

## **GUIDELINES FOR THE DIABETIC STUDENT**

Diabetes results from deficient insulin production in the body. Diabetes is not contagious. Though children with diabetes must follow a diet and take insulin, with few exceptions, they need no special treatment in the classroom. The principal, school nurse and appropriate teachers will be notified of any children with diabetes in the building. The following information will help the faculty understand diabetes and be better prepared to handle a problem while the student is at school.

1. Diabetic children do not outgrow their condition. Their need for insulin may increase with age and weight.
2. "Reactions" (hypoglycemia) may occur when the amount of sugar in the blood falls too low. Too much insulin, too little food, a delayed meal, excessive exercise, or a combination of these factors may bring on a reaction.
3. "Reactions" (hypoglycemia) may occur anytime during the day, but they frequently appear shortly before meals or immediately after strenuous exercise. Many diabetics take extra food before active periods. If possible, the daily school schedule should be arranged so exercise follows mealtime.
4. Children experiencing hypoglycemia may feel hungry, tremble, excessively perspire, be unable to concentrate, appear irritable, dizzy or confused, be pale, and may even cry. If this condition is not corrected unconsciousness or convulsion may occur. **Food with a sugar ingredient should be given at once to any diabetic student who is behaving strangely.** Blood sugar is  $\leq 70$ .
5. The appropriate carbohydrates include fruit juices, sugared soda, and hard candy if the child is alert. Within 10 to 15 minutes the child should improve. **(Blood sugar checked again at this time-if  $\leq 70 \times 2$  call nurse).** Additional snacks such as food bars, fruit, or crackers can be given at this time. During a reaction a child may need to be coaxed to eat. As his or her condition improves, he or she will usually accept food readily. After recovery the child may resume normal activities.
6. Diabetic children often recognize low sugar symptoms themselves and are allowed at any time to eat a snack. If you see a student acting strangely and they have no snack, request something from the office. Snacks and Instant Glucose are kept there. If a child appears lethargic sugar is needed immediately (4 glucose tablets, juice or soda).
7. Students should not be carrying insulin (unless in a pump). Nonetheless, if a diabetic student is carrying insulin, **under NO circumstances should an insulin injection be given during a reaction** (hypoglycemia) Coma could result.
8. Teachers will be notified if a student is wearing an Insulin Pump. These students will be monitoring their own blood sugar levels and insulin infusion (younger students will need guidance). There are teachers trained in each building to assist with the pump functions. #4 & 5 still apply for symptoms of low sugar.
9. Finger pricks for blood sugar levels are permitted in the classroom as long as a plan is written by the nurse and the appropriate equipment is available to the student. **Teachers will be notified if the student has a plan on file & who is trained to assist student.**

10. **Cheryl should be notified if blood sugar  $>300$  & parent can't be reached**  
TEACHERS SHOULD NOT BE UNDULY CONCERNED ABOUT A DIABETIC CHILD IN THE CLASSROOM. THE STUDENTS AND THEIR FAMILIES ARE USUALLY VERY KNOWLEDGEABLE ABOUT THEIR CONDITION. IF YOU HAVE ANY CONCERNS DON'T HESITATE TO ASK THE SCHOOL **NURSE (ext 7405)**, THE PARENTS, OR THE CHILD HIMSELF OR HERSELF.

Cheryl Cell # 509-3179 (for important/emergent purposes only)