



Helping the Student with Diabetes Succeed



A Guide for School Personnel



Supplementary Materials for Implementation in New Mexico Schools

August 2009



• NM School Nurse Advisory Committee

Endorsed By:

• NM Health Care Takes on Diabetes

• NM School Nurse Association



ACKNOWLEDGEMENTS

A task force assisted in the development of Diabetes care for students at school in New Mexico; their names appear below.

“Special Thanks” to National Association of School Nurses Nichole Bobo & Sarah Butler for their technical assistance.

Patty Anello, RN Diabetes Prevention and Control Program NM Department of Health	Beatrice Hurtado, RN School Nurse Mora Independent Schools
Cheryl Brubaker, RN, CFNP Special Needs Resource Nurse Albuquerque Public Schools	Ellen Kaufman, MD Pediatric Endocrinologist Albuquerque
Laura Case, RN Nursing Coordinator Rio Rancho Public Schools	Pam Kovach, RN Diabetes Prevention and Control Program NM Department of Health
Brianna Chavez, Student South Valley Academy Albuquerque	Louise Laskaratos, CNP Pediatric Endocrinologist Albuquerque
Judith Creegan, RN Director of Health Services Gadsden Independent Schools	Charm Lindblad Executive Director NM Health Care Takes on Diabetes
Jill Crider, RN Nursing Coordinator Farmington Public Schools	Janet Mason, RN School Health Advocate NM Department of Health
Verónica de la Garza Advocacy Director American Diabetes Assoc., South Central Region	Tricia McCarty, RN Diabetes Resource Nurse Albuquerque Public Schools
Mary Ann Delgado, RN Nursing Coordinator Roswell Independent Schools	Jane McGrath, MD NM School Health Officer NM Department of Health
Paula Devitt, CDE NM Department of Health Santa Fe	Kristine Meurer, Ph. D. Director School and Family Support Bureau NM Public Education Department
Cheri Dotson, RN Lead Nurse Santa Fe Public Schools	Leonard Mirabal Director Nutrition Services NM Public Education Department
Lee Dubois Diabetes Coordinator Pecos Valley Medical Center	Anna Oselio, Parent Albuquerque Public Schools
Judith Gabriele, Program Manager, Diabetes Prevention & Control NM Department of Health	Lisa Patch, RN Director Health Services Alamogordo Public School
Georgia Glasgow, RN School Nurse Consultant NM Public Education Department	Jo Anne Pena, Parent Santa Fe Public Schools
Mary Ellen Gonzales NM School Board Association	Sue Perry, Psychologist, CDE NM Department of Health
Cindy Greenberg, RN Nursing Services Manager Albuquerque Public Schools	Trudy Perry, RN School Health Advocate NM Department of Health
Pam Gutierrez, RN, CDE Diabetes Educator Grants-Cibola Schools	Mary Ramos, MD NM School Health Officer
Kim Harton, Parent Roswell Independent Schools	Debra Werner, RN Assistant Director NM Board of Nursing
Beverly Hine, RN Health Services Coordinator Las Cruces Public Schools	



Table of Contents

Introduction.....	5
Care at School for the Student with Diabetes.....	7
Field Trips and Extra-Curricular Activities.....	8
Guidelines for Delegation of Nursing Activities in Schools.....	9
Educating School Personnel by the Licensed Healthcare Provider.....	12
Three Levels of Staff Education.....	14
Additional Education Resources.....	16
Job Roles for School Staff.....	17
◆ Action Guidelines	
Actions for the School Nurse (8-2)	
Actions for the Unlicensed Assistive Personnel (8-3)	
Actions for the Parent or Guardian (8-4)	
Actions for the Student with Diabetes (8-5)	
Actions for Classmates (8-6)	
Actions for the Principal, School Administrator or Designee (8-7)	
Actions for the Teacher (8-8)	
Teacher Rights & Responsibilities in Caring for Students with Diabetes (8-9)	
Actions for the Guidance Counselor or School Psychologist (8-10)	
Actions for the Coach and Physical Education Instructor (8-11)	
Actions for the Food Service Manager, Lunchroom Staff, Lunchroom Monitor (8-12)	
Actions for the Bus Driver (8-13)	
Tools for Diabetes Management at School.....	18
◆ Blood Sugar and Ketones.....	19
Blood Sugar Monitoring Fact Sheet (2-2)	
Procedure for Blood Sugar Monitoring (2-4)	
Procedure for Blood Ketone Monitoring (2-5)	
Blood Sugar/Blood Ketone Monitoring Skills Checklist (2-9)	
Procedure for Urine Ketone Monitoring (2-6)	
Urine Ketone Monitoring Skills Checklist (2-10)	

◆ Medication Administration	20
Insulin Fact Sheet (3-2)	
Procedure for Insulin Administration by Syringe (3-4)	
Insulin Administration by Syringe Skills Checklist (3-8)	
Procedure for Insulin Administration by Pen Device (3-5)	
Insulin Administration by Pen Device Skills Checklist (3-9)	
Insulin Pump Fact Sheet (4-2)	
Procedure for Insulin Pump Therapy for Students Who Can Independently Manage Their Care (4-4)	
Procedure for Insulin Pump Therapy for Students Who Require Supervision to Manage Their Care (4-5)	
Insulin Pump Therapy Skills Checklist (4-7)	
◆ Potential School Emergencies	21
Algorithm for Managing Blood Sugar Results (6-5)	
Low Blood Sugar Fact Sheet (6-2)	
Low Blood Sugar Skills Checklist (6-9)	
High Blood Sugar Fact Sheet (6-3)	
High Blood Sugar Skills Checklist (6-10)	
Glucagon Fact Sheet (6-4)	
Procedure for Glucagon Injection (6-11)	
Glucagon Administration Skills Checklist (6-13)	
◆ Carbohydrate Counting/Care Management Plans/Records	22
Calculating Total Carbohydrate Content	
Carbohydrate Counting Skills Checklist	
Carbohydrate Content of Foods (5-2)	
Diabetes Medical Management Plan	
Diabetes Emergency Care Plan (7-9)	
Diabetes Questionnaire for Parent/Guardian (7-6)	
Diabetes Individualized Healthcare Plan (7-10)	
School Health Office Diabetes Record (SHODR) (7-14)	
Unlicensed Assistive Personnel Diabetes Management Task Observation Record (7-19)	
Training Agreement for Unlicensed Assistive Personnel (7-18)	
Students with Diabetes Development Issues, Diabetes Care Tasks & Educational Considerations (7-8)	
Diabetes Care Tasks Checklist Determining Student Independence in Diabetes Management at School (7-7)	
Appendices	23
◆ A--Field Trip Algorithm	
◆ B--Responsibilities of Delegation	
◆ C--Checklist for Delegation Steps	
◆ D--Delegation Decision Trees & Grid	
◆ E--New Mexico Administrative Code (6.12.8 NMAC)	
◆ F--Standing Orders for School Nurses when Delegating Care for Students with Diabetes	



INTRODUCTION

In 2008 approximately 1,050 school-aged children diagnosed with diabetes were attending school in New Mexico. School health services reporting is showing a steady increase of new cases each year. With support these students with diabetes can function to their maximum potential in the school setting. Providing this support requires a deliberate, coordinated and systematic approach.

The national guide *“Helping the Student with Diabetes Succeed”* was published in June of 2003 by the National Diabetes Education Program (NDEP) along with more than 200 partner organizations to educate and inform school personnel about diabetes management.

This New Mexico supplement adapted with permission from the *“Supplementary Material for Implementation in Minnesota Schools”* was designed to provide specific guidelines using the NDEP guide in New Mexico schools.

Included in this supplement are the following resources, guidelines and tools.

- ◆ Guidelines for care of students with diabetes
- ◆ Guidelines for school nurse delegation
- ◆ Guidelines for assigning care when a school nurse is not available
- ◆ Tools for delegation and supervision
- ◆ Individual health care plan templates
- ◆ Guidelines for training school personnel
- ◆ Diabetes resources in New Mexico

Its development was coordinated by a statewide Diabetes Task Force whose goal was to provide New Mexico schools with tools to:

- ◆ guide schools in their understanding of diabetes and its management and to assure the coordination of diabetes care in the school setting consistent with the individual student’s diabetes health needs;

***From Brianna Chavez
Student***

South Valley Academy Charter School

I am an eighteen year-old juvenile diabetic. I have had diabetes since I was six years old. Throughout my school years it has been very difficult to get accustomed to all the different ways that different care takers believe that I should be taken care of because of no concrete guidelines of how to deal with Juvenile Diabetes.

As I have gotten older and have had the ability to take control of my own diabetes management it has become easier, but there are still misunderstandings that often lead to frustration between me and school faculty.

It is my hope that this supplement will provide information for school personnel to provide more empathetic care.

- ◆ assure the safety of the student is maximized in the school setting through development and implementation of an individualized health care plan (IHP) and the training of school staff;
- ◆ support and guide the student in becoming independent with his/her self-care management consistent with the student's age, capabilities and interest; and
- ◆ enhance opportunities for students with diabetes to participate fully in all school activities.

The guide *“Helping the Student with Diabetes Succeed”* and this New Mexico supplement are designed to be copied and distributed to school staff, parents and other users.

“Helping the Student with Diabetes Succeed” is available at http://ndep.nih.gov/diabetes/pubs/Youth_NDEPSchoolGuide.pdf .

The New Mexico supplement can be found on the *NM School Health Manual* website at <http://www.nmschoolhealthmanual.org/resources/forms.htm>, Section IV.

Unlicensed Assistive Personnel (UAP) Defined

- ◆ The term Unlicensed Assistive Personnel (UAP) as used in this document means any individual, licensed or unlicensed, who provides services in diabetes care to students in the school setting and who may or may not be a school district employee.



This individual might be (but is not limited to) a health assistant, teacher, secretary, education assistant, coach, other school staff or parent. A school nurse or other designated registered nurse or clinician supervises these diabetes care responsibilities.



CARE AT SCHOOL FOR THE STUDENT WITH DIABETES

The “blueprint” for care of the student with diabetes is laid out in the Diabetes Medical Management Plan (DMMP). The student with diabetes, his/her family and a health care provider develop the DMMP. This plan outlines both routine and emergency diabetes management care. It should address the student’s need for blood glucose monitoring, medications, meal requirements, snacks, exercise and plans for treatment of low and high blood sugar readings. This individualized DMMP is communicated to the school health team, and plans are made to accommodate the student’s health needs in the school setting consistent with the plan. School districts are required to provide health services for students with special health care needs; therefore, each district should have policies/procedures that identify protocols to assist in the delivery of safe and quality health care for all students.

Accommodations for students with diabetes require varying levels of nursing care and communication with multiple school employees.

◆ **Students with diabetes vary greatly in their independent management skills; however, independent management is the goal.**



◆ **Each student’s Diabetes Medical Management Plan should reflect individual need and capacity and should encourage personal growth.**

The licensed school nurse is the most appropriate person in the school to design the individualized healthcare plan (IHP) or 504 Plan. In addition to providing care, the school nurse needs to be a coach and teacher. Each student’s DMMP is based upon his/her needs utilizing the resources in the school/district. The professional nurse utilizes individual assessment, knowledge of the New Mexico Nursing Practice Act and professional standards to determine whether care should be provided by a licensed RN, LPN or delegated to a trained and supervised UAP (teacher, secretary, administrative assistant, coach, parent, etc.). The IHP should be developed, assessed, implemented and evaluated on an individual basis.

Students who have demonstrated the skills for independent management of their diabetes should not be restricted in self-management. In New Mexico they are granted that right in regulation 6.12.8 NMAC. However, an emergency care plan is necessary for each student with a diabetes diagnosis, including self-managed students, to communicate specific steps needed to assist the student in the event of an emergency.



FIELD TRIPS **AND** **EXTRA-CURRICULAR ACTIVITIES**

The student's individualized healthcare plan (IHP) should address training of school personnel to provide diabetes care when the student participates in school-related activities such as field trips and extra-curricular activities.

Field Trips

For field trips during school hours the school nurse is responsible for ensuring that safe care and appropriate supervision is provided for the student with special health needs. The nurse can utilize the algorithm for management of field trips (Appendix A) to assist with determination of whether a licensed health care provider or unlicensed assistive personnel is needed for the field trip. Supplies, medications and the IHP should accompany the student, and a designated adult on the field trip should have received training in diabetes emergency care.

Extra-curricular Activities

Coaches and teachers who manage student activities after school hours or away from the school campus need the appropriate information about diabetes and the diabetes emergency care plan to manage an emergency. The school nurse may be asked to train these additional school personnel about the plan of care for a particular student with diabetes.

When a professional nurse is not available to provide or oversee the medical care of the student the district retains accountability and responsibility for the care of the student with diabetes.

See Appendix A for Field Trip Algorithm.

See page 11 for additional information when a school nurse is not available.



GUIDELINES FOR DELEGATION OF NURSING ACTIVITIES IN SCHOOLS

In order for a school nurse to make appropriate decisions about the delegation of nursing activities he/she must be familiar with the local Nursing Practice Act, guidelines provided by professional nursing organizations and the nursing assessment of the unique needs of the individual student (NASN, 2006). Delegation of nursing care is a legal term and a complex skill requiring sophisticated clinical judgment and final accountability for patient care (NCBSN, 2005). Effective delegation requires experience as a practicing nurse.

The New Mexico Nursing Practice Act (61-3-3(M) NMSA1978) states:

... “M. “practice of nursing” means assisting individuals, families or communities in maintaining or attaining optimal health, assessing and implementing a plan of care to accomplish defined goals and evaluating responses to care and treatment. This practice is based on specialized knowledge, judgment and nursing skills acquired through educational preparation in nursing and in the biological, physical, social and behavioral sciences and includes but is not limited to:

- (1) initiating and maintaining comfort measures;
- (2) promoting and supporting optimal human functions and responses;
- (3) establishing an environment conducive to well-being or to the support of a dignified death;
- (4) collaborating on the health care regimen;
- (5) administering medications and performing treatments prescribed by a person authorized in this state or in any other state in the United States to prescribe them;
- (6) recording and reporting nursing observations, assessments, interventions and responses to health care;
- (7) providing counseling and health teaching;
- (8) delegating and supervising nursing interventions that may be performed safely by others and are not in conflict with the Nursing Practice Act; and
- (9) maintaining accountability for safe and effective nursing care; ...”

DELEGATION is defined in NM administrative codes as, “ the transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability of the delegation.” (Section 16.12.2.7 NMAC, Standards of Nursing Practice) Delegation is addressed further in Section 16.12.2.12 NMAC:

“B. The nurse shall assign/delegate to licensed and unlicensed persons only those nursing actions which that person is prepared, qualified or licensed or certified to perform.

- 1) The nurse is accountable for assessing the situation and is responsible for the decision to delegate or make the assignment.

2) The delegating nurse is accountable for each activity delegated, for supervising the delegated function and/or activity, and for assessing the outcome of the delegated function and/or activity.

3) The nurse may not delegate the specific functions of nursing assessment, evaluation and nursing judgment to non-licensed persons.”

DELEGATION TO UNLICENSED ASSISTIVE PERSONNEL (UAP)

Delegation is a tool that can be used by the professional school nurse to utilize unlicensed assistive personnel (UAP). Delegation of nursing care to a UAP is a challenging clinical issue in schools and must always have the health, safety and welfare of the student as the primary consideration in any decision to delegate. Prior to delegation, a student assessment is required. Delegation of a specified task may be appropriate when the demand on the school nurse’s time prevents him/her from implementing the interventions identified in the plan of care, but the nurse cannot legally delegate any other portion of the nursing process--assessment, diagnosis, outcome identification, planning and evaluation.

If the decision is made to delegate the nurse should then determine what training and supervision is required for safe delegation to occur for this specific task for this specific student (NASN, 2006). In schools a UAP may be the health assistant/aide, educational assistant, teacher, secretary or anyone who accepts delegation from the school nurse and is not licensed by the State Board of Nursing (NASN, 2004).

CERTIFIED MEDICATION AIDES

Some school systems in New Mexico utilize certified medication aides that have received specialized training that is regulated by the Board of Nursing. Section B (16.12.5.10 NMAC Standards of Functions for the Medication Aide) provides the standards for the supervision/direction of a certified medication aide.

Authorized functions of medication aides who have been certified by the NM Board of Nursing may under the supervision/direction of a registered nurse administer certain routine medications; however, board certification at the general level of medication aides does not allow administration of intramuscular, intravenous, subcutaneous and nasogastric medications. Level two certified medication aides may administer insulin.

DELEGATION RESPONSIBILITIES

The decision to delegate should always be determined on a case-by-case basis by the registered nurse. The nurse delegates tasks based on the needs and condition of the student, stability and acuity of the student’s condition, potential for harm, complexity of the task, and predictability of the outcome (ANA, 2001). The American Nurses Association in its Code of Ethics (1985) sums up the delegation process for the school nurse: “The nurse should not delegate to any member of the nursing team a function for which that person is not prepared or qualified.”

**See Appendix B for Responsibilities of the Delegating RN, UAP’s and the Employer.
See Appendix C for a Checklist of Delegation Steps.
See Appendix D for Delegation Decision Trees & Grid.**



Go to http://www.nmschoolhealthmanual.org/shm_15.pdf for Standing Orders for School Nurses when Delegating Care for Students with Diabetes.

DELEGATION WHEN A PROFESSIONAL NURSE IS NOT PRESENT

An individualized healthcare plan (IHP) for a student with diabetes should address meeting the student's needs in all school related settings. In districts that do not employ a school nurse or contract for school nursing services, the school administrator might consider contracting for services from a licensed diabetes trained health professional (MD, NP, PA, RN, or Certified Diabetes Educator) to develop a plan and train school personnel for the provision of the needed medical/nursing services. The student's medical provider, a registered nurse from the local hospital, clinic, or public health department might be willing to provide assistance with identifying an appropriate individual for such services.

Once the IHP has been developed by a diabetes-trained professional, that professional should train the staff regarding the student's care and be available for ongoing consultation, training, assessment and evaluation. The school administrator is responsible for allocating sufficient resources to manage care for students with diabetes.

- ◆ **The school nurse is the most appropriate person in the school setting to provide care for a student with diabetes.**



- ◆ **Others need to be EDUCATED to assist students with diabetes care and self management when a nurse is not available.**



EDUCATING SCHOOL PERSONNEL BY THE LICENSED HEALTHCARE PROVIDER

Education of school personnel in the basics of health care needs of students should be done in collaboration with the student, family and the health care team. Training occurs before the beginning of the school year, when an enrolled student is newly diagnosed with diabetes, or at any time that a new student with diabetes is enrolled in the school.

After the family notifies the school of a student's diagnosis of diabetes, the school nurse should promptly complete the following steps within the first week following this notification.

- 1) Meet with the student and family for assessment purposes and include principal, counselor and other support systems as available and appropriate.
 - ◆ Review the diabetes medical plan (physician/provider order) for diabetes care.
 - ◆ Review equipment needs, snacks and meal plans, daily routine.
 - ◆ Identify with the student and family the student specific signs of a low blood sugar and the usual treatment plan.
 - ◆ Identify with the student and family the student specific signs of a high blood sugar and the usual treatment plan.
 - ◆ Discuss student/family preferences around confidentiality issues.
 - ◆ Discuss transportation and extra-curricular activity participation.
 - ◆ Discuss the training plan for school staff.
- 2) Review past school health records, individualized healthcare plan (IHP), if applicable.
- 3) Continue assessment process by observing student's ability to do diabetes self-management tasks at school.
 - ◆ Is student able to check for blood sugar and interpret reading?
 - ◆ Is student able to do carbohydrate counting?
 - ◆ Is student able to administer insulin—correct dose using correct technique?
 - ◆ Review the diabetes medical management plan (physician/provider orders) for his/her assessment of student's ability to perform tasks independently or with supervision.
- 4) Develop an IHP and Diabetes Emergency Plan and assist in development of 504 plan, if applicable.
- 5) Coordinate with the principal a plan to educate staff about diabetes care using three levels of education.
 - ◆ Level 1 module is a school wide training to include; overview of the disease, how to identify medical emergencies (hypoglycemia/hyperglycemia), and who to contact in case of an emergency.
 - ◆ Level 2 module targets individual staff that are trained in student specific care of the student with diabetes such as staff with direct contact with the student— classroom teacher(s), coach, etc.).

◆ Level 3 module focuses on school staff who will perform routine and emergency care for the student; this covers the delegation of care tasks as appropriate.

6) Use handouts in this New Mexico supplement of guidelines in completing comprehensive education and documentation of the training provided to staff.

7) Make a plan for periodic skills rechecks for those providing routine and emergency care.

National Diabetes Education Program (NDEP) Guidelines

Refer to the NDEP guidelines “*Helping the Student with Diabetes Succeed*” for assistance in educating school staff.



The NDEP section on “School Responsibilities Under Federal Laws” provides assistance in understanding the school’s role to assist the student with diabetes to succeed while at school.



THREE LEVELS OF STAFF EDUCATION

An educational curriculum developed in New Mexico to help keep students with diabetes safe at school is divided into three modules. Optimally, all education should be provided by the school nurse or diabetes educator; training for diabetes volunteer care givers in the school should always be delivered by the school nurse who is responsible for the oversight of that individual.

Level I Module is for all staff at the school with a student with diabetes and may be used in a group setting. Level II Module is for all school staff having regular contact with the student with diabetes and may be used in a group setting or for individual education with the nurse arranging follow-up for discussion, questions and problem solving. Level III Module is for unlicensed assistive personnel (UAP) who may be health assistants, teachers, parents, etc., providing direct care to the student with diabetes.

All three of these educational modules are available on the NM School Health Manual web site under Section IV at <http://www.nmschoolhealthmanual.org/resources/forms.htm> .

Level I Module:

A basic overview of diabetes and the signs of a diabetes emergency are provided in this module. Annual staff education should be facilitated by the school nurse. It includes the following topics.

- ◆ Diabetes general overview
- ◆ Signs and symptoms of low blood sugar
- ◆ Signs and symptoms of high blood sugar
- ◆ Potential low blood sugar emergency--how to recognize, who to contact
- ◆ Student's legal rights to self-manage

Level II Module:

This module builds on the information presented in Level I. It is appropriate for classroom teachers, coaches and other school personnel who have regular contact with the student with diabetes. Module content includes the following topics.

