McLane Children's Pediatric Endocrinology and Diabetes Team., and Efforts should be made to have Nurse/UDCA available at school and any other school-related activities. .
4. Wear Medic-Alert Bracelet. If have a smart phone, set up Medical ID with diagnosis(es), medications, allergies, and emergency contact.
5. Student should be allowed to use the restroom as needed and have access to water at all times.
6. Please assure your student gets a formal eye exam at least every 1-2 years. Typically referral from your child/student's PCP will be needed.
7. Please assure your student gets a flu shot each season and maintains updated immunizations as per AAP recommendations.
8. If concerns related to glucose control, first verify consistency with the recommended care plan to include monitoring glucose, taking medications and insulin as instructed, and managing high and low glucose. If using CGM, ensure that Alerts are ON and that the appropriate app/receiver is being used consistently. If concerns persist despite assuring consistency with diabetes care, share your concern via MyBSWHealth. Please send a picture of your child's logbook (if using fingerstick glucose checks) or CGM to ensure sharing data from the device. Your child's school nurse may also fax a glucose log to our clinic at fax #254-935-5045. Please specify current concerns and insulin doses. Providing this information enables us to help you and your student better and more safely. Please be on the watch for MyBSWHealth responses. If a care plan adjustment is needed, a new copy of the care plan will be sent to letters in MyBSWHealth for you to print and provide to all who need a copy, including the school nurse.
9. In the event of severe and symptomatic low glucose, unable to take low treatment by mouth: (1) Give Glucagon/Glucagen/Gvoke 0.5 mg (if <5 years of age) OR 1 mg (for five years or older), Zegalogue 0.6 mg, OR Baqsimi (intranasal glucagon) 1 spray in either side of the nose. (2) After treatment, notify parent/guardian and contact Diabetes Care Team at 254-935-5048., and (3) Follow Low Glucose Management guidelines. This treatment is usually ONLY needed for Type 1 Diabetes (T1D) patients.
10. In the event of nausea/vomiting: (1) Provide Zofran 2mg ( if <5 years of age), 4mg (for 6-11 years of age), and 8mg (for 12 years or older). (2) Follow High Glucose/Sick-Day Management guidelines., and (3) Notify parent/guardian of use. If the student takes metformin, hold medication.
11. If issues with mail order prescriptions, please call mail order pharmacy first. Notify

our team if persistent concerns.

12. A copy of the Diabetes Care Orders should be provided to ALL caretakers involved in this student's care. Additional copies may be made through MyBSWHealth by selecting your student's most recent clinic visit, or if updated made between visits, see Letters in MyBSWHealth.

The Pediatric Diabetes Team at McLane Children's Baylor Scott & White follows Alfredo Marquez for diabetes care. **The following Diabetes Care Orders includes diabetes care recommendations for this student. Diabetes Care Orders should be provided to and regularly updated to ALL caring for this student. Please direct diabetes care questions or concerns FIRST to the Parent/Guardian.** These orders are NOT static. Diabetes is *dynamic*. Usually there is more than one correct way to manage the same/similar situation(s). ***Flexibility in understanding and implementing these orders is urged.***

Please keep in mind the primary goals are **(1) Safety of your student and (2) Keeping your student active in school and other activities.** Each situation and location presents different challenges. **It is our hope that students/families/school nurse/UDCA/other care provider(s) work well together to promote your child's safety.**

#### **SUPERVISION REQUESTED:**

***Glucose checks (by meter or continuous glucose meter (CGM)), treating mild low glucose (including efforts to prevent low glucose), and extra water intake for high glucose should be allowed in the classroom setting.*** Parents/guardians and school nurse/administration are expected to determine the tasks that may be performed within the class. For those using CGM devices, it is important to have access to receivers and/or smart phone devices to monitor glucose at all times. For those using insulin pump devices, it is important to have access to insulin pump device and/or controllers including smart phone devices at all times.

