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

BEFORE- AND AFTER-SCHOOL CARE

American Diabetes Association
All caregivers should have basic knowledge of diabetes and know who to contact for help.
LEARNING OBJECTIVES

Participants will be able to understand:

- Basics of caring for a child with diabetes
- 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

- Food
- Not enough insulin or carbs don’t match insulin provided
- Illness, stress, injury
- Side effects from other medications (steroids)

- Too much insulin
- Carbohydrates don’t match insulin given or didn’t finish all carbohydrates after providing insulin
- Exercise or activity *

* Physical activity generally lowers blood glucose. However, certain activities may raise blood glucose for some students.
GOAL BLOOD GLUCOSE RANGE

• Fasting blood glucose for people without diabetes is usually within the range of 70-100 mg/dL

• Children with diabetes have individual goal ranges based on their age and ability to feel low blood glucose, see the Diabetes Care Plan for individual goals

• If above (hyperglycemia) or below (hypoglycemia) their target range, they may need an intervention or treatment to correct glucose levels back into a safe range to avoid serious acute complications
BLOOD GLUCOSE MONITORING

The parents must tell you when they want blood glucose checks to be done

Typical blood glucose checks often occur:

- Before meals
- Before bed
- Before, during and after exercise
- Whenever a child says they are feeling “low” or “high” or “not well”
- Whenever a child is displaying signs and symptoms of a “low” or “high” blood sugar
- After treatment for a “low” or “high” blood sugar
- If a child is behaving in a manner that is not typical for them be sure to test their blood sugar
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
BEFORE-SCHOOL CARE

• Many before care programs include having breakfast served
  • Insulin often needs to be given with breakfast
  • The carbohydrate amount needs to be calculated or the child will need help in choosing foods that fit their meal plan

• Many children require rapid acting insulin before meals and snacks; timing should be included in the Diabetes Care Plan
  • Sometimes the Diabetes Care Plan will include dosing after meals for picky eaters and very young children

• Note: Hypoglycemia can occur if meal or snack is delayed for more than 15 minutes after insulin injection or insulin pump bolus

• If the child does not eat all of the food for which insulin was given, they are at risk of hypoglycemia
  • The child must finish their carbs after insulin dosing or needs to have the carbs replaced with another food or drink to prevent lows
  • If a child routinely eats less than planned, contact the parents to discuss
AFTER-CARE

Most after-care programs involve a snack

Prior to providing a snack:

• Generally, follow the same steps as if the child was having breakfast; see Diabetes Care Plan for individual details that usually include:
  • Identify the amount of carbohydrates
  • Divide total carbs by insulin to carb ratio or fixed dose
  • Check blood glucose
  • Determine if a correction dose is needed; sometimes insulin may be held or decreased to prevent lows with exercise
AFTER-CARE

Most after-care programs involve physical activity

If no scheduled snack but the child is going to be active for at least 30 minutes:

- Check glucose— and be prepared to check as needed if any symptoms during participation
- If under 100 (or other value determined by the parent), give a 15g carbohydrate snack
- If activity will exceed 2 hours, the child should check glucose half way through and at anytime signs or symptoms of hypoglycemia
HIGH ALERT SITUATIONS

Parent/Guardian should be called if a child has:

- 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
CAREGIVER FOLLOW UP

• Record and report the following to the next caregiver and parent/guardian:
  • Blood glucose readings
  • Any insulin doses given
  • Failure to complete prescribed meal plan
  • Symptoms and treatment provided for hypoglycemia or hyperglycemia

This tool may be freely duplicated and distributed for training purposes
1. What might a child with diabetes need before she or he eats breakfast at school?
   a. Whole grain toast
   b. Insulin
   c. Sugar-free beverage
   d. None of the above

2. Which actions may after-school staff have to perform for a child with diabetes attending an after-school program?
   a. A ride home
   b. Insulin administration
   c. Count carbohydrates
   d. B and c above

3. What information should be recorded and reported by the caregiver and parent/guardian:
   a. Blood glucose readings
   b. Any insulin doses given
   c. Failure to complete prescribed meal plan
   d. Symptoms and treatment provided for hypoglycemia or hyperglycemia
WHERE TO GET MORE INFORMATION

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