

Chapter 23

The School and Diabetes



Parents want to know that their child is in safe hands while at school. It is the parents' responsibility (not the child's) to inform and educate the school. Parents also want to make sure their child is not treated differently as a result of having diabetes.

WHAT SHOULD BE DONE?

Many schools now require school health plans. An individualized school health plan (which you are welcome to copy) is included in this chapter. The parents and diabetes nurse should fill this out. The parents can then go over the plan with the school nurse or aide.

The parents must also provide supplies for the school. Some children keep a separate meter and strips at the school. Others bring their home meter and supplies in their backpack. See parents checklist.

Other forms that you may want to copy from “*Understanding Diabetes*” (Chapter 23) are:

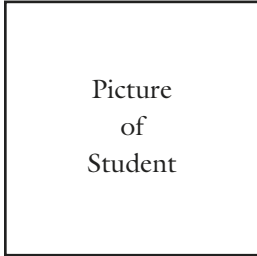
- 1) School Intake Interview
- 2) Emergency Response Plan
- 3) Individualize Health Care Plan Check List for the School Nurse
- 4) Insulin Pumps in the School Setting
- 5) A general letter for the principal and school nurse

WHAT CAN HAPPEN AT SCHOOL?

- Low blood sugars are the most likely emergency to occur at school. It may be helpful for the family to copy and review the table on mild, moderate and severe reactions with the school (see Chapter 6). *Supplies for treating lows will also need to be provided by the family.*
- High blood sugars and/or ketones may also occur at school, particularly with stress, illness, overeating or lack of exercise. If the blood sugar is above 300 mg/dl (16.7 mmol/L) the urine or blood ketones need to be checked. When the blood sugar is high it is generally necessary to go to the bathroom more frequently. *If small to moderate urine ketones or blood ketones above 0.6 mmol/L occur, the parents need to be called.*

[Insert School Logo]

**INDIVIDUALIZED HEALTH PLAN
(IHP for SCHOOLS): DIABETES**



Student _____ DOB _____ Home Phone _____
Mother _____ Work Phone _____ Cell Phone _____
Father _____ Work Phone _____ Cell Phone _____
Guardian _____ Phone _____
School Nurse _____ Phone _____
School _____ Grade _____ Teacher _____
Physician _____ Phone _____ Fax _____
Diabetes Educator _____ Phone _____ 504 Plan on file Yes No
Hospital of Choice _____ Date of Diagnosis _____
Health Concern Diabetes Type 1 or Type 2
Routine Management Target Blood Sugar Range _____ to _____

Required blood sugar testing at school:

- Trained personnel must perform blood sugar test.
- Trained personnel must supervise blood sugar test.
- Student can perform testing independently.
- Student can carry supplies and test where needed.

Times to test blood sugar:

- Before lunch. Before P.E.
- After lunch. After P.E.
- Before snack. Before getting on bus/going home.
- As needed for signs/symptoms of low or high blood sugar.

Call parent if blood sugar values are below _____ or above _____.

Medications to be given during school hours:

Student is on oral diabetes medication(s) Dose: _____ Times to be given _____.
Student is on insulin. Type: _____ Dose: _____ Times to be given _____.
Student is on insulin. Type: _____ Dose: _____ Times to be given _____.

Sliding Scale: Blood Sugar Correction and Insulin Dosage using (Rapid Acting) Insulin: _____

Blood Sugar Range _____ mg/dl Administer _____ units
Blood Sugar Range _____ mg/dl Administer _____ units
Blood Sugar Range _____ mg/dl Administer _____ units
Blood Sugar Range _____ mg/dl Administer _____ units and check ketones
Blood Sugar Range _____ mg/dl Administer _____ units and check ketones
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Insulin to Carbohydrate Ratio _____ unit(s) for every _____ grams of carbohydrate (or to be) eaten.

- Student independently administers insulin.
- Student self injects with verification of dosage.
- Injections should be done by trained school personnel.

- Parent/guardian authorized to increase or decrease sliding scale.
- Parent/guardian authorized to increase or decrease insulin to carbohydrate count.