**Supervision of ALL diabetes tasks is requested unless cleared for self-care.** Students cleared for self-care should provide Diabetes Care Orders to school nurse/UDCA/other care providers to have in case of emergency. Some students, especially younger students or those with more recent diagnosis may require ALL diabetes tasks to be performed by an adult. ***As long as supervision is requested, please verify ALL glucoses, insulin doses, and injection/bolus administered.***

#### **EATING:**

It is recommended that ALL students with diabetes have a consistent eating pattern including eating breakfast, lunch, dinner, and planned snacks to support nutritional needs. Please verify which meals/snacks will be eaten and in which place. School dietary services are requested to post/provide menu for parent/guardian review and planning as well as provide for special dietary needs such as gluten-free diet (for celiac disease). Low glucose treatments may be needed outside of regular eating pattern. For the most part, additional snacks and even meals can be done with appropriate glucose checks and insulin dosing. Avoid concentrated sugar intake such as sugar-sweetened beverages unless treating low glucose.

### Meals/snacks ≠ Low Glucose Treatment

- Meals/snacks and low glucose treatment are not the same.
- Meals and snacks are routine/planned times to eat that ensure adequate nutritional intake on a daily basis.
- A low glucose treatment is meant to treat a low glucose at a non-routine/planned time. Low glucose treatments are NOT a primary nutrition source or replacement for a meal/snack.

### General Carbohydrate Considerations

- Variable carbohydrate intake is used with multiple daily injection and insulin pump plans.
  - Pre-mixed, split-mixed, and fixed-dose insulin plans use set amounts of carbohydrates at meals and snack times.
- Carbohydrate intake can be arranged depending on parent preference/student needs.
- Snack(s) frequency, timing, and carbohydrate amount should be discussed with parent/student.
- Meal (carbs) – Variable grams carbohydrate or Fixed gram carbohydrate depending on insulin dose plan.
- Snacks (carbs) – Usually 0-15 grams. May be quite variable especially with special events.
- Low glucose treatment (carbs) – Variable, see **Low Glucose Management**

The carbohydrate grams provided in the chart below are a general guideline. Balancing food (carbohydrates) and insulin is challenging. The goal is to support internal cues of hunger, appetite, and satiety through structure of regular times to eat. No student should be forced to eat past satiety. If a student is having to eat more just to maintain glucose, please notify parent and our team. If a student eats more, additional insulin may be given per plan, if applicable.

Age (years)	Breakfast (g carb)	Snack (g carb)	Lunch (g carb)	Snack (g carb)	Dinner (g carb)	Snack (g carb)
3 Under	30	0-8	30	0-8	30	0-8
4-5	45	0-8	45	0-8	45	0-8
6-8	45	0-8	45-60	0-15	45-60	0-15
9-11	45	0-8	45-75	0-15	45-75	0-15
12-13	45-60	0-8	60-75	0-15	60-90	0-15
14-16	45-60	0-8	60-90	0-15	60-90	0-15
17-18	45-60	0-8	60-90	0-15	60-90	0-15

In the following **Diabetes Care Orders** you will find...

1. **Equipping, Enabling, Encouraging, and Excelling with Diabetes Management**
2. **Insulin Injections or Insulin Pump Therapy instructions** (as applicable)
3. **Continuous Glucose Meter (CGM) Check instructions** (as applicable)
4. **Diabetes Care Guidelines for Special Circumstances instructions** (as applicable)

**This document is an Official Provider Order.** This plan is to be used for the guidance of home care and care provided at school or other locations. It may be used for the development of a 504 plan (OHI-Otherwise Health Impaired) and/or IEPs (Individualized

Education Plans). This plan should be updated at least once a year and may be sent from one school to another.

**McLANE CHILDREN'S BAYLOR SCOTT & WHITE**  
**Equipping, Enabling, Encouraging, and Excelling with Diabetes Management**  
**EFFECTIVE COMMUNICATION IS THE KEY**

**Diabetes Care Supplies to be supplied by Parent/Guardian:**

**- Parents/guardians are expected to provide ALL needed supplies to school nurse/UDCA/other care providers throughout the school year.**

Please label ALL supplies with your student's name.

**Partnering with Our Team:**

- Clinic visits are expected on a regular basis (usually every 2-6 months). Students with diabetes are expected to have limited absences. If this student is missing more school than expected or other concerns continue to come up, please notify us.

