Olentangy Local Schools: Effective Management of Diabetes at School

The primary goal of the Olentangy district nurses is to provide nursing services that promote the student's ability to learn. Our goals are to:

*Assist the student to independently care for his/her health;

*Ensure a safe school environment; and,

*Enhance stabilization of the student's health condition while they are in school so that our students are ready to learn.

Diabetes can affect a student's ability to learn if the blood sugar levels are not well controlled. To help achieve this goal, each building has a certified school nurse who works with school personnel, individual diabetic students and their families, and the student's health care provider.

Olentangy school personnel will provide the following in order to promote a safe school day for your child.

*Nursing assessment and data collection

*Nursing care provided by the school nurse or her delegate:

-Blood sugar monitoring

-Ketone testing

-Administration of insulin and other medication

-Individualized meal plan

-Emergency care plan

-Student education and counseling

-Staff training

-Communication and developing the student's plan of care

In addition, parents will provide the following in order to assist the school nurses to provide a high level of care for your son or daughter.

*A written diabetes management plan utilizing the enclosed form or a plan provided by your health care provider

*Signed authorization by parent/guardian for medication and treatment at school

*Completed Diabetes questionnaire

*Release of information signed by parent so that school nurses may speak to the student's physician

*Actions for Bus Driver to be given to child's bus driver by parent

*All changes in student's diabetic management plan is to be received in a written format (per e-mail or note from parent/guardian)

*If the student is able to independently perform blood glucose monitoring and insulin administration, the Health Service Mutual Agreement must be signed by the parent and student indicating the student will be responsible and compliant with his/her diabetic care while in school

In addition to the above, parents must provide adequate supplies, as listed in the student's diabetes management plan, to the building clinic:

*snacks or glucose tablets to treat low blood sugar

*Medications

*Blood glucose meter, strips and supplies

*Ketone testing strips and equipment

*Glucagon

We are looking forward to helping your child with diabetes be successful in school. Please feel free to contact your building school nurse with any questions or concerns.

School Nurses

Pupil Services Supervisor

H.A.N.D.S.SM
HELPING ADMINISTER TO THE NEEDS OF THE STUDENT WITH DIABETES IN SCHOOL

DIABETES EMERGENCY CARE PLAN

Student Name: _____ Date: _____

Birthdate: _____ Student ID #: _____ Grade/Room: _____

Parent/Guardian Name: _____ Phone: (_____) _____

Emergency Contact: _____ Phone: (_____) _____

Emergency Contact: _____ Phone: (_____) _____

Health Care Provider: _____ Phone: (_____) _____

Hospital in Case of Emergency: _____ Emergency Supplies Located: _____

SYMPTOMS*
Low Blood Glucose
Less than _____

* Never send a child with suspected low blood glucose anywhere alone.

MILD

Hunger	Dizziness
Irritable	Shakiness
Weak	Anxious
Pallor	Drowsy
Crying	Headache
Sweating	
Unable to concentrate	
Other: _____	

MODERATE
Sleepiness
Erratic Behavior
Confusion
Slurred speech
Poor condition

SEVERE
Unable to swallow
Combative
Unconscious
Seizures

ACTION
- **Treat symptoms as listed below**
- Check Blood Glucose
- Notify School Nurse

Name: _____
Pager: _____

MILD
- ☐ Provide sugar source:
  - •3-4 glucose tabs
  - •4 oz. juice
  - •6 oz regular soda
  - •3 tsp glucose gel
- ☐ Wait 10 to 15 minutes
- ☐ Retest blood glucose. If less than ____ mg/dl repeat sugar source.
- ☐ If blood glucose within target range: ____ mg/dl may return to class if feeling better.
- ☐ Communicate with School Nurse and parent/guardian.

MODERATE
- ☐ Provide sugar source:
  - •3-4 glucose tabs
  - •4 oz. juice
  - •6 oz regular soda
  - •3 tsp glucose gel
- ☐ Wait 10 to 15 minutes
- ☐ Retest blood glucose. If less than ____ mg/dl repeat sugar source.
- ☐ Provide snack if no meal for 1 hour.
- ☐ If blood glucose within target range: ____ mg/dl may return to class if feeling better.
- ☐ Notify School Nurse and parent/guardian.

SEVERE
- ☐ **Call 911**
- ☐ Give Glucagon, if ordered
- ☐ Position on side
- ☐ Notify School Nurse and parent/guardian

School Nurse Signature: _____ Copy given to: _____

Date: _____ Date: _____

Adapted from the Saint Paul Public Schools, 1/06

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HELPING ADMINISTER TO THE NEEDS OF THE STUDENT WITH DIABETES IN SCHOOL

DIABETES QUESTIONNAIRE

Student: _____

DOB: _____

Student ID #: _____

Please complete and return to the School Nurse.
The following information is helpful in determining any special needs.

