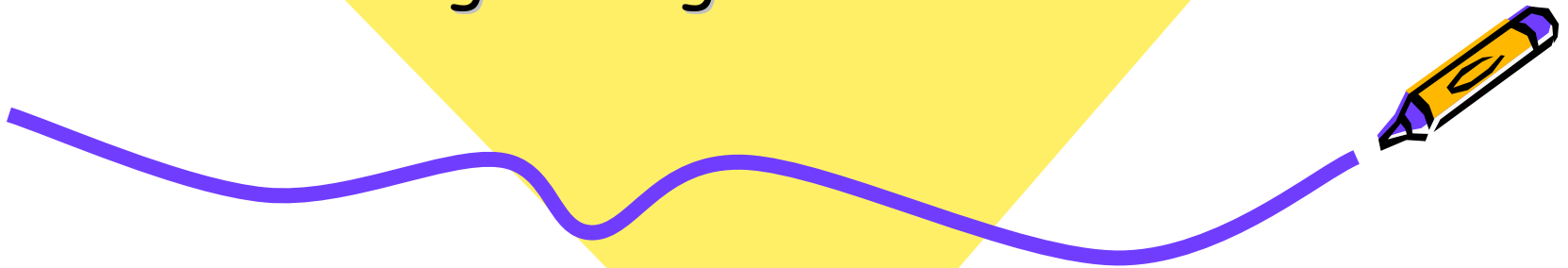




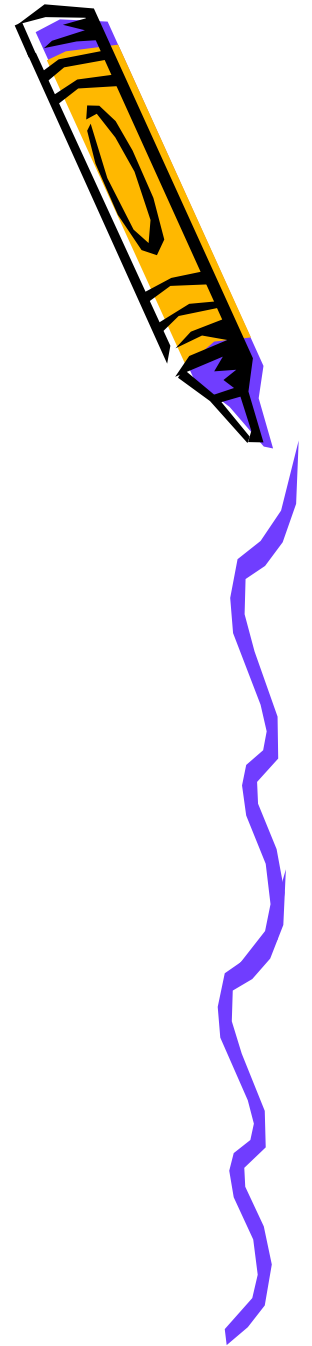
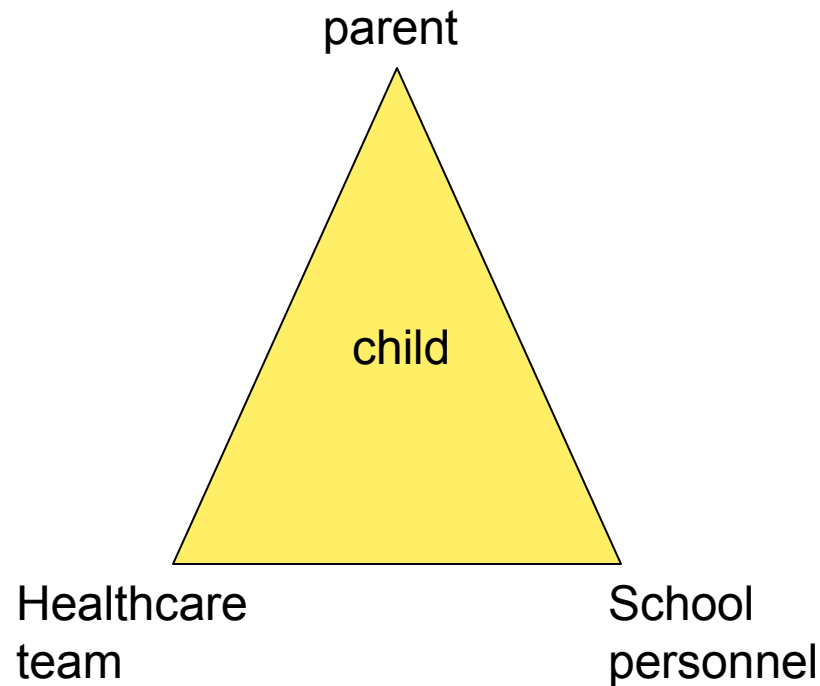
Care of Children with Diabetes in School