**- ALL students/families are expected to sign-up for MyBSWHealth** (visit <https://www.mybswhealth.com/>). MyBSWHealth includes, (1) access to the newest Diabetes Care Orders, (2) opportunity to ask questions and share glucose numbers, and (3) ability to keep track of visits. **This is the preferred method of non-emergency contact with our team.**

**Partnering with School/Other Provider(s):**

Your school nurse/UDCA/other care provider(s) is asked to **FIRST contact YOU** with questions/concerns. Please assure our team and your school/other care provider(s) have updated contact information and please remain available to respond as needed.

Parents/Guardians are expected to discuss the Diabetes Care Orders with school nurse/UDCA/other care provider(s) before school starts and as needed during the school year. As a part of this review, confirm which insulin dose(s) and/or meals/snacks will be provided at which location (school, home, other location). Other topics to discuss include planned activities at school such as athletics, recess, emergency situations (lock-downs, etc.), and/or other special event(s).

**School Nurse/UDCA/Other Care Provider(s) Communication with Our Team:**

**Please direct diabetes care questions or concerns FIRST to the Parent/Guardian.**

Our team is ready to help as needed. Be aware that availability of our team may be limited by patient care demands and/or staff availability. Our office number is 254-935-5048. If no answer, please leave message with student name, date of birth, concern, and call back number. Please continue care as instructed while awaiting clinic response. Data including most recent glucose trend, ketone status, meal/snack, insulin dose, and any other pertinent information can be quite helpful. If concerning glucose trend(s), you may fax log book to 254-935-5045. Please assure student's name, date of birth, and contact name/number is included.

## **McLANE CHILDREN'S BAYLOR SCOTT & WHITE FINGERSTICK GLUCOSE CHECKS**

Glucose goals vary depending on the student. Our team appreciates your efforts to help this student reach their goal(s). Students should be allowed to participate in ALL usual activities as long as glucose is between 70-80 mg/dl and 300 mg/dl. Student may also participate if glucose greater than 300 mg/dl assuming ketones small or less (and/or less than 0.6 mmol/L). Appropriate management of Low and High Glucose should be followed as needed. For students using continuous glucose meter, please see Continuous Glucose Meter (CGM) Guidelines.

### **Glucose checks should be done (unless directed otherwise)**

- (1) before meals and at bedtime.
- (2) when student exhibits signs/symptoms of low or high glucose.
- (3) at 2-3 AM, if bedtime correction dose used.
- (4) every 2 hours after correction dose provided for high GLUCOSE or if ill.
- (5) if calibration is requested for continuous glucose meter (CGM) or signs are inconsistent with glucose reported by CGM.
- (6) any other time(s) such as mid-AM, mid-PM, pre/post-PE/athletics, or other time(s) as requested.

### **CONTINUOUS GLUCOSE METER (CGM) GUIDELINES (as applicable)**

Checking glucose has never been easier than with CGM. School nurses/UDCA/other care providers including teachers should expect to become more comfortable over time with CGM. Often, a glance is all that is needed to assure this student is safe.

**Some CGM sounds alert/alarm warning of concern. These alerts and alarms can be silenced but should not be ignored.**

**Students/care providers should have access to CGM data at ALL times. For those using continuous glucose meter device, a testing proctor or teacher may be designated to hold phone or receiver device during testing and should be instructed on what would warrant intervention during testing.**

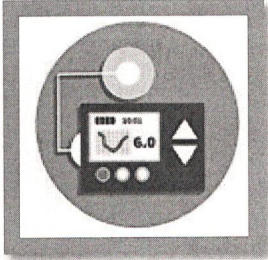
**If the CGM falls off or quits reading, use fingerstick glucose checks until CGM sensor/transmitter can be replaced. Also use fingerstick glucose checks if concerns about CGM error (I.e. Signs different than reported glucose).** If persistent issues with CGM device, contact CGM company directly to report issue. There are a number of products available which may help keep the CGM sensor/transmitter in place. If device falls off frequently, please notify our team to discuss options.

**The Dexcom and Freestyle Libre Devices may be used for care decisions and do not require fingerstick glucose calibration.** It is important to consider a few factors which may impact reported glucose level.

- (1) If you are concerned the reported glucose measure does not correlate with signs or symptoms, check a fingerstick glucose check to verify.
- (2) There is some delay (lag) between what the CGM and fingerstick glucose may indicate. The lag between CGM and fingerstick glucose checks can run 15-20 minutes.

