

## RETURNING TO SCHOOL WITH DIABETES

It can be stressful returning to school regardless of whether you have been living with diabetes for years or were just diagnosed yesterday. Here are suggestions in preparing for your return.

1. Each year before returning to school or upon diagnosis, call as soon as possible to schedule a meeting with the school personnel. It will be helpful if you can include any or all of the following applicable personnel:
  - School Nurse (If you do not have a school nurse ask the school who will be helping with your child's diabetes and include them in the meeting i.e. secretary)
  - Nurse's Aide/Administrative Support Staff
  - Teacher
  - Principal
  - Food Service Manager
  - Bus Driver
  - Counselor
  - Physical Education Teacher/Coach
  
2. Bring your 2011-2012 school packet including School Orders to the meeting. Contact your Diabetes Center Social Worker if you have questions about these forms at (513) 636-2444. Remember to complete "MUST BE COMPLETED BY PARENT" section on School Orders.
  
3. **Diabetes supplies/equipment to be kept at school based on insulin therapy:**

<input type="checkbox"/> Basal/Bolus Insulin Therapy/ Insulin Pump Therapy Supplies	<input type="checkbox"/> Split/Mixed Insulin Therapy Supplies
<input type="checkbox"/> Blood Glucose Meter	<input type="checkbox"/> Blood Glucose Meter
<input type="checkbox"/> Test Strips	<input type="checkbox"/> Test Strips
<input type="checkbox"/> Lancet Device	<input type="checkbox"/> Lancet Device
<input type="checkbox"/> Lancets	<input type="checkbox"/> Lancets
<input type="checkbox"/> Ketone Test Strips	<input type="checkbox"/> Ketone Test Strips
<input type="checkbox"/> Glucagon Emergency Kit	<input type="checkbox"/> Glucagon Emergency Kit
<input type="checkbox"/> Insulin Pen	<input type="checkbox"/> Insulin (based on individual needs)
<input type="checkbox"/> Pen Needles	<input type="checkbox"/> Syringes
<input type="checkbox"/> Syringes	<input type="checkbox"/> Supply of snacks/items to treat low blood glucose
<input type="checkbox"/> Insulin	
<input type="checkbox"/> Extra Pump Supplies (insulin pump users)	
<input type="checkbox"/> Supply of snacks/items to treat low blood glucose	

**Questions you may want to ask:**

Who will help my child with blood glucose monitoring? \_\_\_\_\_ or \_\_\_\_\_ (backup)

Who will assist and/or give my child insulin at school if needed? \_\_\_\_\_

Who will call me when my child's diabetes supplies need replaced? \_\_\_\_\_

Who will remind my child to eat his/her snack (if applicable)? \_\_\_\_\_

- Arrange with school personnel location of supplies and designated areas for testing of blood glucose.
- Arrange a plan for school personnel to report blood glucose results to parents.
- Designate an area to store items used to treat low blood glucose.

***Recurrent absences or requests to be excused from class due to diabetes should be carefully evaluated.***



# Individual Diabetes Management Plan for Student on Basal Bolus Insulin Injection Therapy

Student Name: \_\_\_\_\_ Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical condition:  Type 1 Diabetes  Type 2 Diabetes

Primary school person responsible for care: \_\_\_\_\_

Secondary school person to provide care: \_\_\_\_\_

Alternate school person(s) trained in Glucagon administration: \_\_\_\_\_

Additional school persons trained to recognize and respond to low BG (with exception of administering Glucagon):  Bus driver  Gym teacher

Other (Name and Title): \_\_\_\_\_

### Contact Information

Mother/Guardian: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Other Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Diabetes Primary Health Care Provider (NP or MD): \_\_\_\_\_

Name: Diabetes Center, Cincinnati Children's Hospital Medical Center

Address: 3333 Burnet Ave., Cincinnati, OH 45229

Telephone: (513) 636-2444

### Blood Glucose (BG) Testing

Target Range: \_\_\_\_\_ mg/dL

Usual times to test BG: \_\_\_\_\_

Additional times to test BG:

- Before physical activity
- After physical activity
- When student has symptoms of high BG (hyperglycemia)
- When student has symptoms of low BG (hypoglycemia)
- Before student boards bus at end of school day
- Other: \_\_\_\_\_

Can student perform own blood glucose testing?  Yes  No

Where will testing occur?  Classroom  Health Room  Main Office  
 Other \_\_\_\_\_

How will parent/guardian be notified of BG values obtained at school?