- ◆ Types of diabetes
- ◆ Additional information on low blood sugar
- ◆ Additional information on high blood sugar
- ◆ Impact of low and high blood sugar on learning
- ◆ Effective school based diabetes management
- ◆ School health plans
- ◆ Nutritional needs
- ◆ Activity needs
- ◆ Planning for field trips and classroom parties
- ◆ Student's legal rights to self-manage
- ◆ Actions for school staff
- ◆ Social and emotional issues

Level III Module:

The focus population for this module is the volunteer care giver (medical or non-medical) who assists with care delivery of the student with diabetes and contains information on the following topics.

- ◆ Social/emotional issues
- ◆ New Mexico diabetes administrative code
- ◆ Delegation
- ◆ Standard precautions
- ◆ Diabetes care tasks
- ◆ Student's legal rights to self-manage

When anyone other than a registered nurse provides diabetes care to a student, the school nurse is responsible for developing student-specific instructions, providing demonstration of task(s) and receiving return demonstration, evaluating competency of care giver when providing care, and establishing a plan for ongoing supervision of the care giver. Care giver education should be documented as well as delegation of task(s) using the skills checklist(s) provided in this supplement. Delegated skills should be evaluated by the school nurse on a regular basis.

**Diabetes Education Modules for School Staff
&
New Mexico Guide for School Personnel**



<http://www.nmschoolhealthmanual.org/resources/forms.htm>

Section IV



ADDITIONAL EDUCATION RESOURCES

◆ **National Diabetes Education Program (NDEP)**

Comprehensive Diabetes Information
www.ndep.nih.gov.

Helping the Student with Diabetes Succeed: A Guide for School Personnel
http://ndep.nih.gov/diabetes/pubs/Youth_NDEPSchoolGuide.pdf
Single copies available free via order form on NDEP website.

◆ **American Diabetes Association**

Diabetes Care Tasks At School: What Key Personnel Need To Know
www.diabetes.org/schooltraining
Curriculum is a companion to NDEP school guide.

◆ **National Association of School Nurses (NASN)**

Helping to Administer to the Needs of the Student with Diabetes in School
www.nasn.org
Select H.A.N.D.S. logo to access materials.

◆ **Barbara Davis Center for Childhood Diabetes---Reference Book**

Understanding Diabetes. A handbook for people who are living with diabetes.
Understanding Insulin Pumps & Continuous Glucose Monitors
www.childrensdiabetesfdn.org
Available at a cost from website.

◆ **Insulin Pump Resources**

Animas Insulin Pumps: www.animascorp.com/
Diabetes & Food: <http://www.animascorp.com/learning-center.aspx>
Medtronic Diabetes Pump School Online: www.pumpschool.minimed.com
Omnipod Insulin Pump Information: <http://www.myomnipod.com/products>

◆ *The Born-Again Diabetic. The handbook to get your diabetes under control (again).* William "Lee" Dubois. 2006. Red Blood Cell Books, Las Vegas, NM, ISBN: 978-0-9822257-0-7, www.RedBloodCellBooks.com



JOB ROLES FOR SCHOOL STAFF - Action Guidelines

Actions for the School Nurse (8-2)

Actions for the Unlicensed Assistive Personnel (8-3)

Actions for the Parent or Guardian (8-4)

Actions for the Student with Diabetes (8-5)

Actions for Classmates (8-6)

Actions for the Principal, School Administrator or Designee (8-7)

Actions for the Teacher (8-8)

Teacher Rights & Responsibilities in Caring for Students with Diabetes (8-9)

Actions for the Guidance Counselor or School Psychologist (8-10)

Actions for the Coach and Physical Education Instructor (8-11)

Actions for the Food Service Manager, Lunchroom Staff, Lunchroom Monitor (8-12)

Actions for the Bus Driver (8-13)

ACTIONS FOR THE SCHOOL NURSE

When there is a school nurse assigned to the school (or school district), that person is the key school staff member who coordinates provision of health care services for a student with diabetes at school and at school-related activities. Upon notification that a student with diabetes has been enrolled in the school, annually, or more often as necessary, the school nurse should first:

- obtain and review the current Diabetes Medical Management Plan (DMMP) also known as medical orders from the student's healthcare provider and
- conduct a nursing assessment of the student.

From the assessment data collected (e.g., nursing assessment of the student; input from the parent, student and healthcare provider) develop the Individualized Healthcare Plan (IHP).

- Conduct ongoing, periodic assessments of students with diabetes and update the IHP.
- Coordinate the development of the student's Emergency Care Plan.
- Coordinate the development of the student's Disaster Plan.

Facilitate the initial school diabetes team meeting to discuss implementation of the student's IHP and to develop and implement the student's 504 plan and/or IEP, or other education plan, as appropriate. In addition, facilitate follow-up school diabetes team meetings if needed to discuss concerns, receive updates, and evaluate the need for changes to the student's written plans.

Work with the student, parents, the student's health care provider, principal, 504/IEP coordinator, and other relevant school staff members to implement written care plans, including the IHP, Section 504, IEP, or other education plan and monitor compliance.

Provide pertinent information from the student's IHP in the form of an ECP to staff who have direct responsibility for the student throughout the school day (e.g., teachers, coach, physical education instructor, bus driver, and lunchroom staff).

Assist the classroom teacher with developing a plan to provide to substitute teachers.

Obtain materials and medical supplies necessary for diabetes care tasks from the parent, and arrange a system for notifying the student or parent when supplies need to be replenished.

Plan and implement diabetes management training for staff members with responsibility for the student with diabetes. Ensure that everyone mentioned in the IHP, 504 plan, IEP, or other plans knows their roles in carrying out the plan, how their roles relate to each other, and when and where to seek help.

Train (or oversee training of), assess competence, monitor, and evaluate assistive personnel in carrying out specific health care procedures as defined in the IHP.

Perform routine and emergency diabetes care tasks (e.g., blood glucose monitoring, urine/blood ketone monitoring, insulin administration, glucagon administration), practicing standard precautions and infection control procedures as appropriate with student encounters.

Maintain accurate documentation, including contacts with student and family; communications with the student's health care provider; direct care given, including medication administration; and training and monitoring of assistive personnel.

Collaborate with other disciplines (e.g., food service) and agencies (e.g., outside nursing agencies, school bus transportation services) as necessary to provide healthcare services.

Act as liaison between the school and the student's healthcare provider regarding the student's self-management at school.

Communicate to parents any concerns about the student's diabetes management or health, such as acute hypoglycemia episodes, hyperglycemia, general attitude, and emotional issues.

Promote and encourage independence and self-care consistent with the student's ability, skill, maturity, and developmental level as indicated in the student's DMMP.

Respect the student's confidentiality and right to privacy.

Participate in diabetes management training provided by health care professionals with expertise in diabetes and attend other continuing education offerings to attain and/or maintain knowledge and competence in school nursing practice related to care for children with diabetes.

Assist the physical education instructor with managing the student's exercise program at school.

Be knowledgeable about federal, state, and local laws and regulations that pertain to managing diabetes at school.

Be knowledgeable about applicable nursing standards, the state's nurse practice act, and other state (e.g., education, public health, pharmacy) and federal (e.g., Section 504 of the Rehabilitation Act of 1973, the American with Disabilities Act, the Individuals with Disabilities Education Act) laws.

ACTIONS FOR THE UNLICENSED ASSISTIVE PERSONNEL (UAP)

NOTE: Assistive personnel may include volunteers, school staff, health aides, or licensed practical nurses. When state law allows as it does in New Mexico, assistive personnel can be trained to supplement, school nurses, assisting the student with diabetes to safely manage their disease at school. Assistive personnel should not be permitted to practice nursing without a license. By definition, unlicensed assistive personnel "are individuals who are trained to function in an assistive role to the registered professional nurse in the provision of care activities as delegated by and under the supervision of the registered professional nurse" (ANA, 1994, p. 10). Many states provide regulation and guidance for the appropriate use of unlicensed assistive personnel in schools. Refer to individual state nurse practice acts.

Successfully complete diabetes management training.

Demonstrate competency and safety in performing selected tasks (e.g., routine and emergency diabetes care tasks including blood sugar monitoring, urine or blood ketone checks, giving glucagon and insulin), as outlined in the written Individualized Healthcare Plan (IHP).

- Perform assigned tasks after receiving training, under the supervision of the school nurse.
- Accept the responsibility for tasks being assigned to them.
- Acknowledge liability for actions if practice nursing or medicine without a license.
- Advocate for self when asked to perform a task not legally allowed or not qualified to do.
- Understand the relevant portions of the student's IHP, Diabetes Medical Management Plan (DMMP), 504 plan, IEP or other education plan.
- Understand the student's Emergency Care Plan (ECP).
- Attend the student's school health team meetings to gain understanding of the overall goal of care.

Be prepared to recognize the signs and symptoms of low and high blood sugar and respond in accordance with the student's ECP, including knowing when and how to contact the school nurse and/or emergency medical services.

- Practice standard precautions and infection control procedures at all student encounters.
- Participate in planned evaluations of care.
- Document care provided according to standards and requirements outlined by school policy.
- Observe and record student health and behavior, noting any changes over time.
- Communicate regularly with the school nurse, school staff, and student's family, as appropriate.

Consult with appropriate members of the student's school diabetes team when questions arise or the student's health status changes.

- Respect the student's confidentiality and right to privacy.
- Be available on campus during regular school hours and when a student is participating in before and after-school-sponsored extracurricular activities, as determined by the IHP, DMMP, 504 plan, IEP, or other educational plan.

Accompany the student on field trips or off-campus school-sponsored sports events and activities as determined by the IHP, DMMP, 504 plan, IEP, or other educational plan.

Provide support and encouragement to the student and help ensure that the student is provided with a supportive learning environment and treated the same as students without diabetes, except to respond to medical needs.

ACTIONS FOR THE PARENT OR GUARDIAN

Inform the school principal and school nurse that your child has diabetes when the student enrolls in school or is newly diagnosed with the disease.

- Provide up-to-date accessible emergency contact information.
- Provide the signed Diabetes Medical Management Plan (DMMP) or medical orders from the student's healthcare provider to the school nurse or a member of the school health team.

Attend and participate in the initial and annual meetings with the principal and school health team (school nurse, principal, 504 coordinator, teachers, and other school personnel who have responsibility for the student with diabetes) to discuss planning and implementation of the student's Individualized Healthcare Plan (IHP), Diabetes Medical Management Plan (DMMP), 504 plan, IEP, or other education plans. Provide specific information about your child's diabetes and his or her performance of diabetes-related tasks at home to the school health team. As appropriate, encourage the student to attend the meeting.

- Work collaboratively with the school health team to implement written care plans, as appropriate.
- Allow for the sharing of medical information between the school and student's personal health care providers.

Maintain open communication between the school health team and classroom teachers for pertinent student information and keep school nurse or designated school staff informed of any changes in the student's health status.

Provide and replenish all supplies and equipment necessary to implement the DMMP, IHP, including Emergency Care Plan and Disaster Plan. Supplies and equipment may include:

- blood sugar meter and strips;
- ketone monitoring kit;
- insulin and supplies to give (syringes, pen, pump supplies);
- snacks;
- fast-acting sugar source;
- glucagon emergency kit.

Inform appropriate school staff (school nurse, principal, teachers, coaches, assistive personnel, and others) when the student plans to participate in before and after school-sponsored activities, so that health care coverage can be coordinated to ensure the health and safety of the student your student.

Understand the federal and state laws that address the school's responsibilities to help students with diabetes.

ACTIONS FOR THE STUDENT WITH DIABETES

NOTE: As young people with diabetes grow older and mature, they know more about their diabetes and can take more responsibility for self-management.

Know who the school health team members are (including the school nurse) who will be assisting you with your diabetes care.

Participate in the school health team meeting that is held to discuss your Diabetes Medical Management Plan (DMMP), Individualized Healthcare Plan (IHP), 504 Plan, IEP, or other education plan, as appropriate.

Always wear a medical alert ID and carry a fast-acting source of glucose, and other necessary supplies.

Tell teachers and/or other school staff members if you feel symptoms of a low or high blood sugar.

Cooperate with school staff members if you need help checking your blood sugar, getting insulin, and eating the right amount of food at the right time during the school day.

Take charge of your diabetes care at school. Perform diabetes tasks including:

- checking and recording blood sugar levels;
- figuring out the carbohydrate content of food and the right insulin dosage;
- giving insulin;
- eating snacks, if needed;
- treating mild low blood sugar;
- carrying and maintaining diabetes equipment and supplies;
- properly disposing of needles and lancets; and
- recording information as requested by the school and/or diabetes health team.

ACTIONS FOR CLASSMATES

NOTE: Classmates should be informed about who in their class has diabetes only after permission has been granted from the parent and/or student.

Support and encourage the classmate who has diabetes, treating them the same as other classmates except if they need medical help.

Recognize that a change in your classmate's behavior could be a symptom of blood sugar changes. Report the change to an adult.

Be prepared to recognize the signs and symptoms of a low or high blood sugar. If unsure if there is a concern let an adult know. Ask questions if you don't understand diabetes or how you can be of help.

Respect the student's confidentiality and right to privacy. (A classmate with diabetes may not mind you knowing they have diabetes, but may not want extra attention or lots of questions.)

Recognize that your classmates with diabetes may need to take care of his or her diabetes in the classroom by checking a blood sugar or eating a snack. Be aware that your classmate may have to drink more liquids or use the restroom more often than other students. Try to be understanding.

In the case of a potential diabetes emergency, stay with your classmate, if directed to do so by the classroom teacher, school nurse, or other school personnel, regardless of what the classmate asks you to do.

ACTIONS FOR THE PRINCIPAL, SCHOOL ADMINISTRATOR, OR DESIGNEE

Participate in the development and implementation of school policies that will assist in accommodating individual student's needs for diabetes management at school consistent with the standards of care recommended for children with diabetes and federal and state law. Ensure privacy by providing school policies as needed for the safety of the student with diabetes as well as all students and staff. Develop policies that will assist in accommodating individual student school needs for:

- blood sugar monitoring when and where necessary;
- insulin administration;
- classroom accommodations to ensure optimal diabetes management; and
- growth towards independent management of the disease.

Develop and implement an efficient system of informing school health services of the pending enrollment of a student with diabetes.

Arrange and/or attend a yearly meeting of the student's school diabetes team members (student, family, school nurse, 504/IEP coordinator, teacher(s), and other relevant staff members) who have primary responsibility for the student. Participate in discussion of any medical accommodations, educational aids and related services that the student needs.

Work with the school diabetes team to help implement the student's written health plans and monitor compliance.

Ensure that all school-related staff members who teach or supervise a student with diabetes (including the bus driver) are familiar with the accommodations and emergency procedures contained in the student's Individualized Healthcare Plan (IHP), and 504 plan, or IEP.

Arrange for diabetes management training of all staff members who have responsibility for the student with diabetes. The school nurse is qualified to ensure staff competency with ongoing monitoring and supervision.

Implement school policy that requires the school nurse or at least one of the trained assistive personnel be available when the student with diabetes is on campus or is a participant in off-campus school-sponsored activities and events.

Participate in the development and implementation of on-campus as well as off-campus disaster plans and emergency protocols.

Be prepared to recognize the signs and symptoms of low and high blood sugar and respond in accordance with the student's Emergency Care Plan (ECP), including knowing when and how to contact the school nurse, assistive personnel, and/or emergency medical services.

Ensure that all substitute personnel are aware of the needs and emergency procedures for students with diabetes.

Support and facilitate ongoing communication between parents of students with diabetes and school staff.

Understand the federal and state laws that may apply to students with diabetes including Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Individuals with Disabilities Education Act, as well as procedures for implementation.

Promote a supportive learning environment for students with diabetes. Treat the student the same as other students, except to respond to medical needs.

- Provide positive support and encouragement to students with diabetes and their families.
- Respect the student's confidentiality and right to privacy.
- Allocate sufficient resources to manage students with diabetes.

ACTIONS FOR THE TEACHER

Receive diabetes training from the school nurse so appropriate care can be provided in the classroom.

Participate in the school health team meeting(s) when the student's Individualized Health Care Plan (IHP), Diabetes Emergency Care Plan (ECP), or 504 plan are discussed.

Work with the school health team to implement written plans, including the IHP, ECP, IEP, or 504 plan.

Recognize that a change in the student's behavior could be a symptom of blood sugar changes. Be aware that a student, who has low blood sugar, even mildly low, may briefly have some cognitive impairment. If changes occur, respond in accordance with the student's ECP.

Be prepared to recognize and respond to the signs and symptoms of low and high blood sugar in accordance with the student's Emergency Care Plan which specifies when and how to contact the school nurse or delegated provider.

Provide a supportive environment for the student to manage diabetes effectively and safely at school, which includes eating snacks for routine diabetes management and to treat low blood sugar levels, having bathroom privileges and access to drinking water, monitoring blood sugars, and taking insulin and other medications.

Provide classroom accommodations for the student as indicated in the student's IHP, ECP, IEP or 504 plan.

Provide instruction to the student if school absence is related to diabetes care.

Provide information for substitute teachers that communicate the day-to-day needs of the student as indicated in the student's IHP, ECP, IEP or 504 plan.

Notify the parents/guardian and the school nurse in advance of changes in school schedule such as class parties, field trips, and other special events.

Communicate with the school nurse, and parents/guardian regarding any concerns about the student.

Treat the student the same as other students, except to meet medical needs.

Encourage the student with diabetes to participate fully in school activities and events.

Respect the student's confidentiality and right to privacy.

TEACHER RIGHTS & RESPONSIBILITIES IN CARING FOR STUDENTS WITH DIABETES

_____, a student in your classroom, has diabetes.

This student needs to report to the health office at the following times for blood sugar checks:

Before breakfast
Time _____

Before lunch
Time _____

Before gym
Time _____

As needed

This student is able to check his/her blood sugar in the classroom.

This student receives insulin at school.

Insulin delivery method is: Syringe

Insulin Pen

Insulin Pump

Student should report to the health office for insulin administration at the following times: _____

This student is able to self administer insulin.

In the classroom

In the health office

This student has the following on file.

Individualized Healthcare Plan (IHP)

IEP

Emergency Care Plan (ECP)

504 Plan

Be prepared to:

- Recognize the symptoms of low and high blood sugar. (See healthcare plans). If this student has symptoms of the above, please follow the Diabetes Emergency Care Plan and always send the student accompanied to the health office.
- Recognize that a change in the student's behavior could be a symptom of blood sugar changes. A student with low blood sugar may briefly have some degree of cognitive impairment.
- Provide/encourage access to water and the bathroom if this student experiences a high blood sugar per the IHP & ECP.
- Notify the health office or school nurse if there are any changes in schedule such as class parties, field trips and other special events.
- Notify the parent/guardian ahead of time to allow for planning for food accommodations.
- **Call the School Nurse with any questions or concerns about this student's health.**
- **Include this information in your folder for substitute teachers.**

School Nurse: _____ **Date:** _____

Phone: _____ **Pager:** _____

ACTIONS FOR THE GUIDANCE COUNSELOR OR SCHOOL PSYCHOLOGIST

Assist school personnel in understanding the implications of a chronic disease as it relates to learning, and emotional and physical well being. Problems may include feeling different from peers, frustration, anger, resentment, withdrawal and possible eating disorders.

Provide counseling to the student and family as needed to assist with coping skills and adherence to diabetes management.

Support classmates.

Work with school staff to promote a supportive learning environment to ensure that the student with diabetes is treated the same as students without diabetes, except to respond to medical needs.

Be aware of and be prepared to respond to the emotional needs of the student: children react differently to having diabetes; they may be accepting, resentful, open to discussing it or attempt to hide it; often, the same child will experience all of these feelings over time.

Recognize that students with chronic illnesses such as diabetes may rebel by choosing not to follow all or part of their medical regimen. Adolescent girls, for example, may not follow their insulin regimen to lose weight or to avoid gaining weight.

Be aware that some students may not want to share information about their diabetes with other students or school staff, particularly if it makes them feel different from others. Respect the student's right to confidentiality and privacy

Promote and encourage independence and self-care consistent with the student's ability, skill, maturity, and developmental level as outlined in the student's Individualized Healthcare Plan (IHP).

Be prepared to recognize the signs and symptoms of low and high blood sugar, and respond in accordance with the student's Emergency Care Plan (ECP), including knowing when and how to contact the school nurse, assistive personnel, and/or emergency medical services.

Provide input to the student's school health care team when requested.

ACTIONS FOR THE COACH AND PHYSICAL EDUCATION INSTRUCTOR

Receive diabetes training from the school nurse or other health professional so appropriate care can be provided; most importantly be able to recognize signs and symptoms of low blood sugar and provide immediate treatment.

Be prepared to recognize the signs and symptoms of low and high blood sugar and take initial actions in accordance with the student's Emergency Care Plan (ECP). Know when and how to contact the school nurse, assistive personnel, and/or emergency medical services.

Provide a written plan for the substitute instructor that communicates the daily needs of the student, as well as the emergency needs (ECP).

Ensure that the student's blood sugar testing kit, extra snacks and a fast acting form of sugar are immediately available to the student at all times. Consider taping glucose tablets to a clipboard or include it in the First Aid pack that goes out to physical education activities, practices, and games.

Encourage the student to have personal supplies readily accessible.

Understand and be aware that low blood sugar can occur during and after physical activity.

Recognize that a change in the student's behavior could be a symptom of blood sugar changes.

Do not leave the student alone after the completion of any vigorous activity.

Ensure careful monitoring of the blood sugar and that extra carbohydrates are consumed in accordance with the student's IHP to assist in preventing low blood sugar. Be aware that muscles may continue to use glucose for up to 12 hours after exercise.

Provide accommodations (e.g., blood sugar testing; consuming extra snacks before, during, and/or after exercise; activity restriction with a low blood sugar) for activities as needed.

Provide input to the student's school health team as needed.

Communicate with the school nurse and/or trained assistive personnel regarding any observations or concerns about the student.