- (3) When values are rapidly changing, there can be greater discrepancy between measures of the CGM and fingerstick glucose check.
- (4) The FDA allows glucose meters to have a 10% variation from lab measure. Both the Dexcom G6 and Freestyle Libre have variation below 10%.
- (5) Leaning on the device, especially in sleep, can lead to a false low glucose alert. Verify fingerstick glucose check and treat if needed. Do not calibrate device. Typically this issue corrects within a short time.

**McLANE CHILDREN'S BAYLOR SCOTT & WHITE  
INSULIN PUMP DOSING**



**USE ONLY rapid-acting insulin (such as Novolog, Humalog, Fiasp, Admelog, Lispro, Aspart, or Apidra) in Insulin Pump.**

Other School Medications (if applicable): Other School Meds : N/A

**Insulin Action Time: 2.5 hours**

BASAL DOSE		FOOD DOSE		CORRECTION DOSE		
Time	Basal (Units/Hour)	Time	I:C Ratio (Bolus)	Time	Target Glucose (mg/dl)	CF
Midnight	2.0	Midnight	1:8 Novolog or Humalog	Midnight	120	40

**Total Basal Dose (total units/day) = 48**

**Insulin Dose Calculations**

<b>BASAL DOSE</b>	<p>= Rate per hour of rapid-acting insulin (units per hour), infused continuously 24 hours per day. Rate may adjust depending on needs throughout the day.</p> <p>&gt;&gt;&gt;Temporary Basal rates may be used based on specific needs.</p> <p>&gt;&gt;&gt;Some insulin pumps will adjust basal rate depending on glucose data from continuous meter to prevent low and/or high glucose.</p>
<b>FOOD DOSE</b>	<p>= Total Carbohydrates divided by the Insulin to Carb (I:C) Ratio.</p> <p>&gt;&gt;&gt;Food Dose is requested to be given as soon as possible, preferably at least 10-15 minutes before meal/snack.</p>
<b>CORRECTION DOSE</b>	<p>= ( Current Glucose minus Target Glucose) divided by CF (Correction Factor).</p> <p>&gt;&gt;&gt;Correction dose may be given with Food Dose at meal/snack times or as needed every 2-3 hours between meal/snack.</p> <p>&gt;&gt;&gt;<b>See High Glucose Management if glucose <math>\geq</math> 300 mg/dl and/or sick/vomiting.</b></p>
<b>TOTAL MEAL DOSE</b>	<p>= <b>Food Dose + Correction Dose</b></p> <p>&gt;&gt;&gt;This is calculated by the pump based on input of food (grams of carbohydrate intake expected) and glucose.</p> <p>&gt;&gt;&gt;Glucose should be included with ALL pump boluses as dose may be adjusted based on glucose.</p>

### **Insulin Pump Overview**

**Preparation for School:** Please assure student presents to school/other care environments well prepared with pump site change supplies including insulin and back-up injectable insulin. Please make efforts to assure pump/pump site in good condition (including correct date/time), along with adequate insulin and battery for pump prior to presenting to school/other care environments.

**Alerts/Alarms:** Low battery or insulin alerts/alarms need to be addressed, but generally provide some time for management. Alerts/alarms such as occlusion or failed delivery warrant immediate action.

**Pump Site Issues:** Please change pump site a minimum of every 2-3 days or sooner if pump site issues. In the event of pump site issue, change pump site as soon as possible and give rapid-acting correction insulin by injection (see Insulin Dose Calculations above) as needed. Since insulin pumps only deliver rapid-acting insulin, interruption of insulin delivery can result in diabetic ketoacidosis within a few hours. Very important to replace insulin, cartridge, tubing (if tubed pump), site, battery/charge, assure correct settings (see above), and watch glucose closely once new pump and site in place.

### **Insulin Pump Failure (i.e Insulin Pump NOT working at ALL)**

- First check battery/charge.
- Contact insulin pump company directly to report issues.

If pump issue not fixable, please follow the steps below...