Georgia Kongmanichanh RN



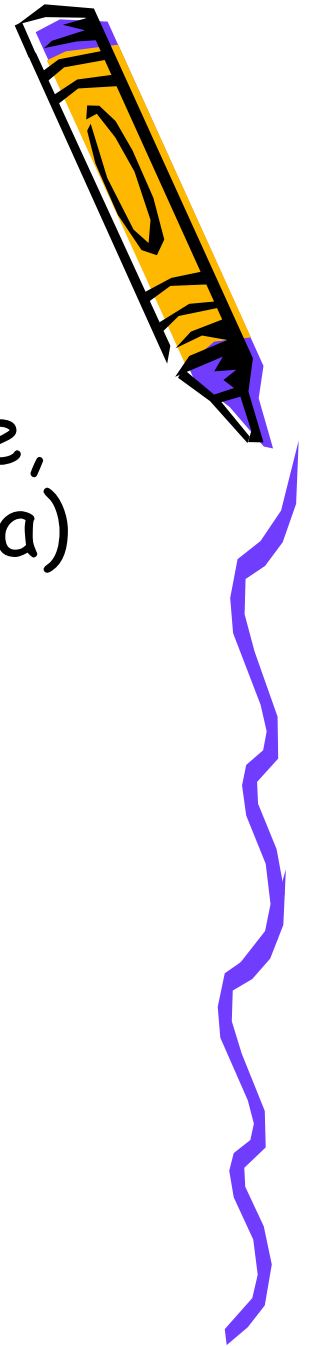
Team Approach

* Communication is key



Goals for Management of Diabetes at School

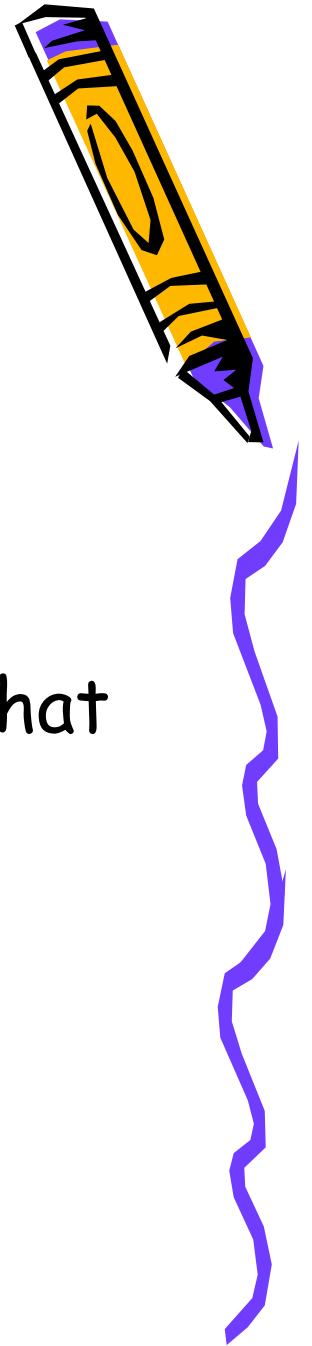
- Ensure child's immediate safety (ie, no severe episodes of hypoglycemia)
- Ensure long-term well-being (maintaining glycemic control to prevent occurrence of long term complications)
- Optimize academic performance



Who does what?

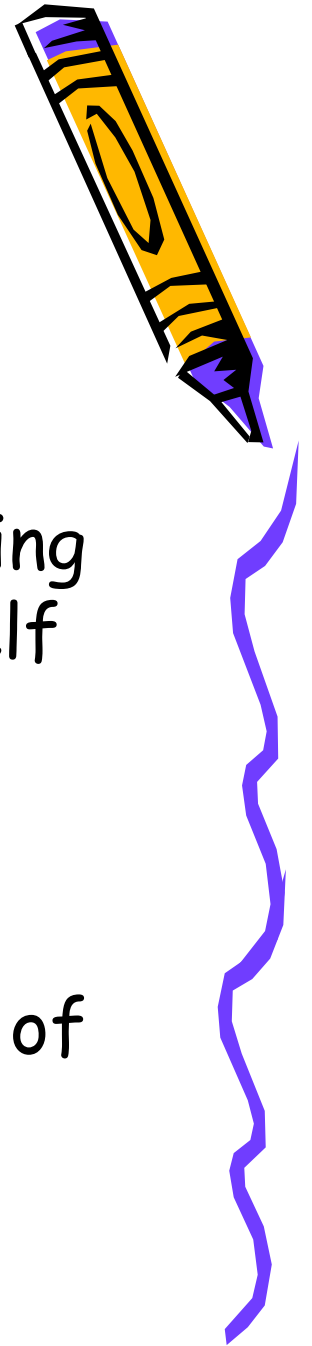
Parents

- Inform school that child has diabetes.
- Provide basic information necessary to care for child at school
- Provide individualized healthcare plan that has been approved by healthcare team
- Inform school personnel of changes in diabetes care or meal plan
- Provide supplies, medications, foods needed to care for child at school.