Encourage exercise and participation in physical activities and sports for student with diabetes as well as for other students. Avoid different treatment of the student with diabetes, except to meet medical needs.

Respect the student's right to confidentiality and privacy.

ACTIONS FOR THE FOOD SERVICE MANAGER, LUNCHROOM STAFF, LUNCHROOM MONITOR

Obtain a copy of the student's prescribed meal plan.

Learn about the various kinds of diabetes meal and snack plans. Know which type of meal plan the student follows.

Provide a lunch menu and lunch schedule in advance to the school nurse and parents, along with the nutrition content of menu selections that includes grams of carbohydrate and fat.

Ensure that the student has timely access to food and sufficient time to finish his or her meal. Be aware that eating meals and snacks on time is a critical part of diabetes management and that failure to eat lunch on time or not eating it could result in a low blood sugar reaction, especially if a student has missed a morning snack or has had a physically strenuous or active morning session.

Understand and be aware that a low blood sugar can occur before lunch. Supervisory lunch personnel may need to encourage the student to be at the front of the line, to eat appropriate foods, or to follow the plans for treating low blood sugar if the child's blood glucose is low.

Be prepared to recognize the signs and symptoms of low or high blood sugar. Follow the plans to treat a low blood sugar if the student's blood sugar is low. Know when and how to contact the school nurse, assistive personnel, and or emergency medical services.

Recognize that a student's behavior change could be a symptom of blood sugar changes.

Identify where supplies to treat a low blood sugar are kept (e.g., with the student or another place).

Treat the student with diabetes the same as other students, except to respond to medical needs.

Provide input to the student's school health care team when requested.

Communicate with the school nurse and/or school health team regarding any concerns about the student.

Respect the student's right to confidentiality and privacy.

ACTIONS FOR THE BUS DRIVER

At the beginning of the school year, identify students on the bus who have diabetes.

Obtain a copy of the student's Diabetes Emergency Care Plan (ECP) and keep it on the bus in a known, yet secure place.

Provide a written plan for the substitute bus driver that communicates the daily bus routine, as well as the Diabetes Emergency Care Plan for the student.

Recognize that a student's behavior change could be a symptom of blood sugar changes.

Be prepared to recognize the signs and symptoms of low and high blood sugars and take initial actions in accordance with the student's Emergency Care Plan. Know when and how to contact the school nurse, assistive personnel, and emergency medical services.

Keep supplies to treat low blood glucose on the bus or be aware of where the student normally keeps his or her supplies.

Treat the student with diabetes the same as other students, except to respond to medical needs.

Allow the student to eat snacks and drink beverages on the bus.

Provide input to the student's school diabetes team when requested.

Communicate with the school nurse and/or school health team regarding any concerns about the student.

Respect the student's right to confidentiality and privacy.



TOOLS FOR DIABETES MANAGEMENT AT SCHOOL

Policies, procedures, information sheets and delegation checklists have been developed to assist the school nurse to provide safe, standardized care for students with diabetes.

Delegation checklists are NOT meant to supplant the Diabetes Medical Management Plan or the Individual Health Plan. The tools provided are intended to assist in the implementation of health care directives specified in the plans and to assist in the education and delegation of diabetes care tasks to school personnel. They can be used individually for delegating specific tasks on specific students.

- ◆ **Refer to APPENDICES B, C, and D for more information on appropriate delegation of care.**



Blood Sugar and Ketones

Blood Sugar Monitoring Fact Sheet (2-2)

Procedure for Blood Sugar Monitoring (2-4)

Procedure for Blood Ketone Monitoring (2-5)

Blood Sugar/Blood Ketone Monitoring Skills Checklist (2-9)

Procedure for Urine Ketone Monitoring (2-6)

Urine Ketone Monitoring Skills Checklist (2-10)

BLOOD SUGAR MONITORING FACT SHEET

Blood sugar monitoring is performed at designated times, including before meals, after meals, before exercise, before academic tests, and when symptoms of low and high blood sugar occur.

Regular monitoring of blood sugar levels contributes toward successful management of diabetes. Trained school staff should be available to students in school to perform blood sugar checks as per the Diabetes Medical Management Plan (DMMP) and Individualized Healthcare Plan (IHP).

Students who are independent in their blood sugar monitoring should be able to perform the checks anywhere, anytime.

The specific manufacturer's instructions for the operation of the blood sugar meter should be followed to avoid false values.

The school nurse assesses the student's ability to perform blood sugar monitoring, and ability to recognize and treat signs and symptoms of low and high blood sugar. The school nurse utilizes the DMMP (medical orders) and consults with the parent/guardian when determining the level of assistance a student requires with blood sugar monitoring.

Alternative site testing values lag 15 minutes behind fingertip testing. Use fingertips to check blood sugar if a low blood sugar is suspected.

It is critical that the parent/guardian be encouraged to supply the necessary equipment for performing blood sugar monitoring at school.

The A1C blood test measures the overall degree of glycemic control for a 90-120 day period. The goal for children is less than 8%. This corresponds to an average blood sugar of less than 205 mg/dl.

PROCEDURE FOR BLOOD SUGAR MONITORING

Equipment and Supplies	<ol style="list-style-type: none"> 1. Finger lancing device 2. Blood sugar meter 3. Blood testing strips for specific meter 4. Tissue or cotton balls 5. Gloves 6. Sharps container 	
Essential Steps	Key Points & Precautions	
1. Wash hands and area to be checked with soap and water. Put on gloves. Student's hands should be washed as well. This is sufficient for prepping the site; however, alcohol may be used if soap and water are not available. <u>The site selected must be dry before pricking to get an accurate reading.</u>	Alcohol may cause toughening of the skin or burning sensation. If moisture (water or alcohol) remains on the skin it may alter results.	
2. Place blood sugar strip into meter according to manufacturer's instructions. Verify correct code for strip.		
3. Prepare lancing device according to manufacturer's instructions.		
4. Select a site. If using finger, use the sides of fingertips. Hang the arm below the level of the heart for 30 seconds to increase blood flow.	The tips and pads of the fingertips are more sensitive. The sides of the fingers should be used. Other sites can be used such as the forearm if approved by manufacturer, but should not be used if suspected low blood sugar.	
5. Puncture the site with the lancing device. Gently squeeze the finger so that blood can be absorbed into test strip with wicking motion.	Important not to "milk" finger because this action mixes interstitial fluid.	
6. Place blood on strip and complete procedure according to manufacturer's instructions.	Allow strip to "drink" blood sample.	
7. Dispose of strip and tissue or cotton ball in lined wastebasket. Dispose of lancet in Sharps container.	Compress lanced area with tissue or cotton ball until bleeding stops.	
8. Remove and dispose of gloves; wash hands.		
9. Record results per school policy.	Refer to student's IHP for management of blood sugar results.	

PROCEDURE FOR BLOOD KETONE MONITORING

Equipment and Supplies	<ol style="list-style-type: none"> 1. Finger lancing device 2. Blood ketone meter 3. Blood strips for specific meter 	<ol style="list-style-type: none"> 4. Tissue or cotton balls 5. Gloves 6. Sharps container
Essential Steps		Key Points & Precautions
1. Wash hands with soap and water. Put gloves on. Student's hands should be washed as well. This is sufficient for prepping the site; however, alcohol may be used if soap and water are not available. <u>The site selected must be dry before pricking to get an accurate reading.</u>		Alcohol may cause toughening of the skin or burning sensation. If moisture (water or alcohol) remains on the skin it may alter results.
2. Place ketone strip into meter according to manufacturer's instructions. Verify correct code for strip.		
3. Prepare lancing device according to manufacturer's instructions.		A larger drop of blood is needed than for blood glucose testing.
4. Select a site on the top sides of any fingertip. Hang the arm below the level of the heart for 30 seconds to increase blood flow.		
5. Puncture the site with the lancing device. Gently squeeze the finger so that blood can be absorbed into the strip with a wicking motion.		The tips and pads of the fingertips are more sensitive. The sides of the fingers should be used.
6. Place blood onto strip and complete procedure according to manufacturer instructions.		Allow strip to "drink" blood sample.
7. Dispose of strip and tissue or cotton ball in lined wastebasket. Dispose of lancet in sharps container.		Compress lanced area with tissue or cotton ball until bleeding stops or apply spot bandage.
8. Remove and dispose of gloves, wash hands.		
9. Record results per school policy.		Refer to student's IHP for management of blood ketone results.

BLOOD SUGAR/BLOOD KETONE MONITORING SKILLS CHECKLIST

Delegation must only be done in accordance with state laws and regulations. The health, safety and welfare of the student must be the primary consideration. The school nurse is responsible for choosing, training, and providing ongoing supervision of the unlicensed assistive personnel.

Successful delegation of blood sugar monitoring is dependent on the use of an Individual Healthcare Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken based on blood sugar/ketone results.

Blood sugar meter brand: _____

Blood ketone checking capability: Yes No Meter strip expiration date: _____

Blood sugar meter instructions and toll free number attached: Yes No

	Training Date/Initial	Return Demonstrations			
		Date/Initial*	Date/Initial*	Date/Initial*	Date/Initial*
1. Washes hands.					
2. Gathers supplies (meter, blood sugar/ketone strip, lancing device, tissue).					
3. Puts on gloves.					
4. Turns meter on and inserts strip into meter or as otherwise directed.					
5. Verifies that code on meter matches code on bottle (if applicable).					
6. Punctures finger/alternative site with lancing device.					
7. Obtains adequate blood sample.					
8. Applies blood to strip.					
9. Covers lanced site with cotton ball or tissue.					
10. Reads results. Turns meter off. Removes strip.					
11. Disposes of strip, gloves and other supplies appropriately.					
12. Washes hands.					
13. Documents meter result.					
14. Follows IHP or ECP for action plan. <i>Insert student specific action.</i>					
15. Inspects area for blood spills and follows district protocol.					

* Place appropriate code: (+) = task performed well; (-) = task not performed well

Signatures: _____
Unlicensed Assistive Personnel (UAP)/Date

Delegating School Nurse/Date

Student Name

School Year

PROCEDURE FOR URINE KETONE MONITORING

Equipment and Supplies	1. Disposable paper or plastic cup 2. Urine ketone strips 3. Gloves	4. Watch or clock with second hand 5. Protected area for checking (waterproof disposable pad)
Essential Steps		Key Points & Precautions
1. Wash hands and put on gloves.		
2. Saturate the urine strip with urine by one of the following: ___ Student to hold strip in urine flow. ___ Student to urinate in cup, then strip is dipped into urine.		Bottles of urine ketone strips expire six months after opening. Put a date on the bottle when it is opened. Individually foil-wrapped ketone strips expire as per manufacturer date on box.
3. Wait for urine strip to develop per manufacturer's directions on strip bottle.		Count the number of seconds from the time the strip is dipped in the urine until it is read.
4. Compare color of strip to chart on bottle or chart in box.		Results will be read as negative, trace, small, moderate, or large.
5. Empty cup and then dispose of cup and urine ketone strip in lined wastebasket.		
6. Remove and dispose of gloves. Wash hands.		
7. Record results per school policy.		Refer to student's IHP for management of urine ketone results.

URINE KETONE MONITORING SKILLS CHECKLIST

Delegation must only be done in accordance with state laws and regulations. The health, safety and welfare of the student must be the primary consideration. The school nurse is responsible for choosing, training, and providing ongoing supervision of the unlicensed assistive personnel.

Successful delegation of urine ketone monitoring is dependent on the use of an Individual Healthcare Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken based on urine ketone results.

Urine ketone strip expiration date: _____

	Training Date/Initial	Return Demonstrations			
		Date/Initial*	Date/Initial*	Date/Initial*	Date/Initial*
1. Washes hands.					
2. Assembles supplies.					
3. Puts on gloves.					
4. Places cup of urine on protected area (waterproof disposable pad).					
5. Dips ketone strip in urine. Taps off excess.					
6. Times appropriately.					
7. Compares strip to bottle, accurately reads results.					
8. Disposes of all supplies appropriately.					
9. Removes gloves and disposes.					
10. Washes hands.					
11. Follows IHP or ECP for action plan. <i>Insert student specific action.</i>					

* Place appropriate code: (+) = task performed well; (-) = task not performed well

Signatures: _____
Unlicensed Assistive Personnel (UAP)/Date

Delegating School Nurse/Date

Student Name

School Year



Medication Administration

Insulin Fact Sheet (3-2)

Procedure for Insulin Administration by Syringe (3-4)

Insulin Administration by Syringe Skills Checklist (3-8)

Procedure for Insulin Administration by Pen Device (3-5)

Insulin Administration by Pen Device Skills Checklist (3-9)

Insulin Pump Fact Sheet (4-2)

Procedure for Insulin Pump Therapy for Students Who Can Independently Manage Their Care (4-4)

Procedure for Insulin Pump Therapy for Students Who Require Supervision to Manage Their Care (4-5)

Insulin Pump Therapy Skills Checklist (4-7)

INSULIN FACT SHEET

- A.** Insulin is a hormone constructed of proteins and is normally produced by the pancreas. Manufactured insulin is produced for people with diabetes whose pancreas does not make enough insulin or does not make any insulin. Several days without insulin can cause a life-threatening condition of ketoacidosis, coma and eventually death.
- B.** Insulin doses are measured in “units.” There are 10 milliliters or 1,000 units of insulin in one bottle of insulin. One unit of insulin can lower a blood glucose level an average of 50 mg/dl; therefore, it is very important that the dose is calculated accurately, prepared carefully and given at the proper time.
- C.** The number of insulin units to be given is ordered by the health care provider (HCP). The amount or dose of insulin will depend on several factors: body size, blood sugar levels, meal plan and exercise. When the number of insulin units to be given is based on the blood sugar reading it is called a correction factor or sliding scale. The insulin dose may also be based on the amount of carbohydrates in the meal. This is called insulin-to-carbohydrate ratio.
- D.** Insulin delivery methods include a syringe, an insulin pen, or an insulin pump. The school nurse and staff providing diabetes care for the student should become familiar with the specific device each student uses. This information should be included in the student’s IHP. Resources are available on-line or by calling the toll-free numbers on the product inserts.
- E.** Insulin can be affected by extremes in temperature. Insulin should not be exposed to extreme heat or cold temperatures. If it has been left in a hot car or outside in the winter, it should be thrown away. Once insulin is opened, the date should be written on the bottle. The manufacturers of insulin recommend that opened insulin bottles are stored at room temperature and thrown out 1 month after opening. Extra unopened bottles should be stored in the refrigerator between 36 – 46 degrees F. Unopened bottles that are stored properly are good until the expiration date on the bottle/box. Refer to manufacturer’s instructions to ensure proper storage for insulin bottles and insulin pens. In general, unused pens should be stored in the refrigerator, and the pen in use should be kept at room temperature. The number of days insulin pens can be used vary from 14 – 30 days depending on the types of insulin and type of pen.
- F.** Insulin shots are given subcutaneously (area between the skin and the muscle). Sites should be rotated to avoid scar tissue or a fatty growth where the shots are given.
- G.** Rapid-acting insulins are most often used at school for meal carbohydrate coverage and correction doses (doses given in order to decrease an elevated blood sugar). Three common rapid-acting insulins are Humalog (Lispro), Apidra (Glulisine) and Novolog (Aspart.) If an extra dose of rapid acting insulin is given due to an elevated blood sugar, the blood sugar should be checked approximately 60 - 120 minutes later according to the student’s individualized health care plan (IHP).
- H.** School staff members (e.g., teachers, recess monitors, unlicensed assistive personnel, administrators, bus drivers, substitutes) who are responsible for the student with diabetes need to be educated in low and high blood sugar treatment. A low blood sugar is most likely to occur at insulin peak action times, before meals and during exercise.
- I.** Make a plan each year for disasters, shelter-in-place, and lock-downs. A 24 – 72 hour supply of medications, food and water available at the school are recommended. The plan can be part of the IHP. In case of a disaster the health care provider may write orders for insulin to be given at times other than during the regular school day. The insulin orders may depend on the food supply available in a disaster situation. If the student is on rapid acting insulin at school, the student may receive an order for basal insulin. The basal insulin has no peak action and is usually given once or twice daily at home. The student who is on an insulin pump should have extra pump supplies and a bottle of insulin available. If there is no one to change the insulin pump set in an emergency situation, syringes and insulin may be used by trained staff. To prepare for a building lock-down, it is important to consider storing juice boxes or glucose tablets to treat low blood sugar in areas of the school where the student may have access to it (i.e. each classroom where the student has classes).

PROCEDURE FOR INSULIN ADMINISTRATION BY SYRINGE

Equipment and Supplies	1. Bottles of insulin (extra 3-day supply for disaster preparedness) 2. Syringes with needles	3. Cotton ball 4. Alcohol wipe 5. Sharps container	6. Gloves
Essential Steps	Key Points & Precautions		
1. Wash hands.	Implement Standard Precautions at all times.		
2. Gather supplies (insulin bottle, syringe, alcohol wipe).			
3. Put on gloves.			
4. Check insulin type/brand and expiration date	This must match health care provider's orders. Insulin bottles expire 30 days after opening. <u>Keep unopened insulin in refrigerator.</u>		
5. If insulin is cold, warm in the palm of hand to room temperature.	Injecting cold insulin can cause pain and may affect absorption.		
6. If this is a new bottle of insulin, remove the flat, colored cap. Do not remove the rubber stopper or the metal band under the cap.			
7. If NPH insulin is used, gently roll the bottle between the palms.	Do not shake. If any clumps are visible, do not use.		
8. Clean the rubber stopper with alcohol and let dry for a few seconds.			
9. Remove the cap from the syringe. Fill the syringe with air equal to the number of units of insulin needed.			
10. Inject air into the insulin bottle and with syringe remaining in bottle, invert and pull plunger back to the number of units desired. Keeping the syringe in an upright-position, clear any air by tapping syringe to raise air bubbles to the top. Push plunger to desired amount of units, ensuring that no air bubbles remain and withdraw the syringe from the bottle.	Air bubbles in the syringe can alter the desired dose by taking up space where insulin should be.		
11. Select the site to be used and prep with alcohol (optional) and let dry. If area is dirty, wash with soap and water and dry.	Any subcutaneous tissue can be used for injection sites. The best absorption is in the lower abdomen, followed by the upper, outer arms, tops of the thighs and lastly the upper areas of the buttocks. Rotate sites.		
12. Pinch up skin and tissue with one hand. With the other hand, hold the syringe, with the eye of the needle pointing upward, like a pencil. Dart the needle into the "soft pocket" (area that lies directly in front or in back of the pinched up skin) at a 90° angle. Push the end of the syringe to inject the insulin. Release pinched up skin while keeping needle in place in skin for a count of five. Remove the syringe from the skin. Dab the injection site with cotton ball if needed.	Avoid exercising an injected area, injecting into a muscle and massaging the injection site as these actions alter the rate of insulin absorption. Keeping the needle in place after injecting and counting to five will help prevent leakage from the site.		
13. Dispose of syringe with needle intact into a sharps container.	Do not recap syringe		
14. Document per school policy.			

INSULIN ADMINISTRATION BY SYRINGE SKILLS CHECKLIST

Delegation should only be done in accordance with state laws and regulations. The health, safety and welfare of the student must be the primary consideration. The school nurse is responsible for choosing, training, and providing ongoing supervision of the unlicensed assistive personnel (UAP).

Successful delegation of insulin administration is dependent on the use of an Individualized Healthcare Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken, including proper time, dose, insulin type, and injection site.

	Training Date/Initial	Return Demonstrations			
		Date/Initial*	Date/Initial*	Date/Initial*	Date/Initial*
1. Washes hands.					
2. Gathers supplies (insulin bottle, syringe, alcohol wipe, cotton ball).					
3. Checks expiration date of Insulin.					
4. Puts on gloves.					
5. Wipes top of bottle with alcohol wipe and lets dry for a few seconds.					
6. Pulls the plunger down to let ____ units of air into the syringe.					
7. Pushes the needle through the center of the rubber top of the insulin bottle.					
8. Pushes the air into the bottle and leaves the needle in the bottle.					
9. Turns the insulin bottle and syringe upside down.					
10. Pulls the plunger down slowly to the correct number of units.					
11. Looks for air bubbles, taps the syringe to raise air bubbles to the top, pushes the air bubbles back in the bottle and repeats Step 9.					
12. Checks to make sure ____ units of insulin are in the syringe and removes the syringe from the bottle.					

[continued]

INSULIN ADMINISTRATION BY SYRINGE SKILLS CHECKLIST- page 2

	Training Date/Initial	Return Demonstrations			
		Date/Initial*	Date/Initial*	Date/Initial*	Date/Initial*
13. Assists the student in choosing the injection site.					
a. Pinches skin and inserts insulin syringe and needle.					
b. Pushes plunger in to deliver insulin and counts to five with skin pinched and needle in place.					
c. Lets go of pinched skin but keeps needle in place in skin and counts to five.					
d. Removes insulin needle from skin. Dabs skin with cotton ball as needed.					
14. Disposes of syringe in sharps container. Does not recap syringe.					