- **Give Total Basal Dose** in the form of Basaglar, Lantus, Levemir, Tuojeo, or Tresiba if you have a **Pump Failure** (i.e. Pump quits working). This is your basal (background) insulin dose for 24 hours. Contact our team for instruction when new pump available to help set it up.



- **Food and Correction Dose** should be given by injection of rapid-acting insulin (such as Novolog, Humalog, Fiasp, Admelog, or Apidra), see **Insulin Dose Calculations** above. .
- Continue insulin by injection until pump issues resolved.
- Contact our team for instruction when new pump available to help set it up.

If pump issue fixable, please follow the steps below...

- See **Pump Site Issues** above.

**Challenging Conditions for Insulin Pumps:**

Efforts are made to allow student to wear insulin pump at ALL times. There are many options for adhesives and protections that may help keep the pump on.

In the event of water sports or other high-impact activities expected to impact pump site/pump device, an insulin pump may be disconnected for up to 2 hours. During and after such time, it is very important to monitor blood glucose closely and give bolus/injection for missed basal insulin and high glucose. Be quick to give an insulin injection if any concern of pump site problem. When pump is disconnected, keep pump in cool, safe place outside of direct sunlight.

**LOW GLUCOSE MANAGEMENT**

Signs and symptoms may include shaking, sweating, dizziness, headache, irritability, sleepiness, slowed responses, or unresponsiveness. Hypoglycemia is a medical emergency that should be treated immediately without delay. It is most likely to occur before lunch or after physical activity. Our team prefers this student to be able to test glucose and treat mild low glucose within the classroom; however, if sent to the nursing office the student must be accompanied. The student may become confused or lethargic.

Glucose Level	Action	Treatment Options	Follow-up
<b>MILD LOW</b> Less than or equal to 70-80 mg/dl	Give <b>See Low Glucose Treatment Guide (below)</b> grams rapid-acting carbohydrate.	Glucose Tab (4 grams), 1 ounce juice/soda (4 grams), 1 tbsp honey (4 grams), _____ _____ _____	Recheck glucose every 25-30 minutes and re-treat until glucose greater than or equal to 80 mg/dl and symptoms resolved.
<b>CRITICAL LOW</b> Not responsive or vomiting (not able to treat hypoglycemia)	<b>Inject Glucagon/ Glucagen/Gvoke/ Zegalogue</b> - 0.5 if less than 5 years of age	Needs constant supervision, choking risk. Avoid anything by mouth until	If Glucagon/ Glucagen/Gvoke/ Zegalogue/ Baqsimi given, call

911 and notify our team.  
DO NOT DELAY TREATMENT.

by mouth)	- 1 mg if 5 years or older	responsive and not seizing.
	<b>OR Intranasal Glucagon (Baqsimi)</b>	
	- 1 spray in either side of nose	

Low Glucose Treatment Guide (by weight)	
<60 lbs.	4-8g
60-100 lbs.	8-12g
>100-220 lbs.	10-15g
>220 lbs.	15-20g

The references for rapid-acting carbohydrates listed above for low glucose treatment may vary from one situation to another. In addition to rapid-acting carbohydrates, adding more complex carbohydrate and protein source may be beneficial in the case that there are more than 1-2 hours until the next planned meal/snack. Please coordinate specific management plan with joint decision between parent/guardian/student and nurse. Following these guidelines will help prevent overtreatment of lows and rebound highs. It is important to follow-up glucose as instructed.

### HIGH GLUCOSE MANAGEMENT

**Signs and symptoms may include nausea/vomiting, excessive thirst, increased urination, headache, irritability, and positive ketones (in the urine or blood).** Management includes adequate water intake, insulin dosing (see below), ketone monitoring (if glucose  $\geq$  300 mg/dl and/or sick/vomiting), zofran ODT (if nausea/vomiting), and close follow-up.