School year: _____

Person to contact:	Relationship:	Work Phone:	Home Phone:
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Preferred Communication method: ☐ Phone ☐ Written ☐ In Person ☐ Email: _____

Health Care Provider: _____ Clinic: _____ Phone: _____

Hospital: _____ Phone: _____

Student's age at diagnosis of diabetes _____

Does this student wear a medical alert bracelet/necklace? ☐ Yes ☐ No

Will this student need routine snacks at school? ☐ A.M. ☐ P.M. ☐ as needed
(Snacks will need to be provided by the family.)
What would you like done about birthday treats and/or party snacks?

Should this student's blood sugar be tested at school? ☐ Yes ☐ No

What time should this student's blood sugar be monitored? ☐ A.M. ☐ P.M. ☐ as needed
(Authorization by a health care provider is required.)

Does this student know how to test his/her own blood sugar? ☐ Yes ☐ No

Will this student need to test his/her urine for ketones at school? ☐ Yes ☐ No

Will this student need to test his/her blood for ketones at school? ☐ Yes ☐ No

What blood sugar level is considered low for this student? below _____

How often does this student typically experience low blood sugar? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other

This student (blood sugar) typically experiences low blood sugar :

☐ mid A.M. ☐ before lunch ☐ afternoon ☐ after exercise ☐ other _____

Please check your student's usual signs/symptoms of low blood sugar.

☐ hunger or "butterfly feeling"	☐ irritable	☐ difficulty with speech
☐ shaky/trembling	☐ weak/drowsy	☐ difficulty with coordination
☐ dizzy	☐ inappropriate crying or laughing	☐ confused/disoriented
☐ sweaty	☐ severe headache	☐ loss of consciousness
☐ rapid heartbeat	☐ impaired vision	☐ seizure activity
☐ pale	☐ anxious	☐ other

Does he/she recognize these signs/symptoms? ☐ Yes ☐ No

In the past year, how often has this student been treated for severe low blood sugar?

In a health care provider's office ☐ In the emergency room ☐ Overnight in the hospital ☐

In the past year, how often has this student been treated for severe high blood sugar or diabetic ketoacidosis?

In a health care provider's office ☐ In the emergency room ☐ Overnight in the hospital ☐

Continued

Adapted from the Minneapolis Healthy Learners Board Asthma Initiative and the Saint Paul Public Schools Asthma Management for Students Program. 1/06

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HELPING ADMINISTER TO THE NEEDS OF THE STUDENT WITH DIABETES IN SCHOOL

DIABETES QUESTIONNAIRE (cont.)

What do you usually do to treat low blood sugar at home? Please be specific and state exact amount of food, beverage, glucagon, etc. (All must be provided by the family if needed at school.)

Please indicate your child's level for the following:

Skill	Does alone	Does with help	Done by adult	Comments
Picks/pokes blood glucose site				
Reads meter and records				
Counts carbs for meals/snack				
Can interpret sliding scale				
Selects insulin injection site				
Measures insulin				
Administers insulin				
Measures ketones				
Pump skills				

Medication taken on a regular basis:

Name	By (mouth, injection, etc.)	Dose	Time of Day

Insulin taken on a regular basis:

Name	Type	Units	Time of Day	Delivery Method (Pen, syringe, pump)

Does your child use an insulin to carbohydrate ratio for insulin adjustments? Yes: ☐ No: ☐ Ratio: _____

Does your child use an insulin to adjustment for high or low blood sugar? Yes: ☐ No: ☐ Ratio: _____

As needed medication:

Name	By (mouth, injection, etc.)	Dose	Time of Day

Please list any side effects of this student's medications that may affect his/her learning and/or behavior: _____

If a medication is to be given at school, a medication authorization form must be completed yearly. A prescribing health professional may authorize self-administration of medication if the student is capable. The medication must be in the original labeled container. When you get the prescription filled, please ask the pharmacist to put it into two containers so the student will have one for school and one for home use.

What action do you want school personnel to take if this student does not respond to treatment/medication? _____

In an acute emergency, the student will be transported by paramedics to the hospital. Transportation in a non-acute situation is the responsibility of the parent/guardian. Any charges incurred are the responsibility of the parent/guardian.

Has this student received education related to diabetes mellitus? ☐ by health care provider ☐ at support group

Please add anything else that you would like school personnel to know about this student's diabetes (or related conditions).

