

**ST. MARY'S COUNTY PUBLIC SCHOOLS**  
*Department of Student Services/ St. Mary's County Health Department*

**ASSESSMENT OF DIABETES SELF-MANAGEMENT SKILLS AND AUTHORIZATION**

I. Student Demographic		Assessment Date:	
Student's Name:	D.O.B.:	Diabetes Type:	
School:	Grade:	Home Room:	
Parent/Legal Guardian Name:	Home #:	Cell #:	Work #:
Parent/Guardian's Email Address:			
Diabetes Healthcare Provider:	Phone #:	Fax #:	

<b>Rating Directions</b>
Step 1: Parent/legal guardian/student indicate if student needs assistance or no assistance in each category.
Step 2: School nurse indicates in column titled "Nursing Assessment/Skills Checklist" whether or not student can independently perform self-management.
Step 3: If there is a discrepancy in ranking, the parent/legal guardian/student and school nurse meet to discuss plan of care.

**No Assistance Required:** *The student possesses the cognitive, emotional, behavioral, motor skills, and physical maturity necessary to perform the required activity and can demonstrate is consistently and across multiple settings. The student's self-care ability should be included in the IHP that is signed by the parent/legal guardian, HCP, and school nurse.*

**Assistance Required:** *The student has failed to demonstrate cognitive, emotional, and behavior development. In addition, the student lacks in motor skills and physical maturity that is necessary to perform the required activity.*

**Self-Management Checklist for Students with Diabetes in the School Setting**

II. Nutrition Activity	To be completed by parent and student		Nursing Assessment/ Skills Checklist	
	No Assistance Required	Assistance Required	Checklist	
			Yes	No
Student verbalizes healthy meal planning.				
Student can identify carbohydrate content of foods.				
Student can adjust foods based on blood glucose results and activity.				
Student can calculate insulin to carbohydrate ratio per DMMP/Health Care Provider Order form.				
Student verbalizes effects of exercise on insulin dose calculation.				
Student carries snack when engaged in physical activity.				
Student recognizes signs and symptoms of hypoglycemia and takes corrective action.				
Student recognizes signs and symptoms of hyperglycemia and takes corrective action.				

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III. Blood Glucose Monitoring	<b>To be completed by parent and student</b>		Nursing Assessment/ Skills Checklist	
	No Assistance Required	Assistance Required	Yes	No
1. Test to be performed prior to meals (not snacks).				
2. Test to be performed if symptomatic (high or low blood sugar), if possible.				
3. Test to be performed during special events (extended day, field trips, sports, band, etc.).				
Glucose Monitoring Procedure:				
1. Washes hands.				
2. Verifies code of meter and matches test strip.				
3. Operates lancing device.				
4. Obtains blood sample.				
5. Records and communicates results.				
6. Interprets results.				
7. Able to adjust food intake based on results.				
Comments:				

IV. LOW Blood Sugar (Hypoglycemia)	<b>To be completed by parent and student</b>		Nursing Assessment/ Skills Checklist	
	No Assistance Required	Assistance Required	Yes	No
Student can verbalize signs, symptoms, and treatment for LOW blood sugar.				
A. Low Blood Sugar: <input type="checkbox"/> Hungry <input type="checkbox"/> Weak/Shaky <input type="checkbox"/> Headache <input type="checkbox"/> Dizziness <input type="checkbox"/> Inattention/confusion				
B. VERY Low Blood Sugar: <input type="checkbox"/> Nausea or loss of appetite <input type="checkbox"/> Slurred Speech <input type="checkbox"/> Clamminess or sweating <input type="checkbox"/> Blurred Vision <input type="checkbox"/> Loss of concentration				
Student's usual signs and symptoms:				
1. _____				
2. _____				

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IV. LOW Blood Sugar (Hypoglycemia) (Continued)	To be completed by parent and student		Nursing Assessment/ Skills Checklist	
	No Assistance Required	Assistance Required	Yes	No
Management of Low Blood Glucose (below _____ mg/dl) Treatment Plan:				
1. Take 15 grams fast-acting carbohydrates <input type="checkbox"/> 4 oz. fruit juice <input type="checkbox"/> Non-diet soda <input type="checkbox"/> 3-4 glucose tablets <input type="checkbox"/> Concentrated gel <input type="checkbox"/> Tube frosting <input type="checkbox"/> 8 oz. milk <input type="checkbox"/> Other: _____				
2. Retest blood glucose 10-15 minutes after the treatment.				
3. Repeat steps 1 and 2 until blood glucose level is above _____ mg/dl.				
4. Follow treatment with snack of _____ grams carbohydrate if more than one hour until next meal/snack or if going to activity.				
5. Call parent/legal guardian if blood glucose level is below _____ mg/dl.				
6. Delay exercise if blood glucose level is below _____ mg/dl.				
Management of Very Low Blood Glucose (below _____ mg/dl) Treatment Plan:				
1. If student is unconscious or having seizures, call 911 immediately and notify parents/legal guardians.				
2. Administer glucose gel: One tube administered inside cheek and massaged from outside while waiting or during administration of Glucagon.				
3. Glucagon injection per physician's order: _____ mg.				
Comments:				