**Student should NOT be sent home for high glucose alone. Please remember our primary goal is safety.**

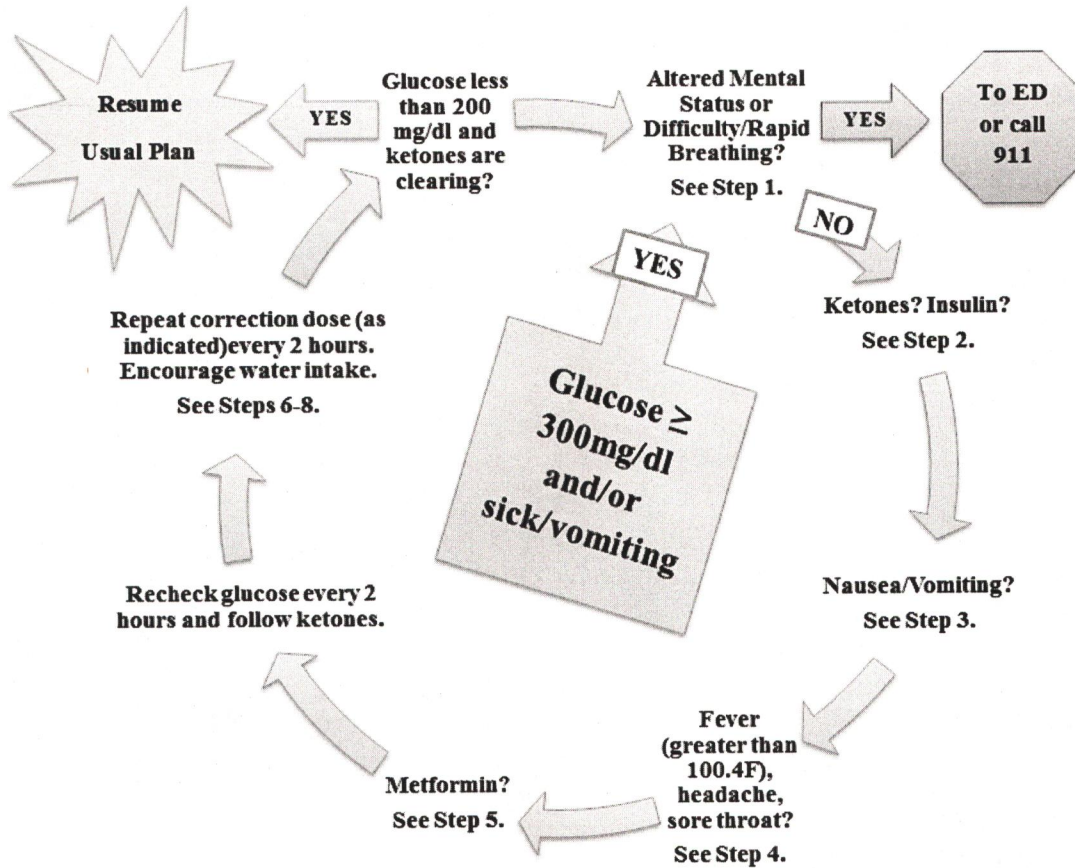
**FOR Glucose greater than Target without other concerns follow the steps below...**

- Rising/High glucose management should be allowed in the classroom/other environment. Drinking water can be effective if not time for another insulin dose.
- Correction Dose may be repeated every 2 hours. This can be given with or independent of a meal/snack.
- If a Correction Dose is given at bedtime, please check 2-3 AM glucose.
- If correcting high glucose at meal/snack and Correction Dose already given within 1-2 hours, please give just Food Dose and Hold Correction Dose.
- Continue Glucose Check and Correction Dose every 2 hours as well as water drinking until glucose is less than 200 mg/dl. Then resume usual care.

**FOR Glucose greater than or equal to 300mg/dl and/or sick/vomiting AND/OR not responding to steps above follow the steps below...**

## High Glucose/Sick-Day Management for Diabetes.

Please keep parent/guardian informed.



**STEP 1** - Does your student/child have altered mental status or rapid/difficulty breathing? If YES, go to nearest ED or call 911. If NO, go to Step 2.

**STEP 2** - Give Correction Dose (if indicated) by INJECTION if no insulin given in the past 2 hours. Check urine or blood ketones.

If urine ketones (moderate or large) or blood ketones (greater than 0.6mmol/L), this suggests emergency need for insulin and fluid intake.

- For those managed with insulin injection, this suggests missed insulin, compromise of insulin, and/or significant dehydration.