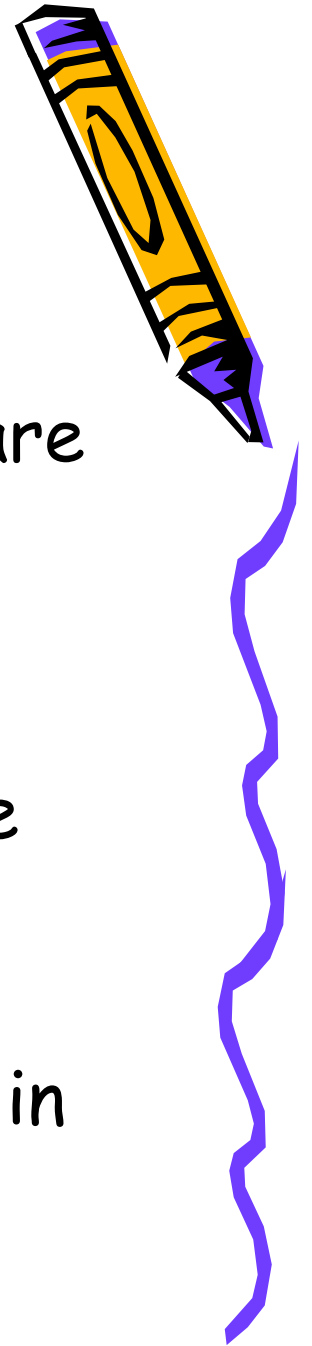
Who does what? Child

- Wear medical ID
- If age appropriate, participate in planning of health plan and implementation of self care tasks.
- Follow healthcare teams prescribed regimens
- Take precautions to avoid the transmit of blood borne pathogens



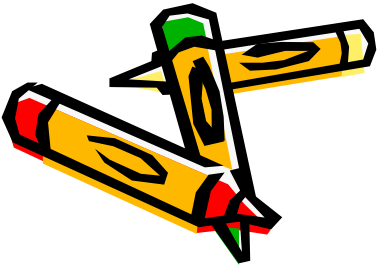
Who does what? Health Care Team

- Assist parents in developing a health care plan that will fit the specific needs of their child.
- Be available for the school to help with questions or clarification of health care plan.
- Provide parents with the knowledge to educate school personnel and/or assist in the education of school personnel.



Who does what? School

- Provide a medically safe environment (immediate access to blood glucose monitoring, safe administration of insulin, prompt treatment of high and low blood glucose, administration of glucagon)
- Provide trained school personnel
- Provide access to necessary equipment and supplies



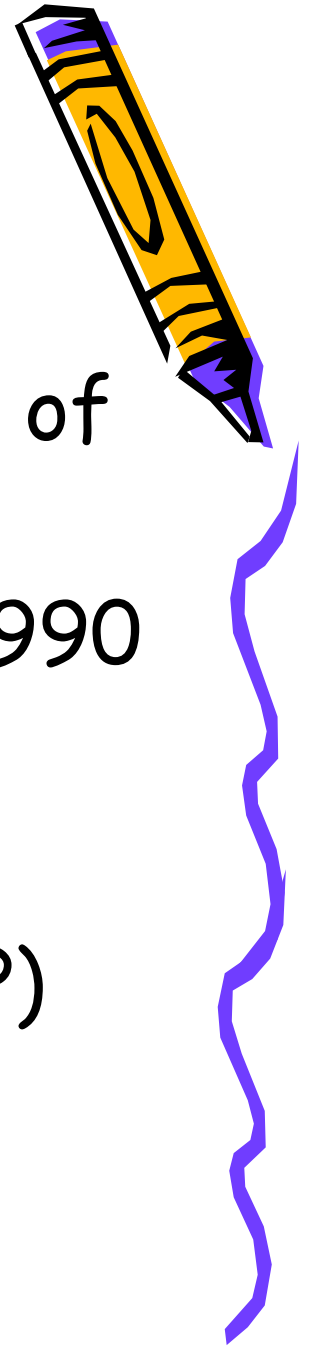
Who does what? School

- Participate in development and implementation of individualized health plan.
- Ensure equal access to the same activities and opportunities as other children
- Provide a supportive educational environment
- Respect child's privacy



Legal Considerations

- Section 504 of the Rehabilitation Act of 1973
- The Americans with Disabilities Act 1990
- The Individuals with Disabilities Education Act (IDEA)
- Individualized Education Program (IEP)



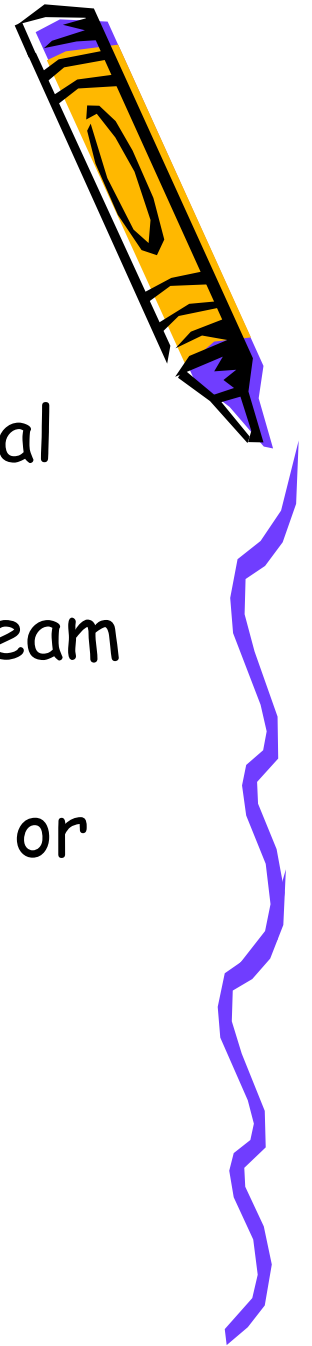
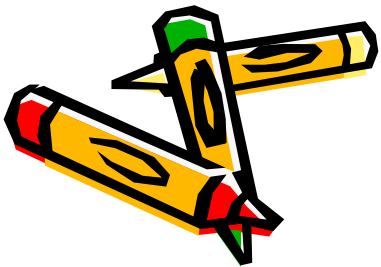
504 Plans

