McKinney Independent School District
Health Services

Diabetes - Parent Request - Insulin Change Form

Student Name: _____ ID# _____

Date of Change_____ Change #_____of 8 allowed in 90-day period.

Must be stated in the physician's orders - one change request may be submitted every seven (7) days to a maximum of eight (8) changes every ninety *(90) days. This is the only acceptable change from the original physician's order; additional adjustments require new physician orders. Addendum orders to the student's current Diabetes Management and Treatment Plan (physician's orders) will be accepted*

Reviewed/Accepted by RN (Signature and Date) _____

***Parent requests for additional insulin administration, outside the guidelines of the correction scale, are not acceptable by MISD personnel.*

The Diabetes Management and Treatment Plan (Physician's Orders) for my child allow for parental adjustment of pre-breakfast, snack OR pre-lunch insulin.

I am requesting the following adjustment:

Fixed Dose:_____units plus correction dose at breakfast OR lunch (circle one)

Insulin to Carbohydrate Ratio: 1 unit Insulin per_____grams of carbohydrate (the new insulin dosage rate of change MUST be stated in the physician's orders)

***Insulin correction sliding scale changes must be in writing from the healthcare provider. ***

INITIAL AND SIGN BELOW:

_____*I have participated in diabetes self-management education including instruction on insulin titration skills.*
_____*I understand that only the school's registered nurse (RN) may accept a change in insulin dosage in writing as long as it is stated in the physician's order.*
_____*I request McKinney ISD to adjust my child's pre-meal insulin dosage as indicated above. I authorize the school RN and the prescribing healthcare provider to confidentially discuss or clarify the student's diabetes management and treatment plan and to discuss the student's response to the medication, as required by law (Nurse Practice and Medical Practice Acts of Texas).*

_____ _____
(Parent Signature) (Date)

_____ _____
(Print Parent Name) (Phone)