Diet: Lunch time: _____ Scheduled P.E. Time: _____ Recess Time: _____
Snack time(s): _____ a.m. _____ p.m. Location where snacks are kept: _____ Location eaten: _____
Parent/Guardian and student are responsible for maintaining necessary supplies, snack, blood glucose monitor, medications, and equipment.

STUDENT NAME: _____

DOB: _____

Emergency Response Plan

LOW BLOOD SUGAR: (Hypoglycemia) – Below 70 mg/dl

With any level of low blood sugar **never** leave the student unattended. If treated outside the classroom, a **responsible person should accompany student to the health clinic or office for further assistance.**

Student to be treated when blood sugar is below: _____ mg/dl.

Symptoms could include: hunger, irritability, shakiness, sleepiness, sweating, pallor, uncooperative, or other behavior changes.

Additional student symptoms: _____

MILD LOW BLOOD SUGAR (STUDENT IS ALERT):

Treatment of Mild Low Blood Sugar:

Check blood sugar. **If blood glucose meter is not available**, treat child immediately for low blood sugar.

If blood sugar is between _____ mg/dl and _____ mg/dl and lunch is available, **escort** to lunch and have student eat **immediately!**

If lunch is unavailable, treat immediately as listed below.

If blood sugar is below _____ mg/dl, give 2-4 oz of 100% juice or (1/3 can) regular sugar pop or 2-4 glucose tablets.

Re-check in 10 minutes. If still below _____ mg/dl re-treat as above.

Follow with snack or lunch when blood sugar rises above _____ mg/dl or when symptoms improve.

Notify parent and school nurse.

Comments: _____

MODERATE LOW BLOOD SUGAR (STUDENT IS NOT ALERT):

Symptoms: In addition to those listed above for mild low blood sugar, student may be **combative, disoriented, incoherent, or have slurred speech.**

Treatment of Moderate Low Blood Sugar:

If student is conscious yet **unable** to effectively drink the fluids offered:

- ✓ Administer 3/4 to 1 tube (3 tsp) of glucose gel, or 3/4 tube to 1 tube of cake decorative gel.
- ✓ Place between cheek and gum then massage into gums, elevate head and encourage student to swallow. Student may be uncooperative.
- ✓ Notify parent and school nurse.
- ✓ Retest in 10 minutes. If still below _____ mg/dl re-treat as above.
- ✓ Give regular snack after retest and when blood sugar rises above _____ mg/dl or when symptoms improve.

Comments: _____

SEVERE LOW BLOOD SUGAR:

Student symptoms include: **Seizures or loss of consciousness, unable/unwilling to take gel or juice.**

Treatment of Severe Low Blood Sugar:

- ✓ Stay with student
- ✓ Appoint someone to call 911
- ✓ Roll student on side
- ✓ Protect from injury
- ✓ Do not put anything in mouth
- ✓ Contact Parent

Give glucagon (if ordered and if a nurse or other delegated person is available): Dose = _____ cc's or _____ units
 Intramuscular Subcutaneous

Comments: _____

HIGH BLOOD SUGAR: Student needs to be treated when blood sugar is above _____ mg/dl.

Call parent or guardian when blood sugar is greater than _____ mg/dl.

Symptoms could include (circle all that apply): extreme thirst, headache, abdominal pain, nausea, increased urination.

Additional student symptoms: _____

Treatment of High Blood Sugar: Student must:

- ✓ Drink 6-16 oz water or DIET pop (caffeine free) **every hour.** ✓ Be allowed to carry water bottle with them.
- ✓ Use restroom as often as needed.
- Check urine ketones or blood ketones, if sugar is greater than **300 mg/dl** twice or when ill/and or vomiting.

If urine ketones are **moderate to large** or if blood ketones are greater than 0.6 mmol/L, **call parent immediately!**

Do not allow student to exercise. Administer insulin if ordered and trained personnel available.

Recommend child be released from school when ketones are large in order to be treated and monitored more closely by parent/guardian.

If student exhibits nausea, vomiting, stomachache or is lethargic; contact parent, student should be released from school. Send student back to class if none of the above physical symptoms are present.