- Child cannot be excluded from programs or activities receiving federal funding based on their disability.
- Diabetes is legally considered a disability
- Gives parents the right to develop a plan for the school/daycare to accommodate all special needs in relation to the disability
- Gives guidelines for child's diabetes management in school



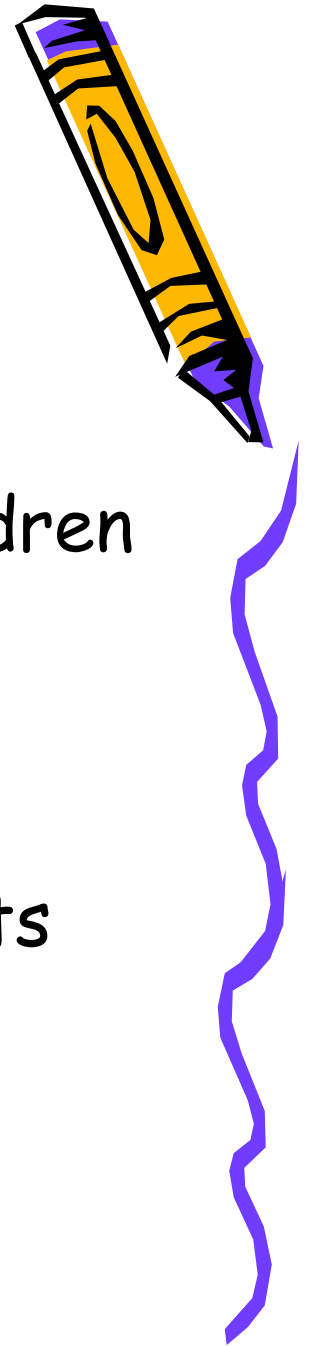
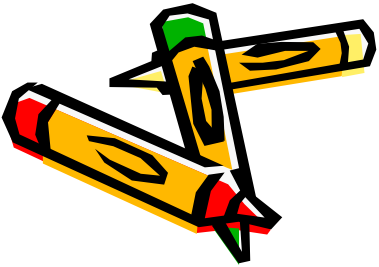
504 plans

- Must be tailored to child's age, individual needs and abilities
- Parents, school personnel, healthcare team should be involved in planning.
- Should be reviewed and updated yearly or more frequently if necessary
- Sample plans



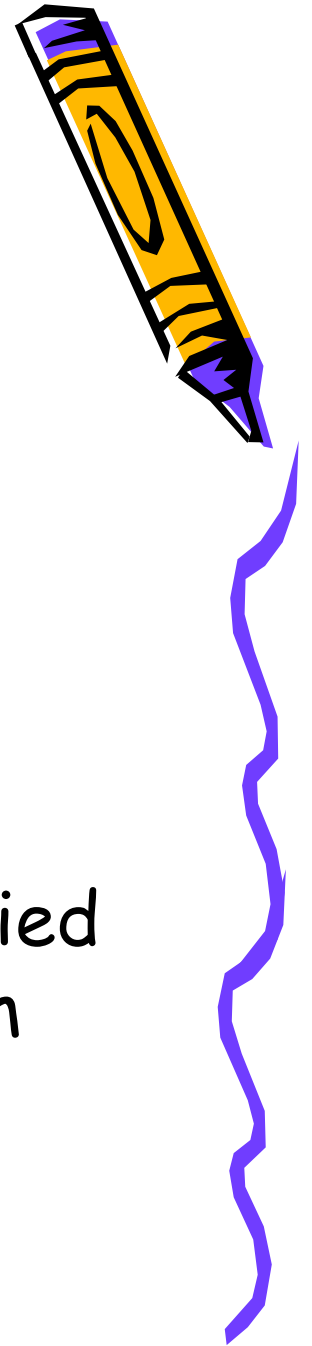
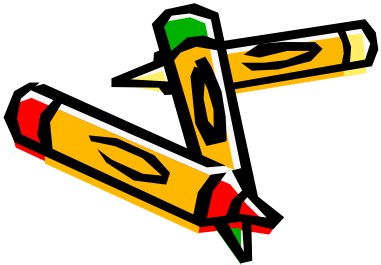
IDEA

- Federal law passed in 1975 mandating free, appropriate education for all children regardless of disability
- Provides funds to assist states in education of children with disabilities
- Requires that states make sure students receive a written IEP (Individualized Education Plan)



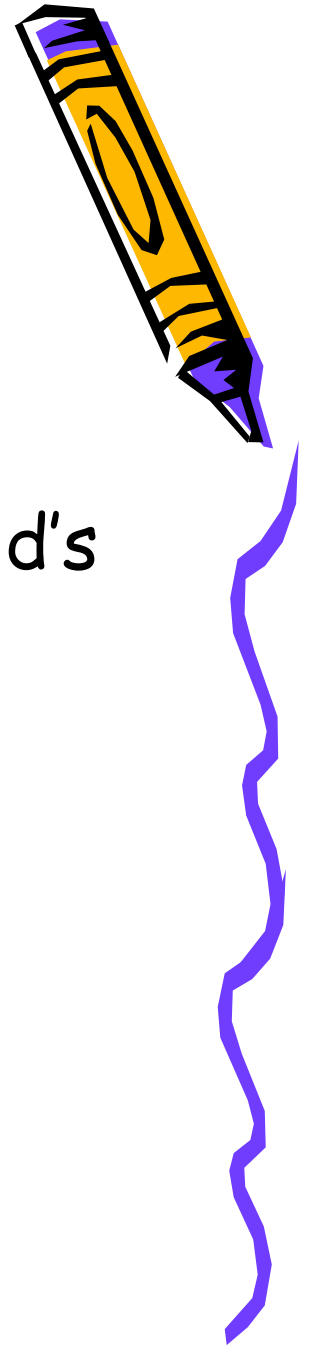
IEP

- Allows parents to participate in educational decision making process
- Written statement of necessary modifications needed for child to meet educational goals
- May include extra study periods, modified schedules to allow for snacks, bathroom breaks, blood glucose monitoring, etc.