* Place appropriate code: (+) = task performed well; (-) = task not performed well

Signatures: _____
Unlicensed Assistive Personnel (UAP)/Date

Delegating School Nurse/Date

Student Name

School Year

PROCEDURE FOR INSULIN ADMINISTRATION BY PEN DEVICE

Equipment and Supplies	1. Insulin pen 2. Insulin cartridge 3. Pen needle	4. Cotton ball 5. Alcohol wipe 6. Sharps container	7. Gloves
Essential Steps		Key Points & Precautions	
1. Wash hands.			
2. Gather supplies (insulin pen, pen needle and alcohol wipe).			
3. Puts on gloves.			
4. Check insulin type/brand and expiration date.		This must match health care provider's orders. Check pen package insert for expiration date information — generally 28-30 days after opening. Keep unopened insulin in refrigerator.	
5. Check the level of insulin remaining in the insulin cartridge.		Cartridges are made for multiple doses. Ensure that enough insulin remains in the cartridge for accurate dosing.	
6. Remove the protective tab from the needle and screw the needle onto the pen. Remove both the plastic outer cap and the plastic needle cap. Place outer needle cap on a flat surface with open end facing up.		This will assist in needle disposal after insulin is given.	
7. Dial in two units of insulin to perform an "air shot." Hold the pen with the needle pointing up, press the button. Insulin should appear at the needle tip. If it does not, repeat procedure.		Change in temperatures can cause air intake. This procedure ensures that any accumulated air will be released, thereby ensuring accurate insulin dosage.	
8. Dial in prescribed dose.		Check manufacturer instructions for specific pen. Some pens will allow for 1/2-unit dosing.	
9. Select the site to be used and prep with alcohol (optional) and let dry. If area is dirty, wash with soap and water and dry.		Any subcutaneous tissue can be used for injection sites. The best absorption is in the lower abdomen, followed by the upper, outer arms, tops of the thighs and lastly the upper areas of the buttocks. Rotate sites.	
10. Spread the skin at selected area and dart the needle into the soft pocket at a 90° angle.		The soft pocket lies directly in front of or in back of the pinched up skin.	
11. Press the button down as far as it will go. Inject the insulin at a steady rate.			
12. Count slowly to five and then remove the needle from skin. Dab the injection site with a cotton ball if needed.		Some pen manufactures require a longer count.	
13. Grasping the pen, place the needle into plastic needle cap that was left upright on a flat surface. Unscrew the needle tip and carefully discard into a sharps container.		Do not lift the cap up with fingers to cover needle tip. Leave cap on the counter and use the pen to place the needle into the cap to avoid possibility of finger stick injury. The needle must be removed from the pen after each shot, as leaving the pen needle attached leaves an open passageway into the insulin and contamination may occur.	
14. Document per school policy.			

INSULIN ADMINISTRATION BY PEN DEVICE SKILLS CHECKLIST

Delegation must only be done in accordance with state laws and regulations. The health, safety and welfare of the student must be the primary consideration. The school nurse is responsible for choosing, training, and providing ongoing supervision of the unlicensed assistive personnel (UAP).

Successful delegation of insulin administration is dependent on the use of an Individualized Healthcare Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken, including proper time, dose, insulin type, and injection site.

	Training Date/Initial	Return Demonstrations			
		Date/Initial*	Date/Initial*	Date/Initial*	Date/Initial*
1. Washes hands.					
2. Gathers supplies (insulin pen or cartridge, pen needle, alcohol wipe, cotton ball).					
3. Checks expiration date of Insulin.					
4. Puts on gloves.					
5. Loads insulin cartridge, if needed and wipe insulin pen top with alcohol wipe.					
6. Screws the needle onto the end of the insulin pen. Removes caps and sets outer cap on flat surface.					
7. Primes the needle by dialing the pen to 2 units.					
8. Pushes the plunger until a small drop or stream of insulin is seen.					
9. Repeats priming as needed.					
10. Turn the dose knob to the dose as ordered.					
11. Assists the student in choosing the injection site					
a. Spreads skin and inserts insulin pen needle.					
b. Pushes injection button down completely to deliver insulin and counts to five with skin pinched and needle in place.					
c. Lets go of pinched skin but keeps needle in place in skin and counts to five.					
d. Removes insulin pen needle from skin. Dabs skin with cotton ball if needed.					

[continued]

INSULIN ADMINISTRATION BY PEN DEVICE SKILLS CHECKLIST – PAGE 2

	Training Date/Initial	Return Demonstrations			
		Date/Initial*	Date/Initial*	Date/Initial*	Date/Initial*
12. Carefully replaces the outer cap of the needle without touching the outer cap, unscrews the needle and disposes of properly in a sharps container.					

* Place appropriate code: (+) = task performed well; (-) = task not performed well

Signatures: _____
Unlicensed Assistive Personnel (UAP)/Date

Delegating School Nurse/Date

Student Name

School Year

INSULIN PUMP FACT SHEET

- A.** The goal of Insulin Pump Therapy, also referred to as Continuous Subcutaneous Insulin Infusion, (CSII) is to achieve near normal blood sugar levels over 24 hours per day. CSII has been shown to improve growth in children, decrease the incidence of low blood sugar, and decrease the incidence of long-term diabetes complications.
- B.** The insulin pump is worn outside the body and is about the size and weight of a pager. It holds a 3 day supply of insulin inside the pump and is programmed to deliver the insulin through a plastic tube called an infusion set. The infusion set is inserted with a needle just below the skin. Once inserted, the needle is removed and the plastic cannula stays in place for two to three days. When it is time to change the infusion set, a new infusion set is inserted into a different site. The procedure for inserting an infusion set and operating a pump will be performed by the student or parent/guardian at home, if possible.
- C.** The advantages of Insulin Pump Therapy are that it affords more flexibility of life-style and more precise insulin delivery matched with food intake and activity levels. It does require close attention to diabetes management and frequent blood sugar monitoring.
- D.** The pump delivers only rapid-acting insulin or regular insulin. Insulin Pump Therapy combines a continuous basal of insulin over 24 hours and bolus doses at meal and snack times and times of high blood sugars.
- Basal rate:** amount of insulin required when no food is eaten; a pre-programmed feature; can be temporarily adjusted for activity, illness or food content.
- Bolus:** a pump programmed dose of insulin to cover carbohydrates in meals, snacks and for correction of elevated blood sugars.
- E.** If there is pump failure the supply of insulin is stopped and the blood sugar level will rise rapidly. The pump can fail because the cannula is pulled out or bent or the tubing is cut or clogged. If the pump fails, it is necessary for extra supplies of injectable insulin to be kept at school to prevent or limit high blood sugar and possible ketoacidosis. Ketoacidosis can occur in as little as 3 hours without insulin.
- F.** The pump can be disconnected and infusion site remains intact if a student uses a quick release set. This is usually done during water activities or contact sports.
- G.** Insulin pump alarms should never be silenced or ignored. The following alarms are common: (1) low battery, (2) low cartridge, (3) occlusion/no delivery. These alarms require immediate attention to prevent an interruption in the delivery of insulin.
- H.** The specific pump manufacturer instructions must be followed. Manuals, booklets, and DVDs are usually available free of charge by calling the number listed on the back of the pump. Online instruction is often also available. The pump model and the pump manufacturer's help line phone number should be readily available in the health office for any problems that might occur.

PROCEDURE FOR INSULIN PUMP THERAPY FOR STUDENTS WHO CAN INDEPENDENTLY MANAGE THEIR CARE

Note: School nurse should know how to change pump if necessary.

Procedure for High Blood Sugar with Pump Therapy

Essential Steps	Key Points & Precautions
1. Check site for leakage, cannula dislodgement, redness and/or tenderness. If any of these are present, have student change the site immediately.	Student should be able to assemble equipment, prime tubing, prep the insertion tool. The cannula can be inserted using an insertion tool to minimize the chances of improper insertion. Student disposes of the insertion needle in a sharps container.
2. Follow <i>Individualized Care Plan for High Blood Sugar</i> . Notify the school nurse.	Student may need assistance.
3. Student should check blood sugar 30 minutes after inserting a new infusion set and/or correction bolus to ensure that blood glucose is responding to insulin.	It may be necessary to continue checking blood sugar levels periodically over the next 2 hours to prevent potential low blood sugar.

Procedure for Low Blood Sugar with Pump Therapy

Essential Steps	Key Points & Precautions
1. Follow <i>Emergency Care Plan for Low Blood Sugar</i> . The student should be knowledgeable regarding what actions to take during periods of activity/exercise.	Student may need assistance. General staff education is necessary for recognition of signs and symptoms and obtaining assistance for student.
3. Notify the school nurse.	School nurse will notify parent/guardian and discuss with health care provider to prevent low blood sugar in the future.

Procedure for Pump Alarms

Essential Steps	Key Points & Precautions
1. Trouble shoot alarms. a. LOW BATTERY: b. NO DELIVERY: Check reservoir, check cannula. c. LOW CARTRIDGE: Check reservoir.	Follow manufacturer's instructions for alarm indication. Student should be knowledgeable regarding pump alarms. A reference card can assist with troubleshooting steps or the manufacturer's toll-free number can be called (listed on the back of the pump). Student to insert new batteries according to instructions. Student to fill new reservoir if it is empty. If cannula is obstructed or kinked; student should insert new infusion set.
2. If student is unable to restart pump function, parent/guardian and school nurse should be notified immediately.	An injection of rapid-acting insulin may be ordered.
3. Follow <i>Individualized Care Plan for High Blood Sugar</i> .	Parent may choose to take student home for further monitoring. If student remains in school, the school nurse will contact the health care provider for further instructions.
4. Document any incidents per school policy.	

PROCEDURE FOR INSULIN PUMP THERAPY
FOR STUDENTS WHO REQUIRE SUPERVISION TO MANAGE THEIR CARE

Procedure for High Blood Sugar with Pump Therapy

Essential Steps	Key Points & Precautions
1. Check site for leakage, cannula dislodgement, redness and/or tenderness. If any of these are present, follow IHP regarding site changes.	Redness and/or tenderness at the site may indicate infection. Blood sugar can rise quickly since the delivery of rapid acting insulin has been interrupted and there is no long acting insulin in the body. If site cannot be changed, a back up plan for removing the infusion set and insulin administration should be followed (IHP). The school nurse may contact the health care provider for insulin administration instructions.
2. Follow <i>Individualized Healthcare Plan for High Blood Sugar</i> . Notify the school nurse.	Blood sugar should be checked 30 minutes — 2 hours after a correction dose to ensure that the blood sugar is responding to insulin. It may be necessary to continue checking blood sugar levels periodically to prevent low blood sugar.

Procedure for Low Blood Sugar with Pump Therapy

Essential Steps	Key Points & Precautions
1. Follow <i>Emergency Care Plan for Low Blood Sugar</i> .	Student may need assistance.
2. Follow <i>IHP for activity/exercise</i> .	Low Blood Sugar cannot always be avoided although a plan should be in place regarding actions to prevent low blood sugar during planned activity/exercise. If vigorous activity is anticipated a lower basal rate or intake of extra carbohydrates before, during and/or after activity may help prevent low blood sugar. Accommodations should be addressed in the IHP. School nurse will notify parents and confer with health care provider.
3. Notify the school nurse.	

Procedure for Pump Alarms

Essential Steps	Key Points & Precautions
1. Trouble shoot alarms. a. LOW BATTERY: b. NO DELIVERY. Check reservoir, check cannula. c. LOW CARTRIDGE: Check reservoir.	Follow manufacturer's instructions for alarm indication. School nurse must be knowledgeable regarding pump alarms. A reference card can assist with troubleshooting steps or the manufacturer's 800 number can be called (listed on the back of the pump). Insert new batteries per instructions. Cannula may be obstructed or kinked requiring a new infusion set. Check insulin reservoir; if it is empty follow IHP regarding refilling plan.
2. Call school nurse immediately.	School nurse should notify parents of above and may contact health care provider for further orders. An injection of rapid-acting insulin may be ordered.
3. Follow <i>Individualized Healthcare Plan for High Blood Sugar</i> .	Keep parents/guardian informed of any issues at school.

INSULIN PUMP THERAPY SKILLS CHECKLIST

Delegation should only be made in accordance with state laws and regulations. The health, safety and welfare of the student should be the primary consideration. The school nurse is responsible for choosing, training, and providing ongoing supervision of the person who receives the delegation.

Successful delegation of insulin administration is dependent on the use of an Individualized Healthcare Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken, including proper time, dose, insulin type, and injection site.

Occasionally a student may need to have their pump put into a suspended mode or may need to replace their insertion set while at school.

Name of insulin pump: _____

Blood glucose meter: _____

Insulin pump instructions and toll free number attached: _____ Yes _____ No

Students on an insulin pump need to have the following supplies available at school:

- Extra insulin for emergencies if student's pump is malfunctioning.
- Syringes or insulin pen device to administer insulin if needed.
- Extra pump supplies: Infusion sets, inserter, reservoir, insulin and batteries for the pump.

Insulin Pump Management Task	Training Date/Initial	Date/Initial*	Date/Initial*	Date/Initial*	Date/Initial*
1. UAP instructed on type of pump and basic operating functions of the pump and demonstrates					
2. How to give a bolus					
3. How to use the dose calculator function in the pump					
4. How to suspend the pump					
5. How to check the status of the pump					
6. How to verify the last bolus given					
7. How to verify the pump is not in "no deliver" mode					
8. How to change the batteries in the pump					
9. How to check insulin reservoir and insertion site					
10. How to identify and respond to alarms					

Place appropriate code: (+) = Task performed well (-) Task not performed well

[continued]

INSULIN PUMP THERAPY SKILLS CHECKLIST – PAGE 2

Insulin Pump Management Task	Training Date/Initial	Date/Initial*	Date/Initial*	Date/Initial*	Date/Initial*
11. For students using an insulin dose calculator (Bolus Wizard®) UAP how to look at pump dose calculations for dose of insulin, verify dosage is within parameters and how to activate to administer dose					
12. If the pump infusion set is no longer functional and the student is unable to re-insert his/her own infusion set point out that a parent/guardian will be contacted to come to school to re-insert the infusion set					

Place appropriate code: (+) = Task performed well (-) Task not performed well

Signatures: _____
 Unlicensed Assistive Personnel (UAP)/Date

 Delegating School Nurse/Date

 Student Name

 School Year



Potential School Emergencies

Algorithm for Managing Blood Sugar Results (6-5)

Low Blood Sugar Fact Sheet (6-2)

Low Blood Sugar Skills Checklist (6-9)

High Blood Sugar Fact Sheet (6-3)

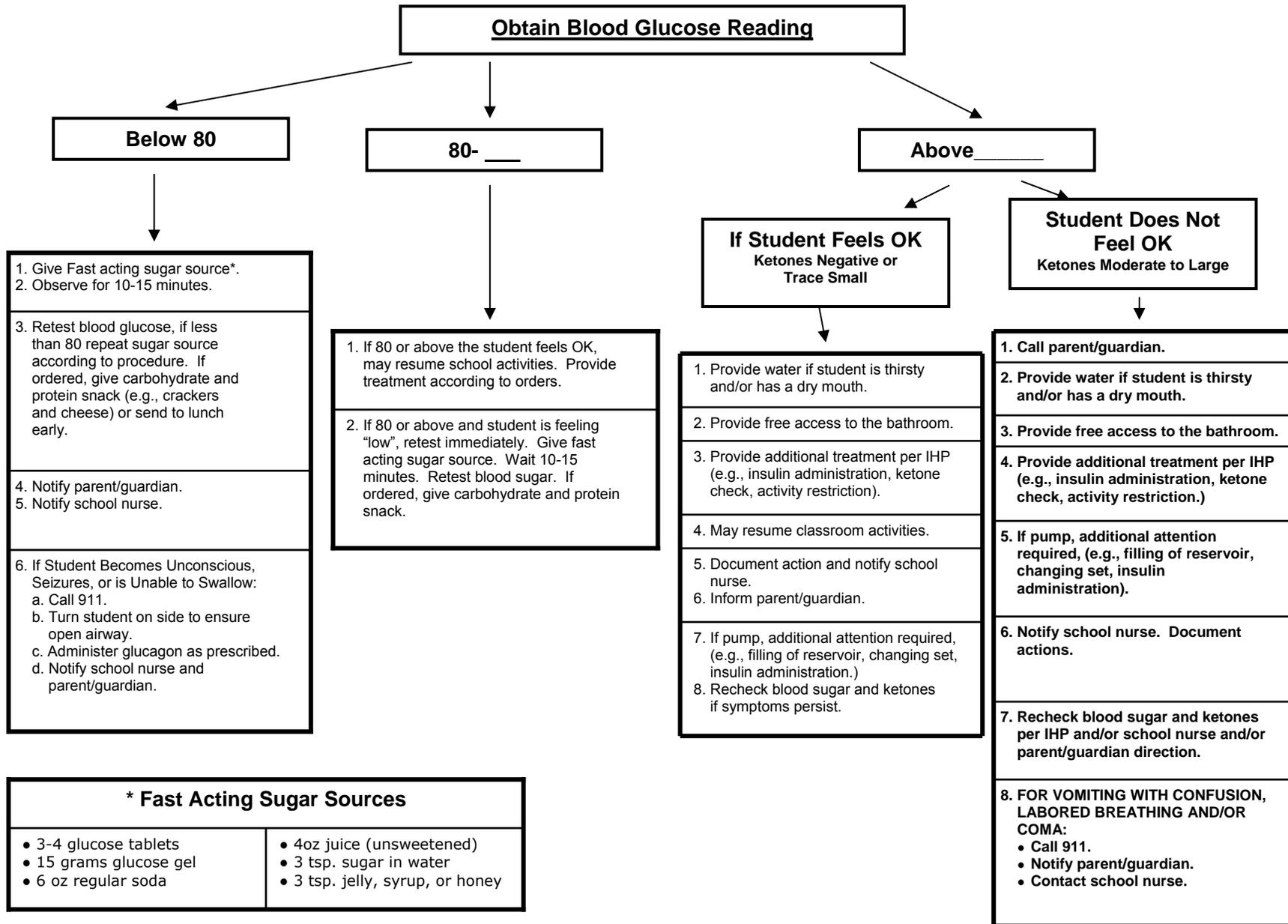
High Blood Sugar Skills Checklist (6-10)

Glucagon Fact Sheet (6-4)

Procedure for Glucagon Injection (6-11)

Glucagon Administration Skills Checklist (6-13)

ALGORITHM FOR MANAGING BLOOD SUGAR RESULTS



LOW BLOOD SUGAR FACT SHEET

- A.** Low blood sugar is a medical emergency at school.
- B.** Low blood sugar means the student's blood sugar is below normal. The exact blood sugar number, and when and how to treat a student's low blood sugar will be in the student's Emergency Care Plan (ECP) and/or Individualized Healthcare Plan (IHP), and explained to you by the school nurse.
- C.** Causes of low blood sugar include:
- getting too much insulin;
 - not eating enough food;
 - meals or snacks that are missed, off schedule or delayed;
 - increased amounts of exercising without eating extra food;
 - illnesses that causes a lack of appetite or vomiting;
 - taking certain medications; and
 - using alcohol and/or other recreational drugs, which may be a concern with adolescents.
- D.** Signs of low blood sugar will depend on the student and how low the blood sugar is. The school nurse should explain signs unique to each student. In general, signs of low blood sugar include:
- none at all – this can happen with a student who has become use to having episodes of low blood sugar. (A reading from a blood sugar monitor may be the only indication that the student has a low blood sugar.)
 - headache;
 - sweating;
 - shaking;
 - change in behavior – including irritability, confusion, slurred speech, combativeness, uncooperativeness;
 - decreased ability to concentrate and do school work;
 - seizures; and
 - passing out.
- E.** Treatment of low blood sugar should be outlined on the student's ECP and/or IHP and explained by the school nurse. In general, plan on:
- taking prompt action;
 - allowing the student to eat foods that provide quick sugar such as fruit juice, sugared soda, or candy. (The food options and exact amount should be outlined in the student's ECP and/or IHP and explained by the school nurse); and
 - allowing the student to use a blood sugar monitor to test his/her blood.
- F.** **Never allow a student to walk alone to the health office if you suspect a low blood sugar!**
- G.** With severe low blood sugar the student may become unconscious or have seizures. This is an emergency medical situation.
- Call 911.
 - If a student is unconscious, never try to give him/her something to eat or drink.
 - Give glucagon, if trained to do so and it's ordered on the Diabetes Medical Management Plan (DMMP).
 - If a student is having a seizure, protect him/her from injury and keep him/her on his/her side.
 - Follow instructions previously given by the school nurse on what to do next.
- H.** Prevention is key. Allow the student with diabetes to follow his/her diabetes management plan at school as described by the school nurse.
- I.** Other: _____

LOW BLOOD SUGAR SKILLS CHECKLIST

	Training Date/Initial	Return Demonstration			
		Date/Initial*	Date/Initial*	Date/Initial*	Date/Initial*
A. STATES NAME & LOCATION OF LOW BLOOD SUGAR EMERGENCY CARE PLAN (ECP)					
B. PREPARATION:					
1. Reviews symptoms of Low Blood Sugar					
• mild					
• moderate					
• severe					
2. Identifies where to find student-specific supplies					
C. IDENTIFIES SUPPLIES:					
1. Blood sugar monitor kit					
2. Lists various glucose products and amounts to be given					
3. Lists various sugar sources and amounts to be given					
4. Identifies appropriate carb & protein snacks					
5. Identifies glucagon kit					
D. PROCEDURE					
1. Verbally recites appropriate response to a case scenario of low blood sugar					
• test blood sugar if able					
• provide appropriate glucose/sugar source (orally)					
• if glucagon is needed, see glucagon skills checklist					

* Place appropriate code: (+) = task performed well; (-) = task not performed well

[continued]

LOW BLOOD SUGAR SKILLS CHECKLIST

	Training Date/Initial	Return Demonstration			
		Date/Initial*	Date/Initial*	Date/Initial*	Date/Initial*
<ul style="list-style-type: none"> wait 10-15 minutes, recheck. If blood glucose 80 or above and no symptoms, follow up with a carb & protein snack or meal (if scheduled within the hour) student may return to class 					
<ul style="list-style-type: none"> if below 80, treat again 					
<ul style="list-style-type: none"> call school nurse & parent/guardian 					
<ul style="list-style-type: none"> document per school policy 					

* Place appropriate code: (+) = task performed well; (-) = task not performed well

Signatures: _____
Unlicensed Assistive Personnel (UAP)/Date

Delegating School Nurse/Date

Student Name

School Year

HIGH BLOOD SUGAR FACT SHEET

- A.** High blood sugar is not necessarily considered an emergency medical situation but it has the potential to be.
- B.** High blood sugar means the student's blood sugar is above normal. Some degree of high blood sugar is not necessarily a sign of poor blood sugar control for a student with diabetes. When and how to treat a student's high blood sugar will be part of the student's Emergency Care Plan (ECP) and/or Individualized HealthCare Plan (IHP), and explained by the school nurse.
- C.** Causes of high blood sugar include:
- normal variations in how food is digested;
 - normal variation during growth periods, such as adolescence;
 - normal variation just before a female student has her period;
 - not enough insulin given;
 - missed insulin shots;
 - using expired insulin;
 - eating too much food, especially carbohydrates or incorrect carb counting;
 - stress of being sick;
 - stress in general; or
 - taking certain medications.
- D.** The school nurse should explain signs of high blood sugar that are unique to each student. In general, signs of high blood sugar include:
- none at all – sometimes the blood sugar reading on the meter is the only indication the student has high blood sugar;
 - dry skin and mouth;
 - frequent requests to use the restroom (frequent urination);
 - headache;
 - nausea;
 - decreased ability to concentrate and do school work;
 - behavior changes, including confusion, irritability, anger; or
 - in extreme cases, passing out (unconscious).
- E.** Treatment of high blood sugar will be outlined on the student's ECP and/or IHP and explained by the school nurse. In general plan to allow:
- free access to sugar-free liquids, especially water;
 - free access to the bathroom;
 - insulin administration, as ordered on the Diabetes Medical Management Plan (DMMP) and as instructed by the school nurse; and
 - ketone checking and/or blood sugar checking (as instructed by the school nurse).
- F.** Severe high blood sugar with the presence of ketones is called *diabetic ketoacidosis (DKA)*. This is considered an emergency medical situation.
- G.** A student on an insulin pump is probably most at risk of developing DKA. This happens if the pump is not working properly or if the pump becomes disconnected from the student. In general, DKA occurs because the student had not had enough insulin over a prolonged period of time.