_____

_____

Information was provided by _____ (Name) _____ (Relationship to Student) _____ (Date)

I authorize reciprocal release of information related to diabetes mellitus between the school nurse and the health care provider.

_____ (Parent/Guardian Signature) _____ (Date)

Adapted from the Minneapolis Healthy Learners Board Asthma Initiative and the Saint Paul Public Schools Asthma Management for Students Program, 1/06

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HELPING ADMINISTER TO THE NEEDS OF THE STUDENT WITH DIABETES IN SCHOOL

DIABETES MEDICAL MANAGEMENT PLAN FOR SCHOOL

Student: _____ **DOB:** _____

Student ID #: _____ **School:** _____

Type of Diabetes: ☐ **Type 1** ☐ **Type 2** ☐ **Pre-Diabetes** **Date of Diagnosis:** _____

Other: _____

Blood Glucose Monitoring

☐ Meter type: ☐ **Blood glucose target range:** _____- _____ **mg/dl**

☐ Blood glucose testing times: _____

☐ For suspected hypoglycemia ☐ At student's discretion excluding suspected hypoglycemia

☐ Only at student's discretion ☐ No blood glucose testing at school

☐ Permission to test independently ☐ Supervision of testing/results

☐ Student will need assistance with testing and blood glucose management.

☐ Test blood glucose 10 to 20 minutes before boarding bus.

Diabetes Medication

☐ No insulin at school: Current insulin at home: _____

☐ Oral diabetes medication at school: _____

☐ Insulin at school: ☐ Humalog ☐ Novolog ☐ Lantus ☐ Other: _____

Insulin delivery device: ☐ Syringe and vial ☐ Insulin pen ☐ Insulin pump

Insulin dose for school: _____

Standard lunchtime dose: _____

☐ Meal bolus: _____ units of insulin per _____ grams of carbohydrate.

☐ Correction for blood glucose: _____ units of insulin for every _____ md/dl above _____ mg/dl.

(Correction bolus can be given with meals or every 3 hours if blood glucose levels are high)

Blood Glucose Value (mg/dl)	Units of Insulin
Less than 100	
100-150	
151-200	
201-250	
251-300	
301-350	
352-400	
More than 400	

Note: Insulin dose is a total of meal bolus and correction bolus.

☐ Parent may adjust insulin doses as needed. ☐ Student may self manage.

Continued

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HELPING ADMINISTER TO THE NEEDS OF THE STUDENT WITH DIABETES IN SCHOOL

DIABETES MEDICAL MANAGEMENT PLAN FOR SCHOOL (cont.)

Meal Plan

1 carbohydrate choice = _____ Grams of carbohydrate

☐ Meal plan prescribed (see below) ☐ Meal plan variable

Breakfast Time: _____ # of carb choices = _____

Morning Snack Time: _____ # of carb choices = _____

Lunch Time: _____ # of carb choices = _____

Afternoon Snack Time: _____ # of carb choices = _____

☐ Plan for pre-activity: _____

☐ Plan for after school activity: _____

☐ Plan for class parties: _____

☐ Extra food allowed: ☐ Parent/guardian's discretion ☐ Student's discretion

Hypoglycemia

Low Blood Glucose < _____ mg/dl

☐ Self treatment of mild lows ☐ Assistance for all lows

☐ Immediately treat with 15 gm of fast-acting carbohydrate (e.g.; 4 oz juice, 3-4 glucose tabs, 4 oz regular pop, 8 oz of skim milk)

☐ Recheck blood glucose in 15 minutes and repeat 15 gm of carbohydrate if blood glucose remains low.

☐ If more than 1 hour until next meal or snack student should have another 15 gm of carbohydrate.

☐ If child will be participating in additional exercise or activity before the next meal, provide an additional carbohydrate choice.

☐ If student is using an insulin pump, suspend pump until blood glucose is back in goal range.

Severe Hypoglycemia

If the child is unconscious or having seizures due to low blood glucose immediately administer injection of:

Glucagon _____ mg (glucagon emergency kit)

- Immediately after administering the Glucagon, turn the child onto their side. Vomiting is a common side effect of Glucagon.
- Notify parent and EMS per protocol.

Hyperglycemia

High Blood Glucose >= _____mg/dl

☐ Check ketones when blood glucose > _____ mg/dl or student is sick.

☐ Use correction scale insulin orders when blood glucose is _____ mg/dl.

☐ Unlimited bathroom pass.

☐ Notify parent immediately of blood glucose > _____mg/dl or if student is vomiting.