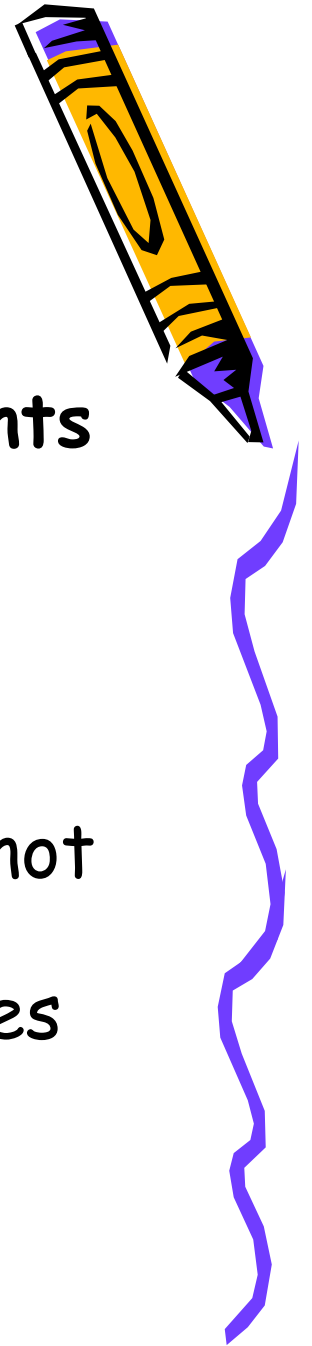
IHP

- Individualized Health Plan
- Nursing care plan designed to meet child's specific needs while at school
- Developed in collaboration with parent, school, and child (if appropriate)
- Authorization by physician to perform standard procedures while at school
- Identifies who, what, when, why, how



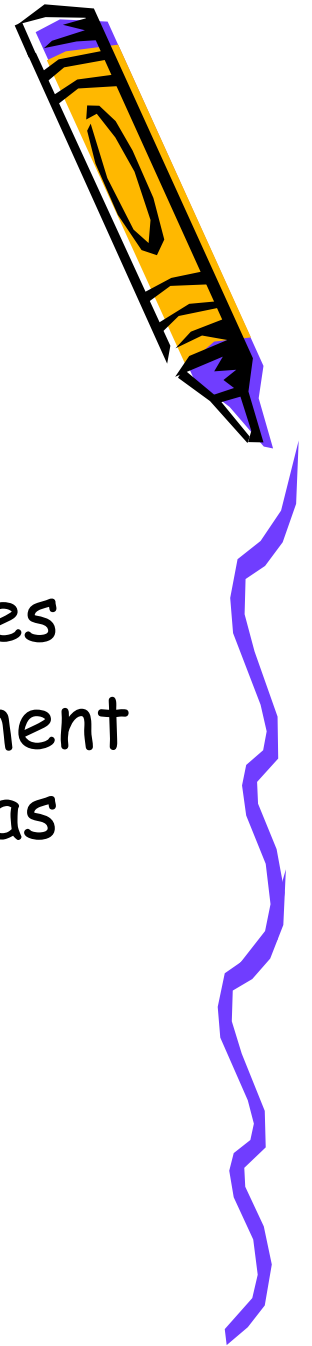
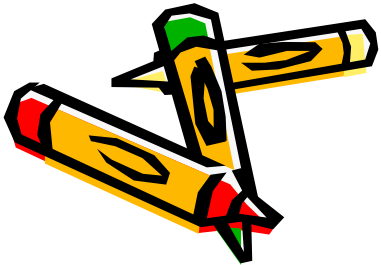
Keys to Success

- Encourage parental involvement. Parents usually know their child best
- Consider every child unique
- Maintain boundaries
- When in doubt, assume hypoglycemia
- Remember child's developmental level (not just chronological age)
- Use your resources (counselors, diabetes educators, dieticians, etc.)



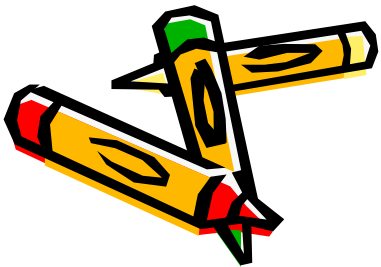
Keys to Success

- Child should not be treated differently than other students and should be encouraged to participate in all activities
- Recognize changes in diabetes management (diabetes management is not the same as it was 20, or even 10 years ago)
- Type I vs. Type II management, recognize the differences