[continued]

H. The most serious sign of DKA is when the student develops a breathing pattern that is irregular and deep. Other signs might include:

- Nausea
- Vomiting
- Change in behavior
- Passing out

I. Ketones must be measured as soon as possible whenever the student's blood sugar meter indicates high blood sugar. The school nurse will let you know the exact number to watch for.

J. Ketones can be measured in the blood or urine. Specific instructions will be included in the student's ECP and/or IHP and explained by the school nurse.

K. Prevention is key. Allow the student with diabetes to follow his/her diabetes management plan at school as described by the school nurse.

L. Other: _____

HIGH BLOOD SUGAR SKILLS CHECKLIST

	Training Date/Initial	Return Demonstration			
		Date/Initial*	Date/Initial*	Date/Initial*	Date/Initial*
A. STATES NAME & LOCATION OF HIGH BLOOD SUGAR EMERGENCY CARE PLAN					
B. PREPARATION:					
1. Reviews symptoms of high blood sugar					
2. Identifies where to find student specific supplies					
C. IDENTIFIES SUPPLIES:					
1. Blood sugar monitor kit					
2. Water					
3. Ketone strips					
4. Insulin, if ordered					
D. PROCEDURE:					
1. Verbally recites appropriate response to a case scenario of high blood sugar					
• test blood sugar					
• test urine or blood for ketones					
• provide insulin (if ordered)					
• give 1-2 glasses of water every hour					
• no exercise if ketones are present					
• recheck blood sugar in 2 hours					
• if feeling ill at any time immediately call school nurse & parent/guardian					
• if student vomits, and is lethargic or has labored breathing, call 911					
• document per school policy					

* Place appropriate code: (+) = task performed well; (-) = task not performed well

Signatures: _____
 Unlicensed Assistive Personnel (UAP)/Date

 Delegating School Nurse/Date

 Student Name

 School Year

GLUCAGON FACT SHEET

A. Glucagon is a hormone in the body that stimulates the liver to release stored sugar. When stored sugar is released, the blood sugar level rises.

B. The hormone glucagon is available as a synthetic product that can be given as a shot but must be mixed before use. Glucagon is ordered by a health care provider for administration when blood sugar level gets severely low. Details should be outlined in the student's Emergency Care Plan (ECP) and/or Individualized HealthCare Plan (IHP) and explained to appropriate staff by the school nurse.

C. Glucagon is typically **not given** if the student is capable of drinking or eating food.

D. Glucagon is **given** for symptoms of severe low blood glucose, such as:

- combativeness and extreme confusion;
- unable to swallow;
- seizures; or
- unconsciousness.

E. The glucagon shot is available in a Glucagon Emergency Kit. The kit contains a bottle with powdered glucagon and a syringe filled with fluid to mix with the powder. The school nurse should inform you where a student's kit is located, and show you how to mix and give the glucagon injection.

F. After the glucagon has been mixed up, the shot can be given in the buttocks, arm, or thigh. The glucagon shot should be given immediately after mixing it in the syringe.

G. After giving a glucagon shot, be sure to turn the student on his/her side. When a student has had a severely low blood sugar and wakes up, it is not uncommon for them to vomit.

H. The student with diabetes who is unconscious because of extreme low blood glucose will wake up within 15 minutes after getting a glucagon shot. The student's ECP and/or IHP will describe actions to take next; the school nurse should provide you with this information.

I. General instructions on how to prepare the glucagon shot include the following; the school nurse should provide more detailed instructions and demonstration.

- Know where the student keeps the Glucagon Emergency Kit.
- Open the kit.
- Remove the seal from the bottle of powdered glucagon.
- Remove the needle protector from the syringe that is pre-filled with liquid.
- Shoot the liquid from the syringe into the bottle of glucagon.
- Do not remove the syringe from the bottle.
- Shake the bottle gently until the powder dissolves; the solution should be clear and watery.
- Withdraw the liquid using the needle attached to the empty syringe. The school nurse will instruct what amount of liquid to draw into the syringe; this amount may be different for each student with diabetes.
- Turn student on his/her side.
- Insert needle in buttocks, arm or thigh and push the fluid out of the syringe. Remove the needle.
- Call 911.
- Notify the school nurse.
- Call the student's parent/guardian.
- Document according to school policy.

[continued]

J. The school nurse will provide initial and follow-up instructions and demonstration on how and when to give glucagon, and actions to take immediately after giving glucagon. Parts of these instructions will be unique for each student with diabetes.

K. Be prepared. Glucagon can save a life.

L. Other: _____

PROCEDURE FOR GLUCAGON INJECTION

Equipment and Supplies	1. Glucagon kit (syringe with diluent, bottle of glucagon powder) 2. Alcohol wipes and cotton ball	3. Sharps container 4. Gloves
Essential Steps		Key Points & Precautions
Prepare Glucagon Syringe:		
1. Wash hands		
2. Gather supplies (glucagon kit, alcohol wipe and cotton ball, gloves)		
3. Put on gloves		
4. Remove flip-off seal from bottle of glucagon powder.		
5. Remove needle cover from syringe	Do not remove plastic clip from syringe.	
6. Inject entire contents of syringe into bottle of glucagon powder. (held upright).	Do not remove syringe from vial.	
7. Swirl bottle gently until dissolved/clear.		
8. Hold bottle upside down, and withdraw all solution from the vial into syringe.		
9. Withdraw needle from bottle, hold syringe upright, and remove air/bubbles from syringe. Ensure amount of solution withdrawn equals the amount of glucagon ordered for the student.	Air bubbles can be removed by tapping on side of syringe with finger and after they rise to top, gently push them out of syringe with plunger.	
10. Expose injection site (upper, outer area of thigh, arm).		
11. Hold syringe safely; use other hand to clean injection site with alcohol wipe.		
12. For subcutaneous injection only: "Pinch up" skin/tissue (still holding alcohol wipe).		
13. For subcutaneous and intramuscular injection: Insert needle straight into tissue of injection site and inject glucagon.	Make sure to push plunger completely to inject all of the solution.	
14. Withdraw needle and press gently with alcohol wipe or cotton ball at injection site.	Note time of injection.	
15. Turn child on side.	Protects airway in case of vomiting.	
16. Put used syringe and bottle in sharps container.		
17. Document per school policy.		

GLUCAGON ADMINISTRATION SKILLS CHECKLIST

Delegation must only be done in accordance with state laws and regulations. The health, safety and welfare of the student must be the primary consideration. The school nurse is responsible for choosing, training, and providing ongoing supervision of the unlicensed assistive personnel (UAP).

Successful delegation of glucagon administration is dependent on the use of an Individualized Healthcare Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken, including proper time, dose, route, and injection site.

	Training Date/Initial	Return Demonstrations			
		Date/Initial*	Date/Initial*	Date/Initial*	Date/Initial*
1. Washes hands.					
2. Gathers supplies (glucagon kit, alcohol wipes and cotton ball, gloves)					
3. Puts on gloves.					
4. Removes flip-off seal from bottle of glucagon powder, wipe with alcohol wipe.					
5. Removes needle cover from syringe.					
6. Injects entire contents of syringe into bottle of glucagon powder (held upright).					
7. Swirls bottle gently until dissolved/clear.					
8. Holds bottle upside down, and withdraws all solution from the bottle into syringe.					
9. Withdraws needle from bottle hold syringe upright, and remove air/bubbles from syringe.					
10. Exposes injection site (upper, outer area of thigh, arm).					
11. Holds syringe safely; use other hand to clean injection site with alcohol wipe.					
12. For subcutaneous injection only: "Pinches up skin/tissue (still holding alcohol wipe).					
13. For subcutaneous and intramuscular injection: inserts needle straight into tissue of injection site and inject glucagon.					

* Place appropriate code: (+) = task performed well; (-) = task not performed well

[continued]

GLUCAGON INJECTION SKILLS CHECKLIST- Page 2

	Training Date/Initial	Return Demonstrations			
		Date/Initial*	Date/Initial*	Date/Initial*	Date/Initial*
14. Withdraws needle and presses gently with alcohol wipe or cotton ball at injection site.					
15. Removes gloves.					
16. Turns child on side.					
17. Puts used syringe and vial in sharps container.					
18. Documents per school policy.					

* Place appropriate code: (+) = task performed well; (-) = task not performed well

Signatures: _____
 Unlicensed Assistive Personnel (UAP)/Date

 Delegating School Nurse/Date

 Student Name

 School Year



Carbohydrate Counting/Care Management Plans/Records

Calculating Total Carbohydrate Content

Carbohydrate Counting Skills Checklist

Carbohydrate Content of Foods (5-2)

Diabetes Medical Management Plan

Diabetes Emergency Care Plan (7-9)

Diabetes Questionnaire for Parent/Guardian (7-6)

Diabetes Individualized Healthcare Plan (7-10)

School Health Office Diabetes Record (SHODR) (7-14)

**Unlicensed Assistive Personnel Diabetes Management Task Observation
Record (7-19)**

Training Agreement for Unlicensed Assistive Personnel (7-18)

**Students with Diabetes Development Issues, Diabetes Care Tasks & Educational
Considerations (7-8)**

**Diabetes Care Tasks Checklist Determining Student Independence in Diabetes Management at
School (7-7)**

CALCULATING TOTAL CARBOHYDRATE CONTENT

There are two methods for determining the carbohydrate content of foods: (1) Package Label Count and (2) Carbohydrate Count Book (available in most book stores).

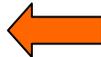
Every packaged food and drink has a nutritional label like the one below. In order to calculate total carbohydrates consumed, the total carbohydrates per serving must be determined from the package food label.

Nutrition Facts	
Serving Size 1 cup (85g) (3 oz.)	
Servings per container 2.5	
Amount per serving	
Calories 45	Calories from Fat 0
% Daily Value*	
Total Fat 0g	0%
Saturated Fat 0g	0%
Cholesterol 0mg	0%
Sodium 55 mg	2%
Total Carbohydrate 10g	3%
Dietary Fiber 3g	12%
Sugars 5g	
Protein 1g	
Vitamin A 360% • Vitamin C 8% • Calcium 2% • Iron 0%	
<small>*Percent Daily Values are based on a 2,000 calorie diet. Your daily value may be higher or lower depending on your calorie needs.</small>	
	Calories: 2,000 2,500
Total Fat	Less than 65g 80g
Sat. Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	Less than 300mg 375mg
Dietary Fiber	Less than 25g 30g
Calories per gram: Fat 9 • Carbohydrate 4 • Protein 4	

Ingredients: Carrots.



In this example, one cup is the serving size. Note that a container is not necessarily a serving.



In this example, 10g total Carbohydrate is listed for a 1-cup serving of this food.

An individual eating two servings (2 cups) would consume 20g of total Carbohydrates.

If 1/2 a serving (1/2 cup) was consumed, 5g total Carbohydrates would be consumed.

Calculating Total Carbohydrates Consumed:

- List each food and drink consumed at the meal/snack.
- Determine serving size of each food and drink consumed.
- Determine amount of carbohydrate grams from the food label or by using a "Carbohydrate Count Book" (available at book stores).
- Add the total number of carbohydrates for each food and drink to get the total carbohydrate count for the meal/snack.

Carbohydrate Calculation Example:

- **The student had the following meal for lunch.**
 - 1 carton (6 oz) white whole milk
 - ½ cup corn
 - ½ cup salad with 1 tbsp ranch dressing
 - 1 cup-serving spaghetti with meat sauce – was really hungry and had 2 servings
 - 1 serving white cake with chocolate icing
- **In the Carbohydrate Count Book locate the listings for carbohydrates in the above foods.**

6 oz whole white milk:	30g	30g
½ cup corn:	15g	15g
½ cup salad:	4g	4g
1 tbsp Ranch dressing:	4g	4g
1 cup spaghetti with meat sauce:	20g carbohydrates (20 x 2 servings=40g carbohydrates)	40g
1 serving white cake with chocolate icing:	20g carbohydrates	<u>20g</u>

Total Carbohydrates

113g

CARBOHYDRATE COUNTING SKILLS CHECKLIST

Carefully monitoring the amount and timing of carbohydrate-containing foods is an essential part of diabetes management. Delayed meals or snacks or eating too little carbohydrate can result in low blood sugar levels. Consuming too many foods with high carbohydrate content can result in high blood sugar levels.

Students may require assistance in determining carbohydrate content of various foods as well as determining appropriate choices when exchanging foods. Printed manuals, food labels, and district food services are all resources that can be used to determine the carbohydrate content of specific foods.

Successful delegation of carbohydrate counting is dependent on access to written materials and on the use of a Diabetes Medical Management Plan (DMMP) or Individual Health Plan (IHP) which clearly outlines the designated meal plan. The meal plan should include the recommended number of carbohydrate choices for each meal or snack.

GENERAL GUIDE: All fruit/fruit products, milk and yogurt, and starchy foods (breads, pasta, rice, desserts, and starch vegetables) contain carbohydrate.

Carbohydrate Counting Task	Date/Initial	Date/Initial	Date/Initial	Date/Initial
Care giver is aware of meal plan prescription.				
Care giver is aware of location of written resources.				
School staff is able to verbalize action for food exchanges.				
Follow individual health plan for specific actions related to carbohydrate intake.				
School staff can calculate total carbohydrate content of meal accurately.				

*Adapted from *Helping the Student with Diabetes Succeed: Minnesota Supplement**

Signatures: _____
 Unlicensed Assistive Personnel (UAP)/Date

 Delegating School Nurse/Date

 Student Name

 School Year

CARBOHYDRATE CONTENT OF FOODS

Note: The carbohydrate amounts listed on this handout are estimates. Always check the Nutrition Facts or school menu for the accurate amount of carbohydrate if available.

Amount of Starches / Grains that equal 15g carbohydrate	
Food	Serving Size
Bagel	1/2 small or 1/4 large (1 oz)
Beans (cooked, dried, canned)	1/3 – 1/2 cup
Bread (white, whole, wheat, rye)	1 slice (1 oz)
Corn (cooked)	1/2 cup
Crackers	4 – 6
English muffin	1/2
Graham crackers	3 squares
Hamburger bun	1/2 bun
Popcorn	3 cups
Pasta (cooked)	1/3 -1/2 cup
Peas (cooked)	1/2 cup
Potato (baked)	1 small
Potato (mashed)	1/2 cup
Rice (cooked)	1/3 cup
Roll (dinner, hard)	1 small
Squash (winter)	1 cup
Tortilla (6" corn or 8" flour)	1

Fruits 15g carbohydrates	
Food	Serving Size
Apple (small)	1 (4 oz)
Applesauce (unsweetened)	1/2 cup
Banana	1 small banana or 1/2 large
Blueberries	3/4 cup
Canned fruit (light or juice packed)	1/2 cup
Cantaloupe, melon	1 cup cubed
Cherries (sweet, fresh)	12 (3 oz)
Fruit juice	1/2 cup (4 oz)
Grapefruit	1/2 medium
Grapes (small)	17
Orange (small)	1 (6 1/2 oz)
Pear (large, fresh)	1/2
Raisins	2 Tbsp
Strawberries	1 1/4 cup whole berries
Watermelon	1 1/4 cup cubes

Milk/Yogurt 12g carbohydrates	
Food	Serving Size
Milk (skim, 1%, 2%, whole)	1 cup
Yogurt	(see "Other Carbohydrates" list)

Other Carbohydrates		
Food	Serving Size	Carbohydrate (g)
Brownie (small unfrosted)	2" square	15g
Cake (unfrosted)	2" square	15g
Cake (frosted)	2" square	30g
Chicken noodle soup	1 cup (8 oz)	15g
Cookie (sandwich or chocolate chip)	2 cookies	15g
Cookie (medium, homemade)	1 cookie	15g
Cupcake (frosted)	1 small	30g
Doughnut (plain cake)	1 medium (1.5 oz)	20g
Doughnut (glazed)	3 ¾" (2 oz)	30g
French Fries (thin)	20-25	30g
Granola bar	1	20-25g
Ice cream (regular, light, fat-free)	1/2 cup	15-20g
Jam or jelly (regular)	1 Tbsp	15g
Macaroni and cheese	1 cup (8 oz)	30-45g
Noodle casserole	1 cup (8 oz)	30-45g
Pie (fruit, 2 crusts)	1/6 pie	45g
Poptart (unfrosted)	1	35g
Potato chips	12-18 (1 oz)	15g
Pizza	1 slice (¼ of 10")	30g
Pudding (regular)	1/2 cup (4 oz)	25g
Syrup (light)	2 Tbsp	15g
Syrup (regular)	1 Tbsp	15g
Tomato soup (made with water)	1 cup (8 oz)	15g
Tortilla chips	6-12 (1 oz)	15g
Yogurt (light)	1 cup (6-8 oz)	15g

High-Carbohydrate Foods		
Food Item	Size Portion	Carbohydrate (g)
Beverages:		
Cola drinks	12 oz can	50

Rootbeer	12 oz can	35
7-Up®	12 oz can	45
Grape, orange, apple juice	6 oz can	25
<i>Dairy Products:</i>		
Sherbet	1 scoop	45
Ice cream scone	1 scoop	17
Chocolate milk shake	10 oz glass	55
Chocolate milk	8 oz glass	52
Fruit Yogurt	8 oz cup	45
<i>Cakes and Cookies:</i>		
	1 Tbsp	15g
Angel food cake	4 oz piece	35
Chocolate cake (plain)	4 oz piece	30
Chocolate cake (w/ frosting)	4 oz piece	50
Sugar cookie	1	7
Oatmeal cookie	1	10
<i>Desserts:</i>		
JELL-O®	1/2 cup (4 oz)	22
Apple pie	1 slice	35
Berry pie	1 slice	50
Chocolate pudding	1/2 cup	20
<i>Candies:</i>		
Chocolate candy bar	1 1/2 oz	12
Chewing gum	1 stick	2
Fudge	Hard candy	25
LIFE-SAVERS®	1	1 1/2
Marshmallow	1 piece	7
Chocolate cream	1 piece	10
<i>Miscellaneous:</i>		
Jelly	1 Tbsp	15
Strawberry jam	1 Tbsp	15
Brown sugar	1 Tbsp	15
Honey	1 Tbsp	15
Chocolate sauce	1 Tbsp	15
Karo Syrup®	1 Tbsp	15

Diabetes Medical Management Plan

School District: _____ School: _____ School Year: ____ Grade: _____

Student Name: _____ DOB: _____

Provider Name: _____ Phone #: _____ Fax #: _____

Blood Glucose Monitoring at School

Blood Glucose Target Range: _____ - _____ mg/dl

Monitoring Schedule:

Before breakfast
 Before lunch
 10-20 min. before boarding bus
 Suspected hyper/hypoglycemia
 Is ill or requests testing
 Other: _____

Student Self Monitoring (Check all that apply.):

Can test independently
 Needs supervision
 Needs assistance with testing and blood glucose management
 Other: _____

Diabetes Medication

Oral medications: Home: _____ School: _____

Insulin: (*Opened insulin must be discarded after 28 days.*)

No insulin at School
 Insulin at Home: Humalog Novolog Lantus Other: _____
 Insulin at School: Humalog Novolog Lantus Other: _____

Insulin delivery device at school:

Syringe & vial
 Insulin Pen
 Insulin Pump (See Pump Section.)

Insulin management at school:

Student is	Give own injections.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> With supervision
able to:	Draw up correct dose of insulin.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> With supervision
	Determine correct amount of insulin.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> With supervision
	Independently self manage pump or insulin injection.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> With supervision

Meals & Snacks at School

Independent in Carbohydrate calculations and management:
 Yes
 No
 Needs Supervision

Meal/Snack	Carbohydrate Count	Not on Fixed Carb Count	Meal/Snack	Carbohydrate Count	Not on Fixed Carb Count
Breakfast			Lunch		
Mid-morning Snack			Mid-morning Snack		

Snack before exercise:
 Yes
 No
 As Needed
 Snack after exercise:
 Yes
 No
 As Needed

Snack/content/amount at other times:
 As Needed
 OR

Food to avoid: Liquid sugars such as fruit juice, regular soda and Gatorade. Use only for low blood sugars.
 Other: _____

Instructions when food provided in classroom (e.g. class party, food sampling): _____

Carbohydrate Counting and Correction Sheet

Humalog/Novolog Insulin

Food: _____ units of insulin for every _____ grams of carbohydrate for meals and snacks.

Blood Sugar: _____ units of insulin for every _____ mg/dl over _____ mg.dl. Correction can be made every 3 hours as needed.

Daily Lantus/Levemir Insulin: _____ units a.m. _____ at bedtime

Insulin Pump: Use pump dosing. Dose listed above to be used in event of pump failure. See insulin pump care.

Parent authorized to adjust insulin dosage under the following circumstances: _____

Precautions

- Unless otherwise stated, cover all carbohydrates/snacks with insulin except those used to treat low blood sugar.
- Parents need to communicate modifications of carbohydrate counting/insulin coverage to school nurse in writing.

