Diabetes Care Tasks at School: What Key Personnel Need To Know

CHILD CARE

Safe at School

American Diabetes Association
All staff members should have basic knowledge of diabetes and know who to contact for help.
Participants will be able to understand:

- Basics of caring for a child with diabetes at daycare
- Hypoglycemia and Hyperglycemia
- Diabetes care tools and resources
SPECIAL CONSIDERATIONS WHEN CARING FOR A CHILD WITH DIABETES

• Children, especially young children, are totally dependent on adults.

• Depending on age and development, some have limited or no communication skills.

• With proper planning and glucose management, a child with diabetes can and should be allowed to participate in ANY activity.
**DIABETES MANAGEMENT**
Constant Juggling - 24/7

<table>
<thead>
<tr>
<th>Glucose Raising</th>
<th>Glucose Lowering</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Food</td>
<td>- Too much insulin</td>
</tr>
<tr>
<td>- Not enough insulin or carbs don’t match insulin provided</td>
<td>- Carbohydrates don’t match insulin given or didn’t finish all carbohydrates after providing insulin</td>
</tr>
<tr>
<td>- Illness, stress, injury</td>
<td>- Exercise or activity *</td>
</tr>
<tr>
<td>- Side effects from other medications (steroids)</td>
<td></td>
</tr>
</tbody>
</table>

* Physical activity generally lowers blood glucose. However, certain activities may raise blood glucose for some students.
CHILD CARE DIABETES MEDICAL MANAGEMENT PLAN (DMMP)

Developed with input from the parent/guardian

Based on the DMMP or “medical/physician’s orders”

Communicates the diabetes management strategies for the student in the daycare setting
### DIABETES CARE TASKS BY CHILD CARE STAFF

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blood Glucose Monitoring</strong></td>
<td>• Before food intake and physical activity and when low or high blood glucose is suspected. Equipment includes blood glucose meter, lancet, lancing device, test strips, CGM (if used).</td>
</tr>
<tr>
<td><strong>Insulin Administration</strong></td>
<td>• Before or after food intake and to treat high blood glucose. Equipment includes insulin, delivery device (pump, pen, syringe).</td>
</tr>
<tr>
<td><strong>Food Intake Scheduling and Monitoring</strong></td>
<td>• Snacks and meals provided and/or monitored to ensure food consumption is in accordance with insulin dosing. Equipment includes food, carbohydrate information.</td>
</tr>
<tr>
<td><strong>Hypoglycemia Treatment</strong></td>
<td>• Awareness that unusual behaviors after physical activity or insulin may signify hypoglycemia. Equipment includes quick-acting carbohydrates and glucagon.</td>
</tr>
<tr>
<td><strong>Hyperglycemia Treatment</strong></td>
<td>• Awareness that increased urination or drinking may signify hyperglycemia. Equipment includes water or other non-carbohydrate-containing liquid, insulin.</td>
</tr>
<tr>
<td><strong>Ketone Monitoring</strong></td>
<td>• Check ketones if repeated blood glucose tests show above target range or if the child is ill. Equipment includes urine or blood ketone strips, ketone monitor.</td>
</tr>
</tbody>
</table>
HYPOGLYCEMIA: POSSIBLE SIGNS AND SYMPTOMS

Mild to Moderate Symptoms
- Hunger
- Shakiness
- Weakness
- Paleness
- Dizzy or lightheaded
- Increased heart rate
- Yawning
- Irritability/frustration
- Extreme tiredness/fatigue
- Sleepiness
- Changed behavior
- Sweating
- Anxiety
- Dilated pupils
- Restlessness
- Confusion
- Sudden crying

Severe Symptoms
- Inability to eat or drink
- Unconscious
- Unresponsive
- Seizure activity or convulsions (jerking movements)
SEVERE LOW BLOOD GLUCOSE

• If a child should become unconscious, or can’t eat, drink or swallow…

1. Glucagon Emergency Kit should be given without delay

2. Parents should be immediately notified, call 911
HYPERGLYCEMIA: POSSIBLE SIGNS AND SYMPTOMS

**Mild Symptoms**
- Lack of concentration
- Frequent urination
- Sweet, fruity breath
- Weight loss
- Stomach pains
- Thirst
- Flushing of the skin
- Blurred vision
- Increased hunger
- Fatigue/sleepiness

**Moderate Symptoms**
- Dry mouth
- Stomach cramps
- Vomiting
- Nausea

**Severe Symptoms**
- Labored breathing
- Profound weakness
- Confusion
- Unconscious
ADMINISTERING INSULIN

• Many children require rapid acting insulin before meals and snacks; timing should be included in the Diabetes Care Plan
  – Note, hypoglycemia can occur if meal or snack is delayed for more than 15 minutes after insulin injection or insulin pump bolus

• The carbohydrate amounts need to be calculated or the child will need help in choosing foods that fit their meal plan

• It is important that the child eats all the food they said they were going to eat to prevent a low blood sugar since the insulin was determined by the prescribed amount of food
Severe low blood glucose
Vomiting, positive ketones
Refusing to eat
Refusing to check blood glucose
Low blood glucose has been treated but is not coming up
High blood glucose has been treated but is not coming down
KEY PRINCIPLES

• Diabetes should not be a reason to refuse enrollment

• Critical components for success include:
  • Written care plans
  • Provision of care by child care staff
  • Basic training for all staff in a child care setting
  • Advanced training for a small group of child care staff
  • Instruction should include demonstration of the care tasks and a plan for ongoing training
  • Participation in diabetes care allowed for capable children
Module 14 Pre – and Post – Tests:

TITLE GOES HERE

This tool may be freely duplicated and distributed for training purposes
1. Younger children with diabetes are usually completely dependent upon their care giver for diabetes care.
   a. True
   b. False

2. Which diabetes care task cannot be performed by child care staff?
   a. Insulin administration
   b. Blood glucose monitoring
   c. Glucagon administration
   d. Carbohydrate counting
   e. None of the above

3. Under which circumstances should a parent/guardian be notified?
   a. Severe low blood glucose
   b. Vomiting, positive ketones
   c. Refusing to eat
   d. Refusing to check blood glucose
   e. Refusing to take insulin
   f. High blood glucose has been treated, but is not down
   g. Low blood glucose has been treated but it is not going up.
   h. All of the above
WHERE TO GET MORE INFORMATION

American Diabetes Association
1-800- DIABETES
www.diabetes.org/safeatschool