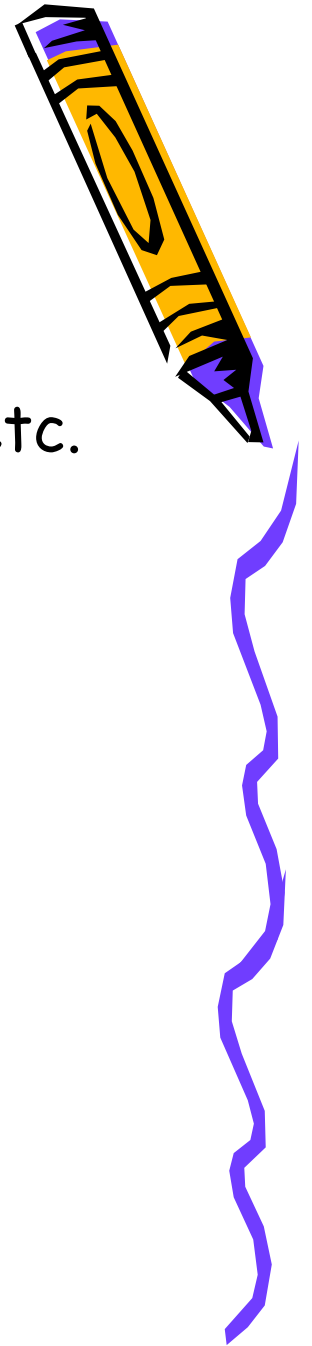
****THE GOLDEN RULE****

- Child should never be sent or left alone if there are any blood sugar problems or suspicion of blood sugar problems
- Child should always be escorted by an adult or responsible person if any suspicion of blood sugar problems
- Medical ID should be worn at all times



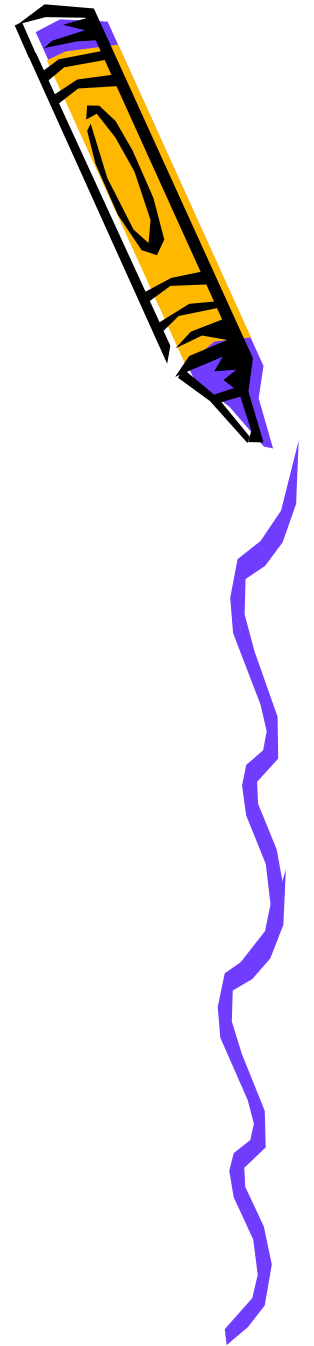
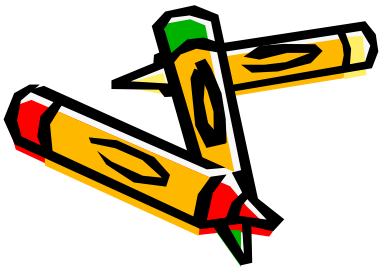
Unlicensed Assistive Personnel

- Secretaries, teachers, coaches, bus drivers, etc.
- All persons responsible for child while not in parents care, should have knowledge of basic treatments, procedures
- UAP are responsible for performing tasks according to written procedures under the training, monitoring, and supervision of school nurse
- School nurse responsible for evaluating competency of UAP