Pre-Meal Humalog/Novolog Doses

Blood Sugar Correction

+

Food Carbohydrates

Under	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units
to	=	Units		Grams	=	Units

Exercise and Sports

A fast-acting carbohydrate such as juice, regular soda, Gatorade, or glucose tablets need to always be available at the site of exercise or sports.

Individual Activity Restrictions for Student: Y N

If yes, list restrictions: _____

General Restrictions from Exercising:

- If blood sugar is below **80 mg/dl**, treat for hypoglycemia with above fast acting carbohydrates.
Snack listed above should be given: Y N
- If glucose is above **300 mg/dl** OR moderate to large urine ketones are present OR blood ketones are **≥0.6 mmol/l**,
Notify physician or parent/guardian.
- If student is symptomatic.

Hypoglycemia (Low Blood Sugar) = _____ mg/dl and/or Physical Symptoms

Symptoms of Hypoglycemia:

Shaky Headache Confused Clumsy Sweaty Drowsy Hungry Pale
Uncooperative Irritable Weak Behavior Changes Other: _____

- Precautions**
- **Never leave this student unattended! If treatment is to be provided in the Health Office, a responsible adult needs to accompany the student to the Health Office.**
 - **Check blood sugar if student has not done so and is symptomatic.**
 - **Notify School Nurse and Parent when any of the following treatments are performed.**

Low Blood Sugar Treatment:

- Give ½ cup (4 oz.) of juice or regular soda or 3-4 glucose tablets (or 15 grams of fast acting carbohydrate). Do not cover with insulin. The carbohydrate is given to treat the low blood sugar.
- Recheck blood glucose in 15 minutes. If blood sugar is still **below** _____ give another 15 grams of carbohydrate.
- If the student's blood sugar is **above** _____, give a 15-30 gram carbohydrate snack or lunch.
- Make sure the student feels well before sending to lunch.
- Comments _____

Treatment if disoriented, combative, and incoherent but is conscious:

- Give ½ to 1 tube of glucose gel or cake decorating gel. Place gel between cheek and gum.
- Massage the outside of cheek to facilitate absorption through the membrane of the cheek.
- Encourage student to swallow.
- Recheck blood sugar in 10 minutes.
- If still **below** _____, repeat treatment as above.
- Give sugar containing liquid and snack when student is alert and able to swallow safely.
- Comments _____

Treatment for seizures, loss of consciousness, inability/unwillingness to take gel or juice:

- Stay with student
- Position student on side
- Give glucagon immediately by injection. Dose: 0.3cc 0.5cc 1.0cc
- Call 911
- **Notify parents**
- Comments _____

Hyperglycemia (High Blood Sugar) = 250 or 300 mg/dl

Symptoms of Hyperglycemia:

Extreme Thirst Frequent Urination Abdominal Pain Headache Nausea
Other: _____

Check Ketones:

- Urine should be checked for ketones when blood glucose levels are above 300 mg/dl.
- If urine ketones are moderate to large, CALL PARENT IMMEDIATELY!
- If student is on pump, and urine ketones are moderate to large OR blood ketones are 0.6mmol/l or more, call parents.

Treatment for ketones and/or high blood sugar:

- Increase sugar free liquid intake
- Allow student to use restroom as often as necessary
- Call parent immediately if student is vomiting

Treatment for high glucose with ketones, moderate, large or ≥ 0.6 or greater: (check all that apply)

- Call parent immediately for action plan
- Parent will determine the insulin coverage needed
- Follow blood sugar correction guidelines – see dosing sheet

Supplies Kept at School

<input type="checkbox"/> Blood glucose meter, test strips, meter batteries <input type="checkbox"/> Meter location: _____ <input type="checkbox"/> Insulin, pen, pen needles, insulin cartridges <input type="checkbox"/> Lancet device, lancets, gloves, etc.	<input type="checkbox"/> Glucagon Emergency Kit <input type="checkbox"/> Urine ketone strips <input type="checkbox"/> Insulin vials and syringes <input type="checkbox"/> Carbohydrate containing snack	<input type="checkbox"/> Fast-acting source of glucose <input type="checkbox"/> Blood ketone meter and strips <input type="checkbox"/> Insulin pump and supplies
---	--	--

Insulin Pump

Insulin Pump Care Information Attached

Student able to operate insulin pump: Y N With Supervision

Student can troubleshoot problems: Y N With Supervision
 (e.g. Urine Ketones, pump malfunction)

Comments: _____

Insulin Adjustments by Healthcare Provider or Parent (for use by School Nurse)

Date New Orders Obtained	Order * Note Change in Care Sheet	Nurse Signature
	<input type="checkbox"/> Verbal <input type="checkbox"/> Written	
	<input type="checkbox"/> Verbal <input type="checkbox"/> Written	
	<input type="checkbox"/> Verbal <input type="checkbox"/> Written	
	<input type="checkbox"/> Verbal <input type="checkbox"/> Written	

SIGNATURES:

This Diabetes Medical Management Plan has been approved by:

 Student Healthcare Provider Phone Date E-mail

 Diabetes Educator Phone Date E-mail

I give my permission to the school, school nurse, licensed/unlicensed assistive personnel, and other designated staff member(s) to perform and carry out the diabetes care tasks as outlined by this Diabetes Medical Management Plan for my child, _____, and I acknowledge that I have received a copy of the signed plan.

I also consent to the release of the information contained in this plan to all staff and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety. I will notify extra-curricular staff about health plan and care to be given during after school activities. I give my permission for the school nurse to contact my child's healthcare provider(s) regarding the above condition.

 Parent/Guardian Phone Date E-mail

Acknowledged and received by:

 School Nurse Phone Date E-mail

Change in Care Management Plan

Student Name: _____ **DOB:** _____ **New Order Date:** _____

Carbohydrate Counting and Correction

Food: _____ units of Humalog/Novolog for every _____ grams of carbohydrate.
Blood Sugar: _____ units of Humalog/Novolog for every _____ mg/dl over _____ mg/dl.

- Corrections for blood sugar can be made every 3 hours if needed.
- Unless otherwise stated, cover all carbohydrates and snacks with insulin. Do not cover carbs used to treat low blood sugar.

PRE-MEAL Humalog/Novolog Doses

Blood Sugar Corrections			Food Carbohydrate		
Under	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units
to	=	Units	Grams	=	Units

Lantus dose is: _____ **AM** _____ **at bedtime.**

Bed time corrections: _____

At bed time correct blood sugar level to _____

Bedtime & 3:00 AM Correction

Under	=	Units	to	=	Units
to	=	Units	to	=	Units
to	=	Units	to	=	Units
to	=	Units	to	=	Units

If blood sugar is less than _____ at bedtime, give _____ grams of carbohydrate + protein without Humalog/Novolog coverage for this snack.

- Change in Carb Counting and Blood Sugar correction per parent (if applicable).
- Change in Carb Counting and Blood Sugar correction per provider (if applicable).
- Additional changes to Initial Orders: _____

Signature

Printed Name

PREVENTING KETOACIDOSIS IN INSULIN PUMP USERS

Why are insulin pumpers at risk for ketoacidosis?

Pumpers have no long-acting insulin (Lantus or Levemir) in their bodies. If the flow of insulin from the pump stops, the body will make ketones very quickly.

What are the signs of high ketones?

- Nausea
- Stomach cramps
- Vomiting
- Trouble breathing

Usually blood sugar level is high when there is a high number of ketones, but ketoacidosis can occur if the blood sugar is under 200. A person may think he/she has the stomach flu when, in fact, he/she is becoming ill from high ketones. Symptoms are exactly the same. If insulin is not given immediately, ketoacidosis will result.

Test urine or blood for ketones if the following symptoms are present. (Check expiration date on strips; if blood ketone strips are past expiration date, the machine will not read them.)

- Feeling sick or nauseated
- Blood sugar over 300
- Blood sugar over 250 two times in a row

Follow directions below if ketones are present.

Less than 0.6 mmol/l Blood Ketones OR Trace/Small Urine Ketones

- ADMINISTER correction bolus through insulin pump.
- RECHECK blood sugar and ketones in 1 hour.
- GIVE 4-8 oz. sugar free liquids by mouth every hour.
- **If blood sugar not improved in one hour**, ADMINISTER insulin correction dose by syringe in amount equal to that recommended by the bolus wizard for the current blood sugar level.
- REMOVE catheter and REPLACE insulin, cartridge, tubing and catheter.
- RECHECK blood sugar in two hours.
- ADMINISTER next bolus through pump with new set in place.

0.6 mmol/l to 3.0 mmol/l Blood Ketones OR Moderate to Large Urine Ketones

- ADMINISTER correction dose of fresh insulin by syringe **immediately** in amount equal to that recommended by bolus wizard for the current blood sugar level.
- GIVE 4-8 ounces sugar free liquids by mouth every hour.
- REMOVE catheter and REPLACE insulin, cartridge, tubing and catheter.
- RECHECK blood sugar and ketones every 2-3 hours.
- ADMINISTER next bolus through pump with new set in place.

More than 3.0 mmol/l Blood Ketones

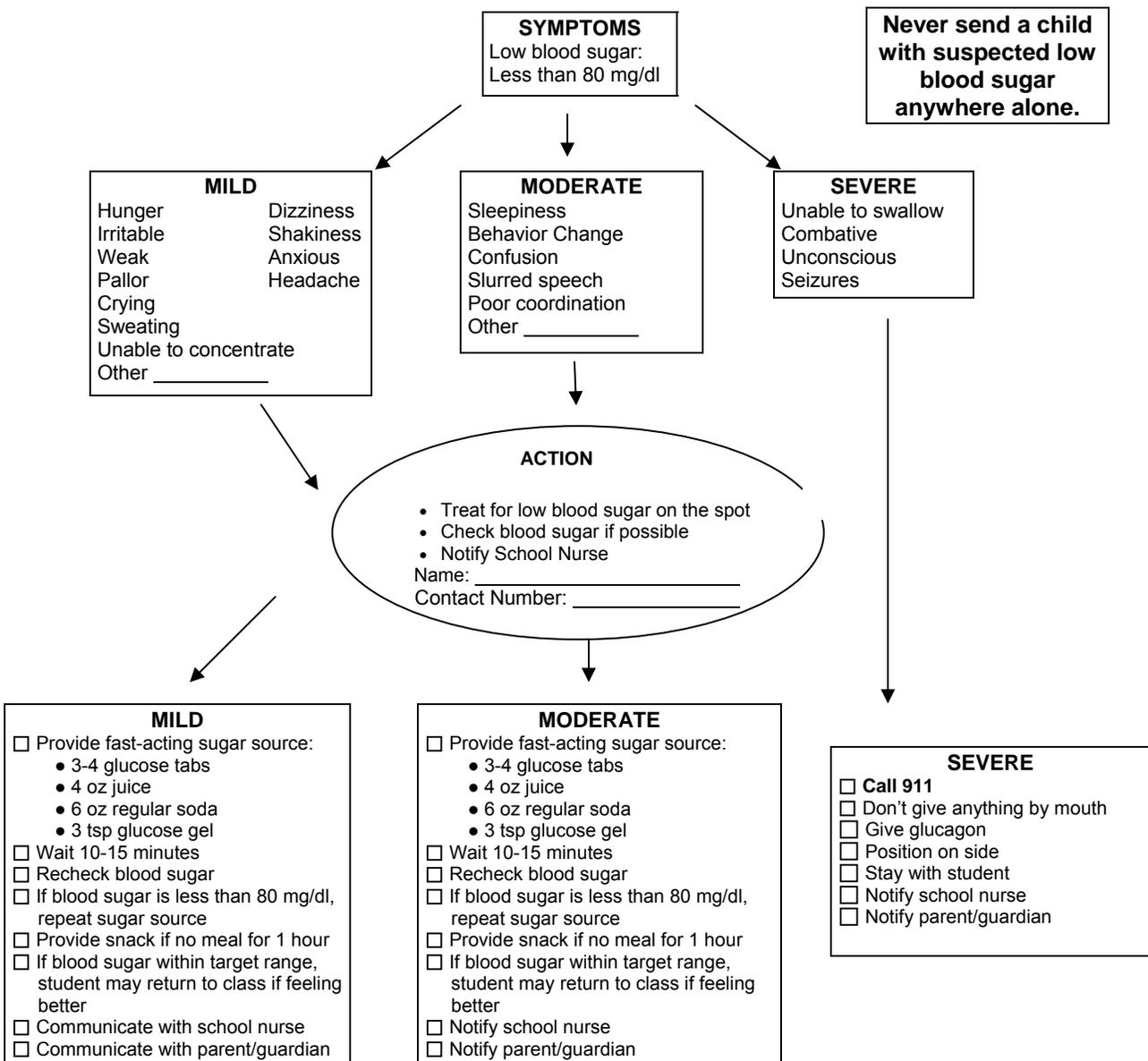
- ADMINISTER **double** amount of correction insulin dose by syringe **immediately**.
- REMOVE catheter and REPLACE insulin, cartridge, tubing and catheter.
- CHECK blood sugar and ketones every 2-3 hours and set future correction doses using bolus wizard.
- ADMINISTER 4-8 oz. of sugar free liquids every hour.
- CALL the healthcare provider and parent/guardian.

DIABETES EMERGENCY CARE PLAN

Low Blood Sugar



Student Name: _____ **Date:** _____
Grade/Teacher: _____
School Year/ School: _____
Parent/Guardian: _____ **Phone:** _____
Emergency Contact: _____ **Phone:** _____
Health Care Provider: _____ **Phone:** _____



Never send a child with suspected low blood sugar anywhere alone.

School Nurse Signature: _____

Date: _____

DIABETES QUESTIONNAIRE FOR PARENT/GUARDIAN

Student: _____
DOB: _____
Student ID #: _____

Student Diabetes Information

Please complete and return to the School Nurse.
 The following information is helpful in determining any special needs. School year: _____

Person to contact:	Relationship:	Work Phone:	Home Phone:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
Preferred Communication method: <input type="checkbox"/> Phone <input type="checkbox"/> Written <input type="checkbox"/> In Person <input type="checkbox"/> Email: _____			
Health Care Provider _____	Clinic: _____	Phone: _____	
Hospital: _____	Phone: _____	_____	

Student's age at diagnosis of diabetes: _____ Last A1C result: Date _____ Result _____

Does student wear a medical alert bracelet/necklace? Yes No

Will student need routine snacks at school? A.M. P.M. as needed
 (Snacks will need to be provided by the family)
 What would you like done about birthday treats and/or party snacks?

Should student's blood sugar be checked at school? Yes No

What blood sugar level is considered low for student? below _____

How often does student typically experience low blood sugar? Daily Weekly Monthly Other _____

Student typically experiences low blood sugar:
 mid A.M. before lunch afternoon after exercise other _____

Please check student's usual signs/symptoms of low blood sugar.

- | | | |
|--|---|---|
| <input type="checkbox"/> hunger or "butterfly feeling" | <input type="checkbox"/> irritable | <input type="checkbox"/> difficulty with speech |
| <input type="checkbox"/> shaky/trembling | <input type="checkbox"/> weak/drowsy | <input type="checkbox"/> difficulty with coordination |
| <input type="checkbox"/> dizzy | <input type="checkbox"/> inappropriate crying or laughing | <input type="checkbox"/> confused/disoriented |
| <input type="checkbox"/> sweaty | <input type="checkbox"/> severe headache | <input type="checkbox"/> loss of consciousness |
| <input type="checkbox"/> rapid heartbeat | <input type="checkbox"/> impaired vision | <input type="checkbox"/> seizure activity |
| <input type="checkbox"/> pale | <input type="checkbox"/> anxious | <input type="checkbox"/> other |

Does student recognize these signs/symptoms? Yes No

In the past year, how often has student been treated for severe low blood sugar? _____

In a health care provider's office In the emergency room Overnight in the hospital

What do you usually do to treat student's low blood sugar at home? Please be specific and state exact amount of food, beverage, glucagon, etc. (All supplies must be provided by the family.) _____

Does student recognize the signs and symptoms of a high blood sugar? Yes No

List symptoms _____

In the past year, how often has student been treated for severe high blood sugar or diabetic ketoacidosis? _____

In a health care provider's office In the emergency room Overnight in the hospital

[continued]

**DIABETES QUESTIONNAIRE FOR PARENT/GUARDIAN – page 2
(STUDENT DIABETES INFORMATION)**

Please indicate student's skill level for the following:

Skill	Does alone	Does with help	Done by adult	Comments
Obtain glucose sample				
Reads meter and records				
Counts carbs for meals/snack				
Interprets sliding scale				
Selects insulin injection site				
Measures insulin				
Administers insulin				
Measures ketones				
Pump skills				

Insulin taken on a regular basis:

Name	Type	Units	Time of day	Delivery Method (Pen, syringe, pump)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does student use an insulin to carbohydrate ratio for insulin adjustments? Yes No Ratio: _____

Does student use an insulin adjustment for high or low blood sugar? Yes No Dose: _____

Does student need extra carbs/insulin adjustment for PE/extra exercise? Yes No
 Any dietary restrictions/allergies/concerns? Yes No _____

Other medication taken on regular basis:

Name	By (mouth, injection, etc)	Dose	Time of Day
_____	_____	_____	_____
_____	_____	_____	_____

As needed medication:

Name	By (mouth, injection, etc)	Dose	Time of Day
_____	_____	_____	_____
_____	_____	_____	_____

Please list any known medication side effects that may affect your student's learning and/or behavior:

What action do you want school personnel to take if student does not respond to treatment/medication?

In an acute emergency, the student will be transported by paramedics to the hospital. Transportation in a non-acute situation is the responsibility of the parent/guardian. Any charges incurred are the responsibility of the parent/guardian.

Has student received diabetes education? by health care provider at support group at camp other

Please add anything else that you would like school personnel to know about student's diabetes (or related health conditions).

Information was provided by: _____
Name Relationship to Student Date

I authorize reciprocal release of information related to diabetes mellitus between the school nurse and the health care provider.

Parent/Guardian

Date

DIABETES INDIVIDUALIZED HEALTHCARE PLAN

Date Reviewed/Developed: _____

Student Name: _____ **School Year:** _____

Birthdate: _____ **Student ID#:** _____ **Grade/Room:** _____

ASSESSMENT DATA – SUMMARY

Target Blood Glucose Range: _____

Data Sources:

Diabetes Questionnaire Diabetes Medical Management Plan
 Family Visit Other

Family Resources:

1. Primary Contact: _____ Contact Info: _____
 2. Has phone: Yes No Sometimes
 3. Has transportation: Yes No Sometimes
 4. MD follow-up: 1mo 3mo 6 mo 9mo 12mo
 5. Utilizes community resources: Yes No Sometimes

Attendance Issues:

Y N School
 Y N Classroom

Student's Strengths:

developed age appropriate self management skills
 good problem solving abilities effective coping skills
 communicates needs good social skills accepts diagnosis

Meal Plan: Requires Carb Counting Y N **Requires Scheduled Snacks** Y N **Exercise Plan:**
Needs Extra Carb for PE Days Y N **Amount:** _____

Time: _____ **Other:** _____

Blood Glucose Monitoring: Meter Type: _____ **Testing Independently:** Y N

Hypoglycemia/Hyperglycemia: Student Knows Symptoms Y N
Student Knows treatment Y N

Insulin Type:	Dose:	Time:	Delivery Method:
_____	_____	_____	_____
Correction dose: _____ units insulin per _____ above _____ mg/dl			
Student able to self-adjust insulin: <input type="checkbox"/> Y <input type="checkbox"/> N			
Parent/Guardian may adjust insulin dose within following range: _____			

Oral diabetes agents: _____

Other current medications: _____

Nursing Diagnosis:	Goals:
1. Ineffective therapeutic regimen management 2. Risk for unstable glucose level 3. Fear (Parent) r/t perception that school staff will not be able to effectively manage diabetes 4. Other (describe) _____	1. Student will effectively manage diabetes at home and school. 2. Student's blood glucose level will remain in goal range. 3. Student's school staff will effectively manage student's diabetes at school 4. Other (describe) _____

[continued]

DIABETES INDIVIDUALIZED HEALTHCARE PLAN – page 2

INTERVENTIONS:

Annual Review Date: _____

	Date Completed	Evaluation
ND #1: Ineffective therapeutic regimen management		
<input type="checkbox"/> Teaching: prescribed medications		
<input type="checkbox"/> Teaching: disease process		
<input type="checkbox"/> Teaching: prescribed meal plan		
<input type="checkbox"/> Supply management		
<input type="checkbox"/> Health care information exchange		
ND #2: Risk for unstable glucose level		
<input type="checkbox"/> Hyperglycemia management		
<input type="checkbox"/> Hypoglycemia management		
ND #3: Fear (parent) r/t perception that school staff will not be able to effectively manage student's diabetes.		
<input type="checkbox"/> Teaching: group		
<input type="checkbox"/> Surveillance		
<input type="checkbox"/> Environmental management		
ND #4: Other.		

STUDENT OUTCOMES:

ND #1: Ineffective therapeutic regimen management

- 1a. Diabetes self-management – Student will demonstrate correct procedure for insulin administration, follow recommended diet & perform treatment regimen as prescribed.
- 1b. Knowledge: Diabetes management – Student will describe insulin & prescribed meal plan.
- 1c. Student health status – Student will attend school, maintain normal weight & have healthy dietary habits.

ND #2: Risk for unstable glucose level

- 2a. Blood glucose level – Will remain in goal range
- 2b. Diabetes self-management – Student will demonstrate correct procedure for blood glucose monitoring, reporting results and seeking care when levels outside recommended range; inform a school staff and treat symptoms of hypo- & hyperglycemia; follow recommended activity level; wear medic alert bracelet.
- 2c. Knowledge: Diabetes management – Student will describe insulin function and prescribed regimen; hypo- & hyperglycemia and how to treat; importance of maintaining blood glucose in target range; impact of acute illness; role exercise.

ND #3: Fear (parent) r/t perception that school staff will not be able to effectively manage student's diabetes.

- 3a. Student health status – Health needs will be managed according to IHP/IEP.