Daily phone call  Daily written communication  Other \_\_\_\_\_

### Insulin Administration

- Insulin pen: Product Name (Manufacturer) \_\_\_\_\_
- Type of insulin:  insulin lispro (Humalog®)  insulin aspart (NovoLog®)  
 insulin glulisine (Apidra®)

### Insulin Dosages

Parents are responsible for communicating the correct dose and any change in the dose of insulin. This is supported in the school medical orders signed per Dr. Dolan, Medical Director of the Diabetes Center, Cincinnati Children's Hospital Medical Center.

### Student Abilities/Skills

	<i>Adult Needs to Perform</i>	<i>Adult Needs to Assist</i>	<i>No Assistance Needed</i>
Count carbohydrate grams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculate carb and correction bolus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer carb and correction bolus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Food

- Fast-acting carbohydrates such as \_\_\_\_\_ are required to treat a low BG or to prevent a low BG (by giving to the student prior to vigorous physical activity). These will be kept \_\_\_\_\_.
- Food service personnel need to provide the serving size of items included on the school menu.
- Instructions for when food is provided to a class on special occasions (i.e. birthday party, holiday event): \_\_\_\_\_

### Physical Activity Guidelines

- Physical activity usually **lowers** blood glucose. The drop in blood glucose may be immediate or delayed as much as 12-24 hours.
- The child will need fast-acting carbohydrates **without insulin coverage** for every 30 minutes of vigorous physical activity. This amount may need to be adjusted later after seeing the effect on blood glucose. (Refer to **Activity Table**)
- Do **not** give a high blood glucose correction bolus within 1 hour of vigorous or prolonged activity.

**Activity Table:**

Type of Activity	Blood Glucose	Amount of Fast-Acting Carbs for Every 30 Minutes of Activity
<b>Low / Light</b> ▪ Slower walk ▪ During activity can easily talk or sing	80-100 mg/dL	5-10 grams
	100-300 mg/dL	None
<b>Moderate</b> ▪ Faster walk ▪ During activity can talk in short phrases	80-100 mg/dL	10-15 grams
	100-180 mg/dL	5-10 grams
	180-300 mg/dL	None
<b>Vigorous/Strenuous</b> ▪ Running ▪ During activity can have difficulty talking easily	80-100 mg/dL	15-25 grams
	100-180 mg/dL	15-25 grams
	180-300 mg/dL	5-10 grams

**Field Trips**

School personnel designated to provide/supervise diabetes care on field trip(s): \_\_\_\_\_

**Glucagon for Treatment of Severe Low Blood Glucose**

The Emergency Glucagon Kit will be kept: \_\_\_\_\_

Refer to the separate form and school orders for details regarding use and administration.

**Supplies to be Kept at School**

- |  |  |
|--|--|
| <input type="checkbox"/> Blood glucose meter       | <input type="checkbox"/> Insulin vial or cartridge           |
| <input type="checkbox"/> Blood glucose test strips | <input type="checkbox"/> Insulin syringes or pen needles     |
| <input type="checkbox"/> Lancet device             | <input type="checkbox"/> Glucagon emergency kit              |
| <input type="checkbox"/> Lancets                   | <input type="checkbox"/> Supply of fast-acting carbohydrates |
| <input type="checkbox"/> Ketone test strips        |  |

School personnel who will notify parent when supplies are getting low: \_\_\_\_\_

**Acknowledged and received by:**

\_\_\_\_\_  
Student's Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Representative and Title

\_\_\_\_\_  
Date