- For those managed with insulin pump, this suggests interruption of insulin delivery. It is important to give ALL correction insulin by INJECTION until glucose and ketones are corrected. Change pump site including fresh insulin, reservoir, tubing, and infusion site. Ensure pump settings include time/date and battery are good. Monitor glucose closely to ensure new pump site is working!!!

**STEP 3** - Does your student/child have nausea/vomiting? If YES, give Zofran (Ondansetron) immediately as prescribed.

Age (years)	Dose (mg)	Frequency
Less than 5 years	2mg	Every 8-12 hours
5-11 years	4mg	Every 8 hours

<b>12 years or older</b>	<b>8mg</b>	<b>Every 8 hours</b>
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**STEP 4** - Does your student/child have fever (greater than 100.4F), headache, or sore throat? If YES, consider giving age-appropriate dose of ibuprofen.

**STEP 5** - Does your student/child take metformin? If YES, hold metformin.

**STEP 6** - Encourage adequate fluid intake.

<b>Weight (pounds)</b>	<b>Recommended fluid intake (every 30 minutes)</b>
<b>Less than 40 pounds</b>	4-6 ounces
<b>40-80 pounds</b>	6-8 ounces
<b>Greater than 80 pounds</b>	8-10 ounce

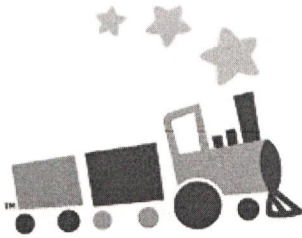
- If glucose less than equal to 70-80 mg/dl, provide sugar-containing fluids (such as sport drinks, popsicles, and/or sweet tea).

- If glucose greater than or equal to 250 mg/dl, provide sugar-free fluids (such as water, zero-calorie sports drinks or flavored water, sugar-free popsicles).

**STEP 7** - Recheck glucose every 2 hours and ketones each void or glucose check. Once glucose less than 200 mg/dl and ketones are clearing, RESUME usual care plan

**STEP 8** - Repeat Correction Dose every 2 hours (as indicated). Often, it takes 6-8 hours to correct high glucose and ketones. Once glucose less than 200 mg/dl and ketones are clearing, RESUME usual care plan.

**Go to nearest ED or call 911** - IF your student/child is NOT showing steady improvement in glucose and ketones or has other worsening symptoms such as high fever (greater than 102 F (38.9 C)), altered mental status, rapid breathing/difficulty breathing, and/or recurrent vomiting - seek emergency care or call 911. Our team remains ready to help guide you through the above steps as needed, so please keep us informed.



**McLane Children's**  
BaylorScott&White

**MEDICAL CENTER**  
**TEMPLE**

*A department of Baylor Scott & White Medical Center - Temple*

## **Pediatric Endocrinology and Diabetes Contact Numbers**

Regular business hours

Monday-Friday 8:00 AM-4:00 PM

254.935.5048 | 254.935.5045 Fax

MyBSWHealth.com to log in to MyChart

After hours, weekends and holidays

254.724.7037

**During Regular Business Hours:** If directed to voicemail, please provide specific concern(s) and best contact number. You are encouraged to use your MyBSWHealth account - sending a message allows you to provide specifics and may allow for a more timely response by our team. All efforts are made to respond in a timely manner. Please continue all care efforts that you have been instructed to provide in the meantime.

**During After Hours, Weekends, and Holidays:** Provide ALL information requested by person answering phone line. Key information that you should have available includes child name and date of birth, most recent blood glucose and insulin dose, ketone status, type of diabetes care (such as insulin injections, insulin pump, CGM), other concerns (such as fever, nausea/vomiting), and best contact number. All efforts are made to respond in a timely manner, but call back if no answer within 10-15 minutes. Please continue all care efforts that you have been instructed to provide in the meantime.

Last Updated 1/29/2020.

**Care Plan Date: 07/19/2023**

**Krishnaswamy "Jo" Rao MD**  
Pediatric Endocrinology

*Pediatric Endocrinology and Diabetes Team*

McLane Children's Baylor Scott & White

1901 SW HK Dodgen Loop | 3<sup>rd</sup> Floor | Temple, Texas 76502

254-935-5048 Office

Satellite Clinics: Round Rock, Waco, Virtual

***I commit to provide the best diabetes and endocrine care to the children and families I serve.***