ND #4: Other (describe) _____

School Nurse Signature: _____ **Date:** _____

UNLICENSED ASSISTIVE PERSONNEL DIABETES MANAGEMENT TASK OBSERVATION RECORD

School Year: _____ Student: _____ School Staff: _____					
Diabetes Management Task					
MONTH					
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Nurse's Signature					

This tool can assist the school nurse when monitoring trained school staff. This could become part of a student's IHP. Each observation is evaluated as Satisfactory or Unsatisfactory, and initialed by school nurse. Frequency will be determined by the school nurse. The school nurse can list specific comments below, initial and date. An Unsatisfactory rating requires a written improvement plan.

Comments: _____

TRAINING AGREEMENT FOR UNLICENSED ASSISTIVE PERSONNEL

I _____ have read, been trained, and understand the following procedure for _____

Initials in space provided indicate agreement for the following:

_____ I understand I need to maintain my skill and will be observed on an ongoing basis by the school nurse.
_____ I have had the opportunity to ask questions and received satisfactory answers.
_____ (Optional) I possess a current CPR card, expiration date:

Signature of trained personnel

Date

Supervisors signatures:

School Nurse signature

Date

Principal signature

Date

STUDENTS WITH DIABETES

DEVELOPMENTAL ISSUES, DIABETES CARE TASKS & EDUCATIONAL CONSIDERATIONS

The school nurse can play an important role in guiding children and adolescents to participate in their care to the extent appropriate for their age and developmental level. The degree of independence the child/adolescent has with each diabetes care task will be discussed by the school nurse, parent/guardian, child and/or school health care team.

In general the school nurse can anticipate:

1. The pre-school student is usually unable to perform diabetes care tasks independently, but will cooperate in their care. Assistance and close supervision by the school nurse recommended.
2. The elementary school student is able to cooperate in all diabetes care tasks, and perform independently at school with varying degrees of competence. School nurse supervision needed.
3. The middle school student should be able to perform most diabetes care tasks independently when not experiencing a low blood sugar. Periodic school nurse re-assessment needed.
4. The high school student most probably will perform all diabetes care tasks independently, when not experiencing a low blood sugar. School nurse surveillance recommended.

AGE (YEARS)	DEVELOPMENTAL ISSUES	DIABETES CARE TASKS	EDUCATIONAL CONSIDERATIONS
4 to 5	<p>Knows likes and dislikes.</p> <p>Identifies with "good" and "bad."</p> <p>Fears intrusive procedures.</p> <p>Exhibits magical thinking.</p>	<p>Pinches own skin.</p> <p>Collects urine for ketones.</p> <p>Turns on meter.</p> <p>Helps with recording data.</p> <p>May begin to identify symptoms of low blood sugar and alert an adult.</p>	<p>Uses guided play, play therapy, artwork to express concerns and to learn.</p>
6 to 7	<p>Exhibits physical coordination.</p> <p>Exhibits concrete reasoning.</p> <p>Shares and cooperates.</p>	<p>Begins to identify carbohydrates in foods.</p> <p>Helps with shots.</p> <p>Helps with blood checks.</p> <p>Pricks own finger.</p> <p>Activates bolus on pump with supervision.</p> <p>Connects and disconnects insulin pump with assistance.</p>	<p>May need reminders and supervision.</p>
8 to 10	<p>Exhibits increased need for independence.</p> <p>Does not want to be different.</p> <p>Developing "scientific mind."</p> <p>Intrigued by tests.</p> <p>Exhibits feelings of sadness, anxiety, isolation, and friendlessness.</p>	<p>Participates in meal planning.</p> <p>Correctly identifies foods that fit into meal plan.</p> <p>Exhibits increased independence with shots, blood and urine testing.</p> <p>Keeps records.</p>	<p>Understands only immediate consequences of diabetes control, not long term.</p> <p>Finds support groups, camps, individual counseling useful.</p> <p>Learns most effectively when information is presented in a fun and interesting way.</p>

[continued]

STUDENTS WITH DIABETES – page 2

DEVELOPMENTAL ISSUES, DIABETES CARE TASKS & EDUCATIONAL CONSIDERATIONS

AGE (YEARS)	DEVELOPMENTAL ISSUES	DIABETES CARE TASKS	EDUCATIONAL CONSIDERATIONS
11 to 13	<p>Begins puberty; hormonal and physical changes may occur for females.</p> <p>Exhibits dependent versus independent struggles between parent and child.</p> <p>Aware of body image; concerned with not being different.</p> <p>More involved with peers than family.</p>	<p>Helps plan meals and snacks along with starting carbohydrate counting.</p> <p>Recognizes and treats low blood sugar.</p> <p>Measures and gives own insulin.</p> <p>Recognizes patterns in blood glucose levels.</p> <p>May need help in assessing urine tests.</p> <p>Connects and disconnects insulin pump.</p> <p>Calculates insulin to food intake.</p>	<p>Peer pressure begins to influence decisions.</p> <p>May want to hide their disease from their peers.</p>
14+	<p>Begins puberty; hormonal and physical changes occur for males.</p> <p>Exhibits increased physical and social activities.</p> <p>Exhibits experimentation and risk-taking behaviors.</p> <p>Exhibits conflict in relationships with parents.</p> <p>Responds to peer pressure.</p> <p>Values independence and self-image.</p> <p>Finds assuming responsibility for self-management the most difficult task.</p> <p>Is at risk for eating disorders.</p>	<p>Identifies appropriate portion sizes.</p> <p>Alters food intake in relation to blood sugar level.</p> <p>Anticipates and prevents low blood sugar.</p> <p>Calculates insulin dose based on blood sugar level.</p> <p>Independently administers insulin.</p> <p>Understands role of exercise in calculating insulin needs.</p>	<p>Still needs some parental supervision and review regarding insulin dosing.</p> <p>Knows consequences of poor diabetes control.</p> <p>Learns best when educational content is pertinent to adolescent issues.</p> <p>Learns problem solving with adults and negotiates treatment.</p> <p>Likes discussion and support groups among peers.</p>

Student: _____ Grade/Age: _____ Date: _____

DIABETES CARE TASKS CHECKLIST
Determining Student Independence in Diabetes Management at School
NURSING ASSESSMENT

This checklist is part of the nursing assessment completed by the school nurse within the school setting. The student's age, developmental level and factors inherent to the school environment will influence the degree of competency. Determining whether or not a student is competent at school with the following tasks will provide direction for the degree of independence expected from the student with diabetes. It is recommended that findings obtained from this nursing assessment done at school be reviewed with the parent/guardian and/or health care provider. The school nurse then uses this data to develop the student's Individual Health Care Plan.

INSTRUCTIONS: Check off those tasks the student is able to competently perform in the school setting, providing an indication of the student's level of independence with managing their diabetes at school.

BLOOD GLUCOSE MONITORING	
<input type="checkbox"/> Verifies code of meter matches test strips	<input type="checkbox"/> Disposes of materials appropriately
<input type="checkbox"/> Inserts test strip	<input type="checkbox"/> Records results
<input type="checkbox"/> Operates lancing device	<input type="checkbox"/> Informs appropriate school health care team member of results
<input type="checkbox"/> Pierces skin appropriately	<input type="checkbox"/> Takes correct action based on the result
<input type="checkbox"/> Places drop of blood on test strip	<input type="checkbox"/> Properly stores equipment

KETONE TESTING	
<input type="checkbox"/> Collects specimen appropriately (urine or blood)	<input type="checkbox"/> Disposes of materials appropriately
<input type="checkbox"/> URINE – Uses correct test strip	<input type="checkbox"/> Records results
<input type="checkbox"/> Dips test strip into urine	<input type="checkbox"/> Informs appropriate school health care team of results
<input type="checkbox"/> BLOOD – Verifies code of meter matches test strips	<input type="checkbox"/> Takes correct action based on the result
<input type="checkbox"/> Inserts test strip with urine sample applies	<input type="checkbox"/> Properly stores equipment

INSULIN ADMINISTRATION - INJECTION	
<input type="checkbox"/> Selects appropriate injection site	<input type="checkbox"/> Pinches up skin for injection
<input type="checkbox"/> Able to calculate insulin dose based on blood glucose level	<input type="checkbox"/> Injects insulin
<input type="checkbox"/> SYRINGE – Draws up correct dose in syringe	<input type="checkbox"/> Records administration – dose, time, date, site
<input type="checkbox"/> PEN – Dials correct dose	<input type="checkbox"/> Properly stores equipment
<input type="checkbox"/> Expels air	

INSULIN ADMINISTRATION PUMP
Refer to Insulin Pump Therapy – Student Performance Assessment

NUTRITION	
<input type="checkbox"/> Identifies key components of prescribed meal plan	<input type="checkbox"/> Able to correctly identify carbohydrate content in foods (if appropriate)
<input type="checkbox"/> Identifies correct portion sizes for meal plan	<input type="checkbox"/> Able to calculate insulin to food intake, per IHP

ACTIVITY	
<input type="checkbox"/> Verbalizes role of exercise in calculating insulin needs	<input type="checkbox"/> Correctly adjusts carbohydrate intake with activity (per IHP)
<input type="checkbox"/> Carries correct supplies when engaged in physical activity	<input type="checkbox"/> Informs coaches and/or PE teachers about diabetes health needs

RECOGNIZING IMPENDING HYPOGLYCEMIA	
<input type="checkbox"/> Verbalizes own signs and symptoms of hypoglycemia	<input type="checkbox"/> Takes correct actions (per IHP) when signs & symptoms of hypoglycemia re recognized
<input type="checkbox"/> Recognizes signs and symptoms of hypoglycemia	<input type="checkbox"/> Informs appropriate school personnel about diabetes health needs

School Nurse Signature

Date



APPENDICES

Appendix A—Field Trip Algorithm

Appendix B—Responsibilities of the Delegation

Appendix C—Checklist for Delegation Steps

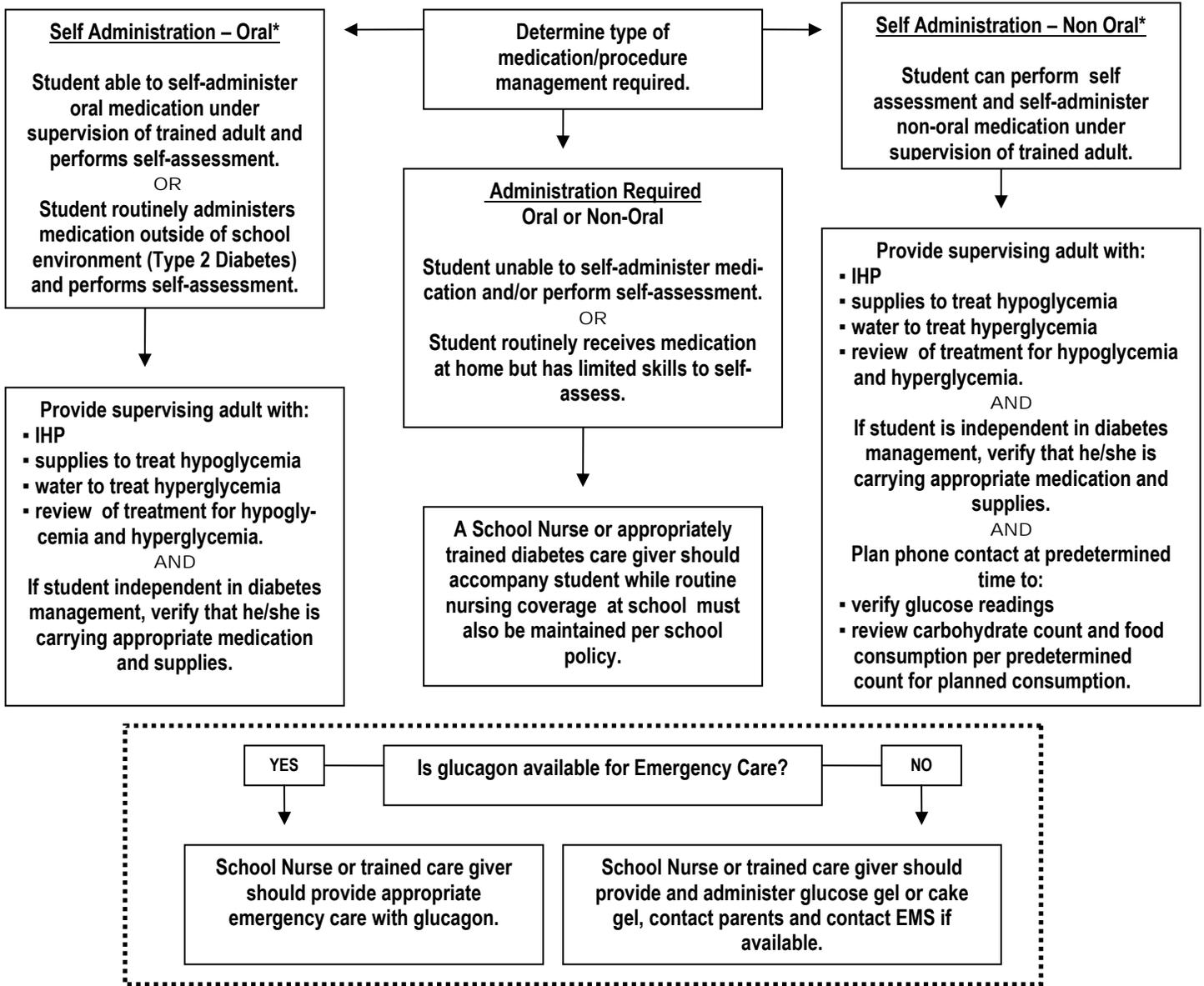
Appendix D—Delegation Decision Trees & Grid

Appendix E—New Mexico Administrative Code (6.12.8.NMAC)

**Appendix F—Standing Orders for the School Nurse when Delegating Care
of Students with Diabetes**

APPENDIX A

Decision-Making Algorithm for Management of Field Trip Diabetes Medications/Procedures



NOTES:

- Consider age and developmental level of student when determining needs for nursing services versus trained diabetes care giver services for the field trip. Student may be able to self-inject but have poor awareness of hypoglycemia or student may need more assistance with carbohydrate counting and calculating insulin dose than a care giver can provide.
- If the situation requires presence of a licensed nurse and none is available the trip should be cancelled.
- New Mexico Administrative Code(6.12.8.NMAC) gives the student with diabetes certain rights to self-manage diabetes care in the school setting.

APPENDIX B

Responsibilities of the Delegating RN, the Person Receiving Delegation and the Agency or Employer

In any delegation situation, the delegating registered nurse, the person receiving the delegation, and the agency or employer have specific responsibilities.

The RN who is delegating is responsible to:

- ◆ use a thoughtful decision-making process;
- ◆ provide clear and specific directions;
- ◆ individualize the plan of care to meet the student needs;
- ◆ communicate the method of performance, expected results and parameters;
- ◆ supervise performance and documentation of the task;
- ◆ evaluate the patient outcome.

The person receiving delegation is responsible to:

- ◆ demonstrate competence to perform a specific task;
- ◆ ask questions if directions are not understood;
- ◆ follow directions from the registered nurse;
- ◆ follow established protocols and guidelines;
- ◆ communicate concerns promptly to the registered nurse;
- ◆ report observations and activities to the delegating registered nurse;
- ◆ document the provision of care.

The agency, employer, manager, supervisor of administrator is responsible to:

- ◆ provide adequate staffing and other resources needed for safe and effective student care;
- ◆ follow up on every report of concern for safe staffing or concern for practice, and take steps to correct situations which bar safe or effective care;
- ◆ provide education and orientation to all employees, including information on delegation.

Staffing Concerns

When there are inadequate resources to give safe, effective care, the registered nurse will immediately report the situation and will provide the best care possible in the circumstances. Once the registered nurse has notified the appropriate parties, he/she is accountable only to give the best care possible with the available resources. If systems or individuals delegate nursing tasks bypassing registered nurse authority over nursing care, that registered nurse should not be held accountable for the outcome of the delegated task. These guidelines apply regardless of employer policy. The registered nurse is accountable to advocate for students.

In working with non-healthcare professionals the registered nurse retains accountability for the healthcare plan and outcome. This includes working with teachers, caseworkers, job coaches, corrections officers, and other professionals involved in care. Delegation of nursing care tasks may be cost effective or cost prohibitive. The cost of inappropriate delegation to clients, nurses, employers, payers and society exceed the cost of adequate RN care.

APPENDIX C

CHECKLIST FOR DELEGATION STEPS

(Adapted from the Supplementary Materials for Implementation in Minnesota Schools)

1. The school nurse validates prescriber's orders and any legal documentation necessary for implementing nursing care.
 - Health care provider has provided specific written orders related to insulin, glucagon, and /or oral diabetes medications.
 - Health care provider has provided directions for blood glucose monitoring, meals and snacks, and exercise goals/restrictions.
 - Health care provider has provided specific directions for managing hyperglycemia and hypoglycemia.
 - Parent/guardian has provided signed authorizations for medications and treatments.
 - Parent/guardian has provided emergency contact information.
 - Parent/guardian has provided all necessary equipment and supplies.

2. The school nurse completes an initial nursing assessment.
 - The school nurse has reviewed records, student's health history, current health status and management of diabetes care outside of school.
 - Student is medically stable.
 - Student has completed initial diabetes education.
 - Student has demonstrated skill competence of tasks he/she performs.
 - Student is cooperative with diabetes medical management plan.

3. Following the New Mexico Nursing Practice Act and utilizing the current student assessment the school nurse determines what level of care is required: RN, LPN, or UAP. Delegating nursing action should always include the following considerations.
 - Low potential for harm
 - Minimal complexity of the nursing activity
 - Minimal required problem solving and innovation
 - High predictability of outcome

Example: Glucagon administration to a student with diabetes in severe hypoglycemia

 - Glucagon is a hormone that has low potential for harm.
 - Mixing of the glucagon solution can be taught and practiced.
 - Decision to administer glucagon is spelled out in the plan.
 - Student is known to have diabetes.
 - Student is unresponsive.
 - Plan states to administer glucagon (no judgment required).
 - Highly predicted outcomes are a rise in blood sugar and vomiting.

4. Consistent with the New Mexico Nursing Practice Act, the school nurse determines the amount of training required for the unlicensed assistive personnel (UAP). If the UAP has not completed approved diabetes training, the school nurse must ensure that the UAP obtains such training in addition to the student specific training.
 - Amount of training for UAP determined.
 - Student specific training provided to UAP.

5. Prior to delegation, the school nurse must have evaluated the competence of the individual to safely perform the task.
 - UAP has completed all required training.
 - UAP has demonstrated skill competence.

[continued]

6. The school nurse provides a written plan of care (IHP, Emergency Plan, specific procedural guidelines) to be followed by the unlicensed staff member.
- _____ Plan identifies communication links between the school nurse, parents, health care provider and the UAP.
 - _____ Plan provides specific direction for when school nurse notification, reassessment and intervention are warranted related to a change in the student's condition, the performance of the procedure, or other circumstances.
 - _____ Plan is communicated to the UAP.
7. The school nurse determines the amount and type of supervision required for the UAP.
- _____ On-site supervision of delegated tasks allows for direct monitoring of the delegated tasks for a minimum of 20% of the UAP's work time.
 - _____ Off-site supervision during the UAP's work-time allows for the nurse to be available to provide directions through various means of verbal or written communications.
8. The school nurse determines the frequency and type of student health reassessment necessary for on-going safety and efficacy.
- _____ School nurse plans time to interact and care for the student to assess and monitor the student's responses to the nursing activities and the outcomes for the plan of care.
9. The school nurse trains the UAP to document the delegated care according to the standards and requirements of the Board of Nursing and school district procedures.
- _____ UAP documents the delegated tasks completed daily.
10. The school nurse is responsible for documenting activities appropriate to each of the nursing actions listed above.
- _____ Activities appropriately documented.

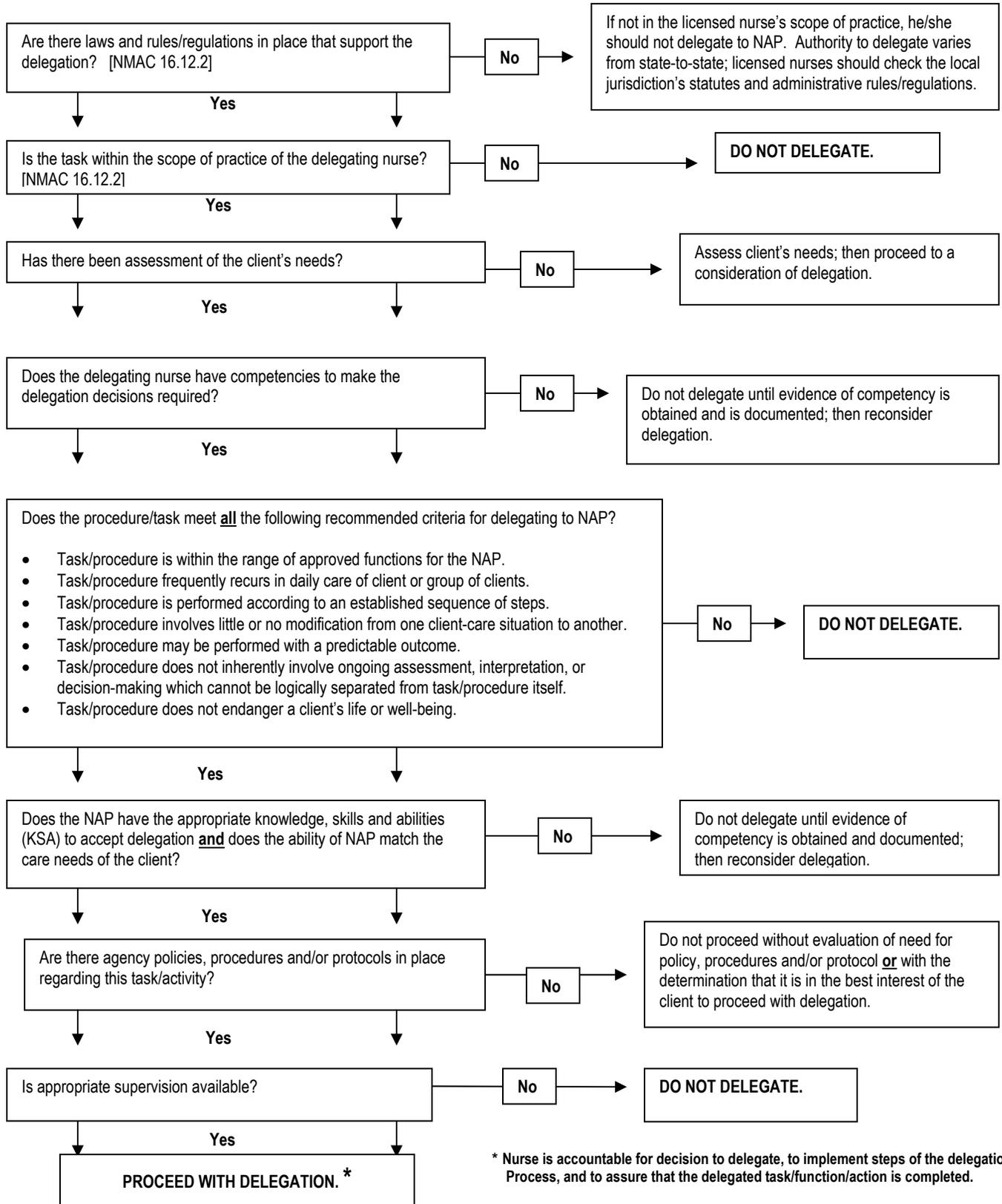
If one of more of these steps cannot be accomplished, it is recommended that more in-depth preparation is needed before delegation to unlicensed personnel will be safe.