STUDENT NAME: _____

DOB: _____

Field trip information:

1. Notify parent and school nurse in advance so proper training can be accomplished.
2. Adult staff must be trained and responsible for student’s needs on field trip.
3. Extra snacks, blood glucose monitor, copy of health plan, glucose gel or other emergency supplies must accompany student on field trip.
4. Adult(s) accompanying student on a field trip will be notified of student’s health accommodations on a need to know basis.

SUPPLIES	NEEDED	NOT NEEDED
Blood glucose meter and blood glucose strips	<input type="checkbox"/>	<input type="checkbox"/>
Lancets with lancing device	<input type="checkbox"/>	<input type="checkbox"/>
Blood ketone strips (if using the Precision meter)	<input type="checkbox"/>	<input type="checkbox"/>
Urine ketone strips	<input type="checkbox"/>	<input type="checkbox"/>
Insulin syringes	<input type="checkbox"/>	<input type="checkbox"/>
Antibacterial skin cleanser or alcohol wipes	<input type="checkbox"/>	<input type="checkbox"/>
Bottle of refrigerated rapid acting insulin – Type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Glucose tabs, Cake Mate® gel, juice, or other source of glucose	<input type="checkbox"/>	<input type="checkbox"/>
Carbohydrate snack	<input type="checkbox"/>	<input type="checkbox"/>
Glucagon emergency kit (if delegated by RN)	<input type="checkbox"/>	<input type="checkbox"/>
Sharps container	<input type="checkbox"/>	<input type="checkbox"/>

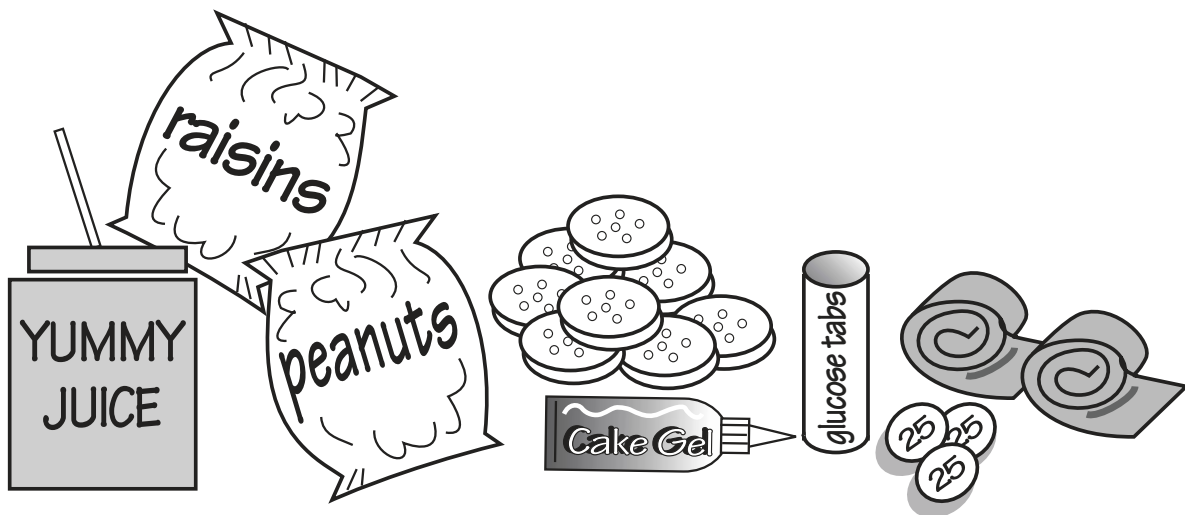
As parent/guardian of the above name student, I give my permission to the school nurse and other designated staff to perform and carry out the diabetes tasks as outlined in this Individualized Health Plan (IHP) and for my child’s healthcare provider to share information with the school nurse for the completion of this plan. I understand that the information contained in this plan will be shared with school staff on a need to know basis. It is the responsibility of the parent/guardian to notify the school nurse whenever there is any change in the student’s health status or care.

Parent/Guardian: _____ Date: _____

School Nurse: _____ Date: _____



Information on ordering this video is given in "Understanding Diabetes."



Make sure that you have snacks handy at school in case you need them.