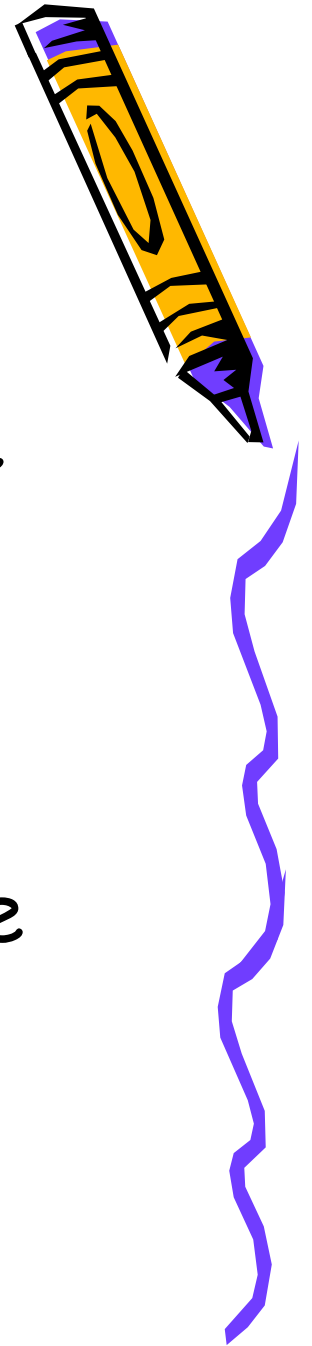
Special Considerations

- Substitute teachers
- Parties
- Field trips
- Snacks
- Food as rewards



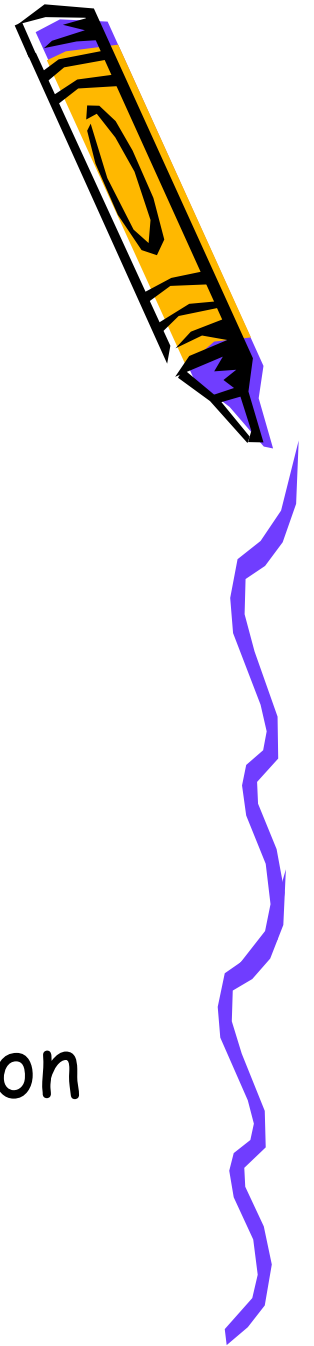
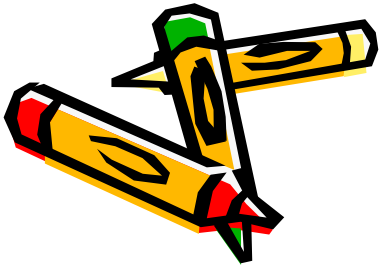
Emotional Considerations

- Stigma of having a chronic disease
- Importance of equal treatment
- Feeling "different" than other children
- Embarrassment related to possible seizures, bathroom accidents, etc.
- Disruption of school schedule



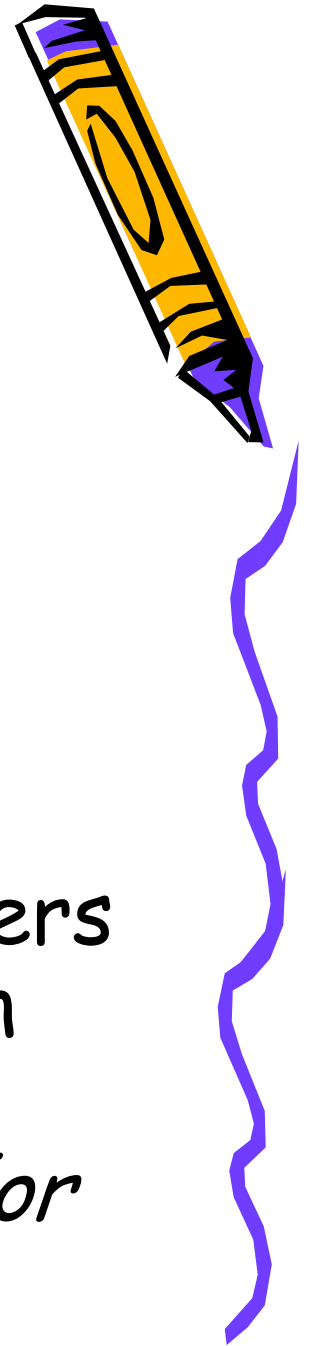
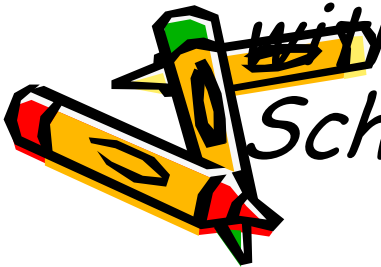
Topics for Discussion

- Blood glucose monitoring in the classroom
- Use of insulin pump by school personnel
- Insulin dosing per parent instruction