APPENDIX D

DECISION TREE

Nurse Delegation to Nursing Assistive Personnel (NAP)

Step One – Assessment and Planning



[continued]

Step Two – Communication

Communication must be a two-way process.

<p>The nurse:</p> <ul style="list-style-type: none"> • assesses the NAP’s understanding of <ul style="list-style-type: none"> ▪ how the task is to be accomplished, ▪ when and what information is to be reported including <ul style="list-style-type: none"> ○ expected observations to report and record ○ specific client and concerns that would require prompt reporting; • individualizes for NAP and client situation; • addresses any unique client requirements and characteristics and clear expectations of NAP; • assesses NAP’s understanding of expectations, providing clarification as needed; • communicates willingness and availability to guide and support NAP; • assures appropriate accountability by verifying that NAP accepts delegation and accompanying responsibility. 	<p>The NAP:</p> <ul style="list-style-type: none"> • asks questions regarding delegation and seeks clarification of expectations as needed; • informs nurse if NAP has not performed a delegated task/function/activity or if performance has been infrequent; • asks for additional training or supervision; • affirm understanding of expectations; • determines communication method between NAP and nurse; • determines communication and plan of action in emergency situations. 	<p>Documentation:</p> <ul style="list-style-type: none"> • should be timely, complete and an accurate account of the care provided; • facilitates communication with other members of health care team; • records nursing care provided.
---	--	--

Step Three – Surveillance and Supervision

The purpose of surveillance and monitoring is related to nurse’s responsibility for client care within context of a client population. The nurse supervises the delegation by monitoring the performance of the task or function and assures compliance with standards of practice, policies and procedures. Frequency, level and nature of monitoring vary with needs of client and experience of assistant.

<p>The nurse considers:</p> <ul style="list-style-type: none"> • client’s health care status and stability of condition; • predictability of responses and risks; • setting where care occurs; • availability of resources and support infrastructure; • complexity of task being performed. 	<p>The nurse determines:</p> <ul style="list-style-type: none"> • frequency of onsite supervision and assessment based on <ul style="list-style-type: none"> ▪ needs of client; ▪ complexity of delegated function/task/activity ▪ proximity of supervising nurse. 	<p>The nurse is responsible for:</p> <ul style="list-style-type: none"> • timely intervention and follow-up on problems and concerns that might include <ul style="list-style-type: none"> ▪ alertness to subtle signs and symptoms that allows Nurse and NAP to be proactive before client’s condition deteriorates significantly; ▪ awareness of NAPs difficulties completing delegated activities; • providing adequate follow-up problems and/or changing situations as a critical aspect of delegation.
--	--	--

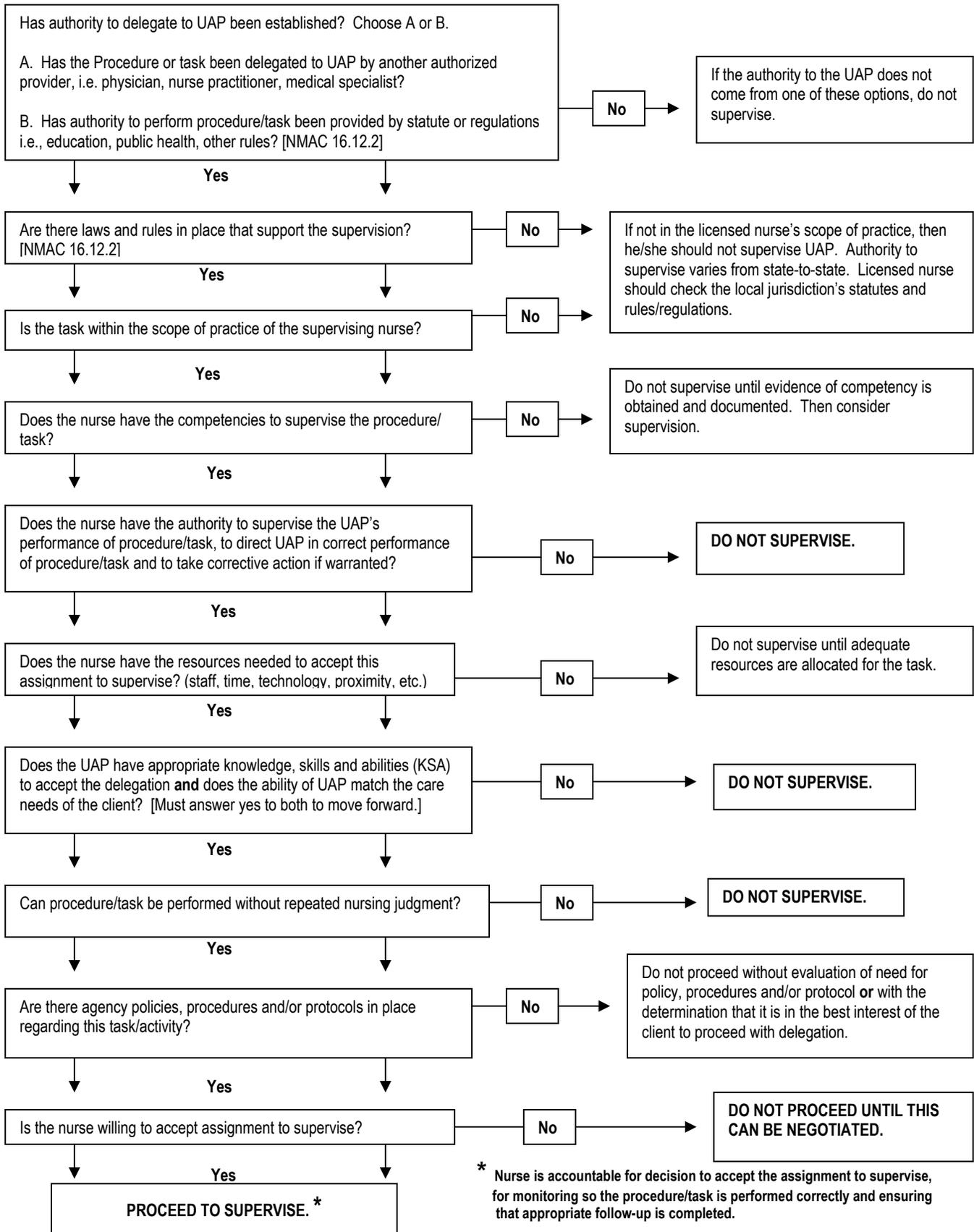
Step Four – Evaluation and Feedback

Evaluation is often the forgotten step in delegation.

<p>The nurse addresses the following questions in considering the effectiveness of delegation.</p> <ul style="list-style-type: none"> • Was the delegation successful? <ul style="list-style-type: none"> ▪ Was the task/function/activity performed correctly? ▪ Was the client’s desired and/or expected outcome achieved? ▪ Was the outcome optimal, satisfactory or unsatisfactory? ▪ Was communication timely and effective? ▪ What went well; what was challenging? ▪ Were there any problems or concerns; if so, how were they addressed? • Is there a better way to meet the client need? • Is there a need to adjust the overall plan of care, or should this approach be continued? • Were there any “learning moments” for NAP and/or nurse? • Was appropriate feedback provided to NAP regarding performance of the delegation? • Was the NAP acknowledged for accomplishing the task/activity/function?
--

DECISION TREE

Accepting Assignment to Supervise Unlicensed Assistive Personnel (UAP)



[continued]

Guidelines for Accepting Assignment to Supervise:

The nurse supervises by monitoring the performance of the task or function and assures compliance with standards of practice, policies and procedures. Frequency, level and nature of monitoring vary with needs of client and experience of the UAP.

<p>The nurse considers:</p> <ul style="list-style-type: none">• client's health status and stability of status;• predictability of responses and risks;• setting where care occurs;• availability of resources and support infrastructure;• complexity of procedure/task being performed.	<p>The nurse determines:</p> <ul style="list-style-type: none">• frequency of onsite supervision and assessment based on:<ul style="list-style-type: none">▪ needs of the client;▪ complexity of delegated function/task/activity;▪ proximity of nursing supervision.	<p>The nurse is responsible for:</p> <ul style="list-style-type: none">• timely intervention and follow-up on problems and concerns; examples of need for intervention include:<ul style="list-style-type: none">▪ observation of subtle signs and symptoms which may allow nurse and UAP to be proactive before client's condition deteriorates significantly,▪ awareness of UAP having difficulty completing delegated activities,▪ providing adequate follow-up to problems and/or changing situations is a critical aspect of delegation.
--	--	--

The nurse is responsible for the decision whether to accept an assignment to supervise. Nurses should be aware of different options and strategies in dealing with these situations and make informed decisions.

The nurse should be prepared to provide feedback to the delegating provider regarding the effectiveness of the procedure/task. This feedback may include:

- if the task/function/activity was performed correctly;
- if the client's desired and/or expected outcome was achieved;
- if there were any problems or concerns and how they were addressed;
- if there are suggestions for adjusting the plan of care.

Delegation Decision-making Grid

Elements for Review		Client A	Client B	Client C	Client D
Activity/Task	Describe Activity/Task				
Level of Client Stability	Score the client's level of stability: 0. Client condition is chronic/stable/predictable 1. Client condition has minimal potential for change 2. Client condition has moderate potential for change 3. Client condition is unstable/acute/strong potential for change				
Level of UAP Competence	Score the UAP competence in completing delegated nursing care activities in the defined client population: 0. UAP is expert in activities to be delegated in defined client population 1. UAP is experienced in activities to be delegated in defined client population 2. UAP is experienced in activities to be delegated but not in defined client population 3. UAP is novice in performing activities in defined population				
Level of Licensed Nurse Competence	Score the licensed nurse's competence in relation to both knowledge of providing nursing care to a defined population and competence in implementation of the delegation process: 0. Expert in knowledge of nursing needs/activities of defined client population and expert in delegation process 1. Either expert in knowledge of needs/activities of defined client population and competent in delegation or experienced in needs/activities of defined client population and expert in delegation process 2. Experienced in knowledge of needs/activities of defined client population and competent in delegation process 3. Either experienced in knowledge of needs/activities of defined client population or competent in delegation process 4. Novice in knowledge of defined population and novice in delegation				
Potential for Harm	Score the potential level of risk nursing care activity has for client (risk is probability of experiencing harm): 0. None 1. Low 2. Medium 3. High				
Frequency	Score based on how often the UAP had performed the specific nursing care activity: 0. Performed at least daily 1. Performed at least weekly 2. Performed at least monthly 3. Performed less than monthly 4. Never performed				
Level of Decision-making	Score decision-making needed, related to the specific nursing care activity, client (both cognitive and physical status) and client situation: 0. Does not require decision making 1. Minimal level of decision making 2. Moderate level of decision making				
Ability for Self Care	Score the client's level of assistance needed for self-care activities: 0. No assistance 1. Limited assistance 2. Extensive assistance 3. Total care or constant attendance				
TOTAL SCORE					

Adapted from the National Council of State Boards of Nursing, Inc. / 1997

[continued]

Grid Guidelines

This tool was developed to assist nurses in making delegation decisions. It provides a scoring mechanism for seven elements that should be considered when making delegation decisions. Use of the grid is built on the overall assumption that the activity/task being considered for delegation is within the nurse's scope of practice and that the state Nursing Practice Act and Rules support delegation. The proposed delegation should also be consistent with agency policy. The delegation decision-making grid can be used to achieve support for sound delegation decisions. It is intended to be used in conjunction with the Five Rights of Delegation (<https://www.ncsbn.org/fiverights.pdf>) and provides a framework for assessing the client's needs, the skills of the unlicensed assistive personnel (UAP) and the licensed nurse, the benefits of the activity/task, as well as any potential harm in delegating the activity/task.

Rating of the identified elements assists the nurse in evaluating circumstances, client needs and available resources (including UAP and nurse competence) to support the delegation decision. **A low score would indicate that the activity could be safely delegated, a high score would caution against delegation.** For example, if the level of client stability is ranked 3 (client condition is unstable or acute or has a strong potential for change) and the UAP under consideration is rated 3 (novice in performing activities and in working with defined client population), that activity should not be delegated to that UAP. Each facility or agency would be expected to establish a policy regarding the level of score deemed acceptable for delegation.

Five Rights of Delegation

- Right Task
- Right Circumstances
- Right Person
- Right Direction/Communication
- Right Supervision/Evaluation

Decision-making Grid Use

- In planning care for a group of patients – worksheet can be used to score the needs of up to four patients and allows for comparison of those client situations.
- To evaluate delegation needs of a client unit or a client caseload.
- For staff education regarding delegation.
- For orientation of new staff, both nurse and UAP.
- For nursing education programs providing basic managerial skills for students.
- For Board Member workshops and presentations regarding delegation issues.
- For evaluation of discipline complaints involving concerns regarding delegation.

APPENDIX E

NEW MEXICO ADMINISTRATIVE 6.12.8 NMAC
DIABETES SELF-MANAGEMENT BY STUDENTS IN THE SCHOOL SETTING

TITLE 6 PRIMARY AND SECONDARY EDUCATION
CHAPTER 12 PUBLIC SCHOOL ADMINISTRATION - HEALTH AND SAFETY
PART 8 DIABETES SELF-MANAGEMENT BY STUDENTS IN THE SCHOOL SETTING

6.12.8.1 ISSUING AGENCY: New Mexico Department of Health.
[6.12.8.1 NMAC - N, 02/01/2009]

6.12.8.2 SCOPE: This rule applies to students enrolled in public, private, home or parochial schools in New Mexico unless otherwise expressly limited.
[6.12.8.2 NMAC - N, 02/01/2009]

6.12.8.3 STATUTORY AUTHORITY: This rule is adopted pursuant to the Department of Health Act, Section 9-7-6(E) and the Public Health Act, Sections 24-1-3(B), 24-1-3(G), and 24-1-3(O) NMSA 1978.
[6.12.8.3 NMAC - N, 02/01/2009]

6.12.8.4 DURATION: Permanent.
[6.12.8.4 NMAC - N, 02/01/2009]

6.12.8.5 EFFECTIVE DATE: February 1, 2009 unless a later date is cited in the history at the end of a section.
[6.12.8.5 NMAC - N, 02/01/2009]

6.12.8.6 OBJECTIVE: The purpose of this rule is to grant students who are authorized pursuant to this rule the right to self-manage their diabetes care in the school setting and to develop mechanisms that support safe diabetes self-management in the school environment.
[6.12.8.6 NMAC - N, 02/01/2009]

6.12.8.7 DEFINITIONS:

- A.** "Developmental level" means the appropriate age-specific stage of emotional, mental and physical growth as determined by the school nurse or other designated registered nurse or clinician.
 - B.** "Equipment and supplies" means those materials required to store or dispose of sharps, to perform self-assessment procedures, or to self-administer medication.
 - C.** "Health care practitioner" means a person authorized under law in New Mexico to prescribe drugs for the treatment of diabetes and associated medical conditions.
 - D.** "Individualized healthcare plan" means a written plan that identifies the student's health care needs and is developed by the school nurse or designated registered nurse or clinician cooperatively with the student and parent or guardian based on the orders provided by the student's health care practitioner.
 - E.** "Medication" means a drug as that term is defined in section 201(g)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321) and includes oral and non-oral drugs in a pharmacy-labeled container.
 - F.** "Other designated registered nurse or clinician" means a registered nurse or clinician designated by the school district to act in the capacity of a school nurse.
 - G.** "School nurse" means a registered nurse (RN), clinical nurse specialist (CNS) or certified nurse practitioner (CNP) licensed by the New Mexico public education department to provide nursing services in the school setting.
 - H.** "Self-administration" means a student's own use of prescribed diabetes medication pursuant to a prescription from a health care practitioner.
 - I.** "Self-assessment" means a student's monitoring of his/her blood glucose levels and for the presence of ketones.
 - J.** "Sharps" means a device with a keen edge or sharp point used to puncture the skin for the purpose of self-assessment or a needle used to inject medication.
- [6.12.8.7 NMAC - N, 02/01/2009]

6.12.8.8 REQUIREMENTS:

- A. General rights:** Schools (whether public or nonpublic) are required to grant to any student in grades kindergarten through 12 authorization to carry and use equipment and supplies, for storage and disposal of sharps, for self-assessment and for self-administration of diabetes treatment medications prescribed by a health care practitioner if all of the following conditions are met.
 - (1) A health care practitioner has prescribed the medication, directed the instruction of the student in the correct and responsible use of the medication, and approved the student's ability to perform self-assessment and medication self-administration, pursuant to Subsection B of 6.12.8.8 NMAC.

(2) The student has demonstrated to the school nurse or other designated registered nurse or clinician the skill level and developmental level necessary to correctly store and use any equipment and supplies required to perform self-assessment and self-administration of such medication as prescribed by the health care practitioner (or the practitioner's designee).

(3) The school nurse or other designated registered nurse or clinician, with input from the parent or guardian and based on the student's health care practitioner's medical orders, has formulated a written individualized healthcare plan for management of diabetes care for the student that includes but is not limited to the correct storage and disposal of sharps by the student, the performance of self-assessment procedures and the self-administration of medication.

(4) The school has informed the parent or guardian of the student in writing that the school, including its employees and agents, is to incur no liability as a result of any injury arising from the performance of self-assessment procedures and the self-administration of medication nor from any injury arising from the student carrying and disposing of equipment and supplies to perform these procedures.

(5) The student's parent or guardian has completed and submitted to the school:

(a) all written documentation required by school policy; and

(b) the required treatment plan/medical orders; and

(c) a signed statement from the parent or guardian of the student acknowledging that the school, including its employees and agents, is to incur no liability as a result of any injury arising from the performance of self-assessment procedures and the self-administration of medication nor from any injury arising from the student carrying and disposing of equipment and supplies to perform these procedures, and the parent or guardian will indemnify and hold harmless the school, including its employees and agents, against any claim arising out of the performance of these procedures or storing and disposing of equipment and supplies to perform them.

B. Terms and limits of the student's rights: A student granted authorization under Subsection A of 6.12.8.8 NMAC shall:

(1) retain these rights not to exceed the duration of the current school year, but may lose these rights if, as determined by the school nurse and the school administrator, endangerment to the student's person or other persons occurs through the misuse of equipment, supplies, or medication or if the student's self-administration of medication is inconsistent with the prescribed dosage; and

(2) be responsible for storing and disposing of all sharps as agreed upon with the school nurse or other designated registered nurse or clinician; and

(3) be allowed to possess equipment and to perform routine self-assessment and self-treatment at locations identified in Subsection C of 6.12.8.8 NMAC but away from major traffic pathways as agreed upon with the school nurse or other designated registered nurse or clinician.

C. Extent of authorization: An authorization granted under Subsection A of 6.12.8.8 NMAC must allow the student granted authorization to store and dispose of equipment and supplies necessary for self-treatment and self-assessment in the school setting including:

(1) while at any location on school property, including the classroom, but away from major traffic pathways as agreed upon with the school nurse or other designated registered nurse or clinician;

(2) while at a school-sponsored activity;

(3) during regular before-school and after-school activities; and

(4) in transit to or from school or school-sponsored activities.

D. Duration of authorization: An authorization granted under Subsection A of 6.12.8.8 NMAC is effective only for the duration of the school year for which it is granted and must be renewed each subsequent school year in accordance with this subsection. It may be revoked at any time for failure to comply with Subsection B of 6.12.8.8 NMAC.

E. Back-up medication: The school must ensure that in the event of a diabetes emergency any back-up medication and equipment and supplies provided by the parent or guardian are kept at an easily accessible location agreed upon by the student and authorized individuals. The school must develop policies and procedures to address the safekeeping of these materials. Authorized school personnel who in case of an emergency and in good faith provide a person with back-up medication, equipment, or supplies are to incur no liability as a result of providing the materials and medication to an authorized student or individual.

F. Maintenance of information: Information described in Paragraphs (3) and (5) of Subsection A of 6.12.8.8 NMAC shall be kept on file at the student's school of enrollment in a location easily accessible by authorized individuals who have a legitimate need to know. Each school district must have in place policies and procedures that are in compliance with the Family Educational Rights and Privacy Act (20 U.S.C. 1232g) and Health Insurance Portability and Accountability Act of 1996 (HIPAA) to address the safekeeping and confidentiality of the described information.

[6.12.8.8 NMAC - N, 02/01/2009]

HISTORY of 6.12.8 NMAC: [RESERVED]

APPENDIX F

STANDING ORDERS ISSUED BY THE DEPARTMENT OF HEALTH
REGIONAL HEALTH OFFICERS FOR THE SCHOOL NURSE
WHEN DELEGATING NURSING ACTIONS IN THE CARE
OF STUDENTS WITH DIABETES

http://www.nmschoolhealthmanual.org/shm_15.pdf