

Roles and Responsibilities of School Personnel Student with Diabetes Mellitus

| | |
|-----------------------------|---|
| Date of initial plan: _____ | Parents' names: _____ |
| Student: _____ | _____ |
| Date of birth: _____ | Age or date of diagnosed with diabetes: _____ |
| Physician: _____ | Medications: _____ |
| Allergies: _____ | In emergency call: _____ |

Diabetes Mellitus is one of the most common serious illnesses of childhood. The diagnosis of diabetes in children is not a rare occurrence, and the incidence of newly diagnosed children appears to be increasing yearly.

The goal of treating diabetes is to help the body overcome its problem of not able to use food for energy. Treatment is based on keeping blood glucose (sugar) within an acceptable range. Achieving this target range means that three things must be in careful balance:

1. Food intake (food makes blood glucose go up)
2. Insulin levels (insulin makes blood glucose go down)
3. Physical activity (exercise makes blood glucose go down)

When a student with diabetes mellitus is identified at school, it is important for the student as well as school personnel to think ahead and develop a plan of care. By understanding a student's special health needs and being alert of possible complications, school personnel can create a supportive, less stressful environment for the student, the family, and staff.

The following checklist may be used to assist the student, family and school personnel in clarifying student needs as well as who will be responsible for monitoring each component. Upon completion of the planning process, participants need to sign that they have read and approve the plan.

| Signature of participant | Position | Date |
|--------------------------|-------------------------------------|------|
| | | |
| | Parent or guardian | |
| | Classroom teacher | |
| | School lunch program representative | |
| | | |

Comments or additional signatures

| Basic Components of Care | Person(s) Responsible for Monitoring |
|---|---|
| <p>I. Dietary Needs Date Discussed: ___/___/___</p> <p><input type="checkbox"/> 1. Avoid scheduling the student for a very early or late lunch period and try to ensure that meals and snacks are eaten at close to the same time each day.</p> <p><input type="checkbox"/> 2. Clarify with parent if between-meal snacks are part of the student’s daily meal plan and at what times they should be eaten. If snacks are a needed part of the daily meal plan, the student should help to decide how to handle the snack. (i.e. at their desk, or in a more private place).</p> <p><input type="checkbox"/> 3. Make arrangements with parent to supply the child with the appropriate type of snack such as crackers, cheese, chips, pretzels, fruit juice or milk.</p> <p><input type="checkbox"/> 4. Discuss importance of teacher having a few treats on hand for unexpected parties.</p> <p><input type="checkbox"/> 5. Other:</p> | <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> |
| <p>II. Blood Glucose Testing Date Discussed ___/___/___</p> <p><input type="checkbox"/> 1. Does student need to do blood tests at school? <input type="checkbox"/> No <input type="checkbox"/> Yes (If “yes”, when? _____</p> <p><input type="checkbox"/> 2. Discuss and identify place where students feels most comfortable doing tests: _____</p> <p><input type="checkbox"/> 3. Dose student need help doing tests? <input type="checkbox"/> No <input type="checkbox"/> Yes. If “yes”, name of person:</p> <p><input type="checkbox"/> 4. Blood test and dosage parameters for this student:</p> | <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> |

| Basic Components of Care | Person(s) Responsible for Monitoring |
|---|---|
| <p>III. The Use of Insulin and Glucagon Date Discussed: ___/___/___</p> <p><input type="checkbox"/> 1. Dose the student have any special needs regarding insulin during school? <input type="checkbox"/> No <input type="checkbox"/> Yes (If “yes”, review the following.)</p> <p>a. Make certain there is signed physician order for medication given during the school day (school policy)</p> <p>b. Proper dosage (See section II.5)</p> <p>c. Does child need help with injection? <input type="checkbox"/> No <input type="checkbox"/> Yes. Name of person _____</p> <p>d. Where will insulin and syringes be stored?</p> <p><input type="checkbox"/> 2. Will child have glucagon at school? <input type="checkbox"/> No <input type="checkbox"/> Yes (if “yes”, review the following.)</p> <p>a. Make certain there is a signed physician order for medication given during the school day (school policy)</p> <p>b. Who will give the injection? _____</p> <p>c. Where will glucagon be stored? _____</p> <p><input type="checkbox"/> 3. Sports events / school trips:</p> <p><input type="checkbox"/> 4. Other issues:</p> | <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> |
| <p>IV. Hypoglycemia Date Discussed ___/___/___</p> <p><input type="checkbox"/> 1. Discuss with parent or guardian what symptoms the student usually shows when having a low blood glucose reaction and what treatment is best. (See handout: “Hypoglycemia”)</p> <p><input type="checkbox"/> 2. Assure student it is okay to let teacher, classmate or other school person know when (s)he is having symptoms of low blood glucose.</p> <p><input type="checkbox"/> 3. Sports events / school trips:</p> <p><input type="checkbox"/> 4. Other issues:</p> | <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> |

Diabetes Quick Reference

- Student's name: _____
- Emergency information:
 Parent or guardian:
 Father: _____ Home # _____ Work # _____
 Mother: _____ Home # _____ Work # _____
 If not available, call: _____ Home # _____ Work # _____
 Physician: _____ Work # _____

➤ Care Routine:

1. Treatment of hypoglycemia

- a. Give sugar or quick energy food immediately (for example: ½ cup fruit juice or **nondiet** soft drink, 6-7 Life Savers, or 2-3 glucose tablets)
- b. Wait 15 minutes. **Do not leave student.**
- c. If symptoms continue, repeat treatment with quick-acting sugar.
- d. Wait 15 minutes. **Do not leave student.**
- e. If symptoms continue, call parent or physician (if parent unavailable).

2. Symptoms of hypoglycemia usually exhibited by this student:

3. Emergency:

- a. Do not give food or drink if the student is unconscious.
- b. Give glucagon (if applicable)
- c. Call for emergency help(i.e. 911).
- d. Notify the parents or physician.

4. Food

| Food | Time | Comments |
|-------------------|------|----------|
| ❖ Morning snack | | |
| ❖ Lunch | | |
| ❖ Afternoon snack | | |
| ❖ Exercise snack | | |

5. Blood test (if necessary at school)

| Time | Comments |
|------|----------|
| | |
| | |

6. Insulin (if needed at school)

| Time | Parameters | Comments |
|------|------------|----------|
| | | |

Diabetes Protocol

Student complains of being:
1. light headed,
2. drowsy,
3. sweaty,
4. shaky, or
5. extremely hungry
Check blood sugar!

No Intervention if
blood sugar is:
 60-120

Call parents if
blood sugar is over:
 250

If blood sugar is
less than
 60

Treatment of Hypoglycemia
a. Give sugar or quick energy food immediately (for example: ½ cup fruit juice or non diet soft drink, 6-7 LifeSavers, or 2-3 glucose tablets)
b. Wait 15 minutes. **Do not leave person alone.**
c. If symptoms continue, repeat treatment with quick-acting sugar.
d. Wait 15 minutes. **Do not leave person alone.**
e. If symptoms continue, call physician.

If awake, give snacks
If lethargic, give glucose tablets or gel.

If semi-conscious, give glucose or gel.

If seizing or unresponsive:
1. Give glucagon 1 mg. IM and wait for parents/EMT's
2. Call 911
3. Call parents