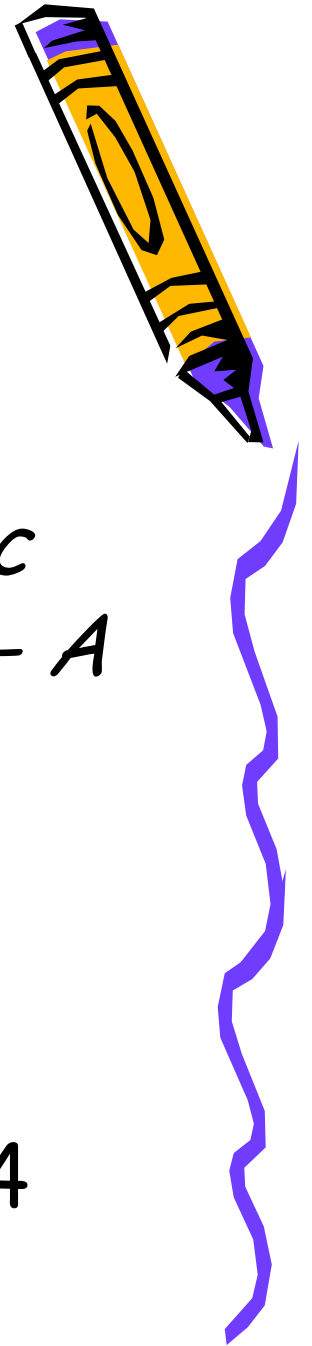
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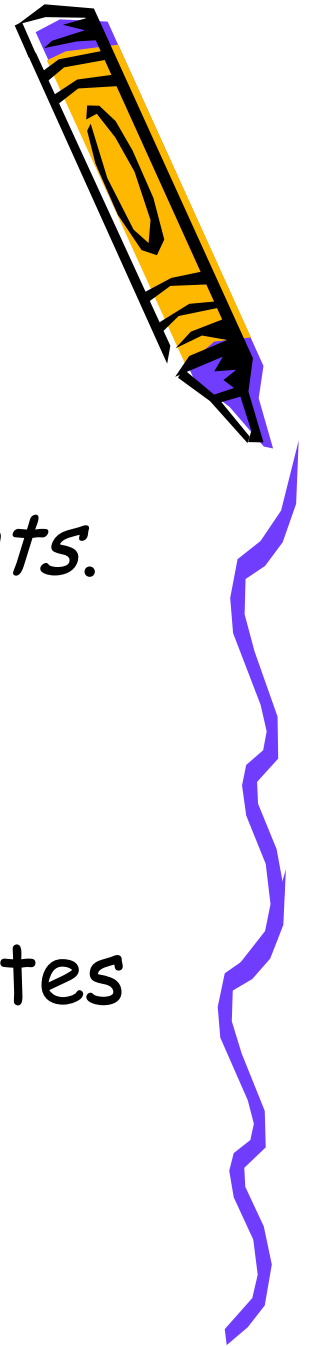
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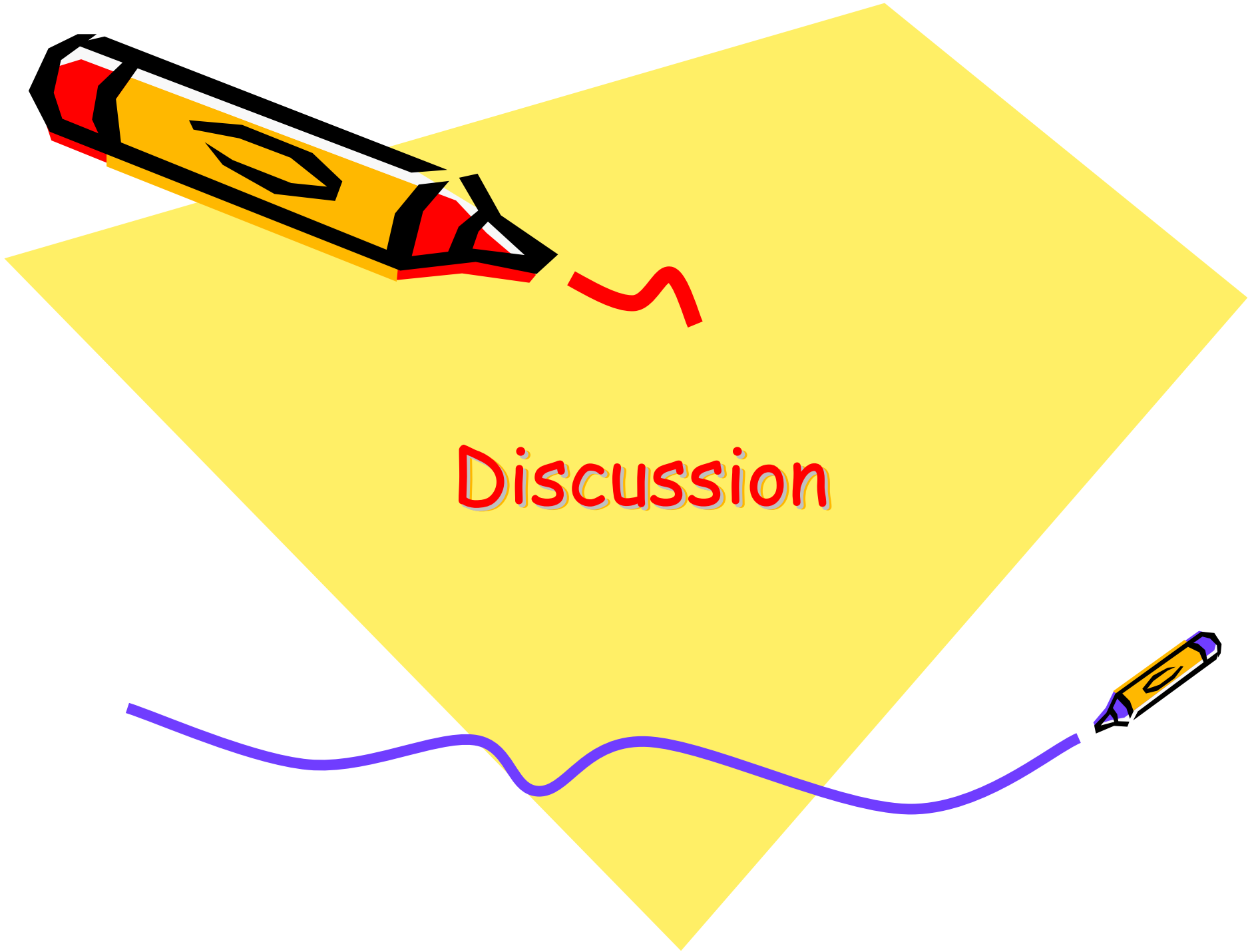
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Discussion