V. HIGH Blood Sugar (Hyperglycemia)	To be completed by parent and student		Nursing Assessment/ Skills Checklist	
	No Assistance Required	Assistance Required	Yes	No
Student verbalizes signs, symptoms, and treatment of HIGH blood sugar.				
C. High Blood Sugar: <input type="checkbox"/> Increased thirst and/or urination <input type="checkbox"/> Tired/drowsy <input type="checkbox"/> Warm, dry, or flushed skin <input type="checkbox"/> Blurred Vision <input type="checkbox"/> Weakness/muscle aches				
D. VERY High Blood Sugar: <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Extreme thirst <input type="checkbox"/> Fruity breath odor				
Student's usual signs and symptoms:				
1. _____				
2. _____				

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V. HIGH Blood Sugar (Hyperglycemia) (Continued)	To be completed by parent and student		Nursing Assessment/ Skills Checklist	
	No Assistance Required	Assistance Required	Yes	No
Management of High Blood Glucose (above _____ mg/dl) Treatment Plan:				
1. Administer insulin correction dose determined by HCP's order for sliding scale.				
2. Retest blood glucose in _____ hours if above _____ md/dl.				
3. Conduct Ketone urine test if supplied by parent/legal guardian and order by HCP.				
4. Conduct Blood Ketone Test if supplied by parent/legal guardian and ordered by health care provider.				
Management of Very High Blood Glucose (over _____ mg/dl) Treatment Plan:				
1. Call 911 for labored breathing, very weak, confused, or unconscious; notify parents/legal guardians immediately.				

VI. Ketone Testing	To be completed by parent and student		Nursing Assessment/ Skills Checklist	
	No Assistance Required	Assistance Required	Yes	No
Student demonstrates technique for ketone testing and reporting of results:				
1. Collects specimen (blood or urine).				
2. Uses test strip appropriately.				
3. Records and communicates results.				
4. Understands treatment/action according to DMMP/Health Care Provider Order form.				
<b>5. Student identifies when and who to seek for assistance with diabetes management.</b>				
<b>6. Student identifies diabetes supplies needed at school and where they are stored.</b>				
Comments:				

VII. Insulin Administration	To be completed by parent and student		Nursing Assessment/ Skills Checklist	
	No Assistance Required	Assistance Required	Yes	No
Method of Insulin Delivery				
<input type="checkbox"/> Pen <input type="checkbox"/> Syringe <input type="checkbox"/> Pump				
1. Carbohydrate Insulin Dose: One unity of insulin per _____ grams of carbohydrate.				

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VII. Insulin Administration (Continued)	<b>To be completed by parent and student</b>		Nursing Assessment/ Skills Checklist	
	No Assistance Required	Assistance Required	Yes	No
2. Administers insulin at appropriate times.				
3. Can calculate the correction dose.				
4. High Blood Sugar Correction Dose: Blood sugar _____ to _____ Insulin dose = _____ units				
<b>Insulin Administration by Syringe:</b>				
1. Selects appropriate injection site.				
2. Cleans injection site with alcohol prep, and removes air bubbles from syringe.				
3. Verifies insulin dose.				
4. Injects insulin.				
5. Disposes of sharps safely.				
6. Records administration.				
<b>Insulin Administration by Pen:</b>				
1. Selects appropriate injection site.				
2. Cleans injection site with alcohol prep, and removes air bubbles.				
3. Primes pen with insulin, if necessary.				
4. Dials correct insulin dose.				
5. Verifies insulin dose.				
6. Injects insulin.				
7. Disposes of sharps safely.				
8. Records administration.				
<b>Insulin Administration by Pump:</b>				
1. Demonstrates basic pump function and troubleshooting (how to give a bolus, suspend pump, check pump status, verify dose delivered, change batteries, check insulin reservoir, and identify and respond to alarms).				
2. Reports pump malfunctions to appropriate staff.				
3. Ensures pump safety during physical activity.				
4. Locates backup pump supplies, insulin, and syringe or pen in event of pump malfunction.				

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VII. Insulin Administration (Continued)	To be completed by parent and student		Nursing Assessment/ Skills Checklist	
	No Assistance Required	Assistance Required	Yes	No
5. Demonstrates ability to use insulin syringe or pen in event of pump malfunction.				
6. Records administration.				
Comments:				

VIII. Safety Checklist	To be completed by parent and student		Nursing Assessment/ Skills Checklist	
	No Assistance Required	Assistance Required	Yes	No
1. Demonstrates proper storage and disposal technique.				
2. Student carries fast-acting carbohydrate source for signs and symptoms of hypoglycemia.				
3. Student understands and practices universal precautions.				
4. Student able to carry diabetes supplies.				
5. Student does not share diabetes equipment.				
6. Student has access to emergency contacts.				
7. Student understands they are subject to periodic checks with school nurse to ensure competency in self-management of diabetes care.				
8. Agrees to immediately report to school nurse or designated staff member if unable to manage care independently (pump malfunctions, illness, some cases of hyperglycemia and hypoglycemia, etc.).				
Comments:				

Student's Signature:		Parent/Legal Guardian's Signature:	
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