☐ If student is using an insulin pump, follow DKA prevention protocol.

Special Occasions

☐ Arrange for appropriate monitoring and access to supplies on all field trips.

_____ _____
Signature of Physician/Licensed Prescriber Date

_____
Print name of Physican/Licensed Prescriber

_____ _____ _____
Clinic Address Phone Fax

Returned to:_____ _____ _____
RN, School Nurse Phone Fax

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HELPING ADMINISTER TO THE NEEDS OF THE STUDENT WITH DIABETES IN SCHOOL

ACTIONS FOR THE BUS DRIVER

At the beginning of the school year, identify students on the bus who have diabetes.

Obtain a copy of the pertinent components of the student's Individual School Healthcare Plan (IHP) and keep it on the bus in a known, yet secure place.

Understand and be aware that hypoglycemia can occur at the end of the school day or at the beginning of the day if the student has not eaten breakfast.

Recognize that a student's behavior could be a symptom of blood glucose changes.

Be prepared to recognize the signs and symptoms of hypoglycemia and hyperglycemia, and take initial actions in accordance with the student's IHP, including knowing when and how to contact the school nurse, trained personnel, and/or emergency medical services.

Keep supplies to treat low blood glucose on the bus or be aware of where the student normally keeps his or her supplies, in accordance with the IHP.

-Treat the student with diabetes the same as other students, except to respond to medical needs.

-Allow the student to eat snacks on the bus.

-Provide input to the student's school diabetes team when requested.

-Communicate with the school nurse and/or school diabetes team regarding any concerns about the student.

Provide a written plan for the substitute bus driver that communicates the daily, as well as emergency, needs of the student.

Respect the student's right to confidentiality and privacy.

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HELPING ADMINISTER TO THE NEEDS OF THE STUDENT WITH DIABETES IN SCHOOL

HEALTH SERVICE MUTUAL AGREEMENT:
STUDENT INDEPENDENT PERFORMANCE OF BLOOD GLUCOSE MONITORING AND INSULIN ADMINISTRATION

This agreement will be attached to the Individualized Health Care Plan

This agreement has been designed to ensure student safety and well-being. Persons indicated below will assume designated responsibilities in an agreement which allows this student to:

Student: _____ Date: _____

The following statements delineate specific individual responsibilities and will be initialed by the appropriate party to indicate agreement:

_____ The student will:

- Independently perform blood glucose monitoring in accordance with written procedures.
- Keep daily records of blood glucose test and insulin dose (as agreed upon by parent/guardian and school nurse).
- Seek help from designated school staff if any problems with their diabetes should occur.
- Keep parent/guardian informed of diabetes issues.
- Treat hypoglycemia per written procedure.
- Determine insulin dose based on the health care provider's (HCP) order.
- Self-administer insulin per written procedures.
- Follow Standard Precautions (change lancet device at home, dispose of needle and syringe in a designated sharps container, place cotton ball over lanced skin until bleeding stops.

_____ The parent/guardian will:

- Provide necessary equipement such as: blood glucose monitoring kit, juice, snacks, glucose product, syringes and insulin.
- Within 24 hours, inform the school nurse, in writing, of any changes in the student's health status, medication, or treatment regimen.
- Provide signed consents.

_____ The school nurse will:

- Ensure that the student has the necessary skills, maturity and competence for blood glucose monitoring and independent administration of insulin.
- Evaluate blood glucose monitoring records, consult student and parent/guardian with any concerns regarding interventions or agreement compliance.
- Inform the HCP and/or parent/guardian of any unusual circumstances.
- Arrange to have the parent notified when supplies or insulin are running low.

_____ The designated staff will:

- Intervene as instructed for low blood glucose in accordance with written procedure.
- Record the date and time of insulin administration on a medication log.
- Provide a copy of this log to the HCP's office as directed.
- Notify the school nurse of any unusual circumstances.

Continued

H.A.N.D.S.℠
HELPING ADMINISTER TO THE NEEDS OF THE STUDENT WITH DIABETES IN SCHOOL

HEALTH SERVICE MUTUAL AGREEMENT:
STUDENT INDEPENDENT PERFORMANCE OF BLOOD GLUCOSE MONITORING AND INSULIN ADMINISTRATION (cont.)

This agreement is good for one year and will be reviewed for renewal. If a change in status occurs, any party may call for an immediate review.

Student Signature	Date	Parent/Guardian Signature	Date
School Nurse Signature	Date	School Administrator Signature	Date
Designated Staff Signature	Date	Designated Staff Signature	Date