Helping the Student with Diabetes Succeed

A Guide for School Personnel

June 2009
Acknowledgements

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Martha Spencer, Physician, International Diabetes Center
Robert McEvoy, Physician, Children’s Hospital and Clinics
Robin Rodenborg, Parent, Rural community school
Ramona Martinez, Student, Rural community school
Shirley Brekken, Executive Director, Minnesota Board of Nursing
JoAnn Knuth, School Administrator, St. Paul Public Schools
Jan Braaten - School Administrator, Minneapolis Public Schools
Carol Manchester, Diabetes Clinical Nurse Specialist, Fairview University Medical Center
Ashley Kyrk, Student, Metropolitan community
Carol Diemert, Staff Specialist Nursing Practice, Minnesota Nurses Association
Carolyn Allshouse, Health Advocacy Coordinator, PACER
Tracy Brunnette, School Board Chair, South Washington County Schools
Betsy Moga, School Nurse, Minneapolis Public Schools
Cheryl Smoot, School Health Consultant, Minnesota Department of Health
Anne Jackson, Diabetes Nurse Educator, Fairview University Medical
Ian Fitterer, Principal, St. Clair High School

Nancy Blume, Child & Adolescent Health Policy, Supervisor, Minnesota Department of Health
Amy Criego, Physician, Fairview University Medical Center
Marcia Meier, Diabetes Nurse Educator, International Diabetes Center
Ruth Ellen Luehr, School Health Services Specialist, Minnesota Department of Education
* Suzanne Sorensen, Registered Dietitian, Diabetes Educator, Children’s Hospital and Clinics
* Paddy Biagi, Nurse Practitioner, Medtronic
* Rebecca Hudlow, School Health Coordinator, Eden Prairie Schools
* Sheryl Peterson, Diabetes Nurse Educator, Immanuel St. Joseph’s-Mayo Health System
* Maren McGowan, Parent and Volunteer Advocate, American Diabetes Association serving Minnesota
* Jan Bodnia, School Health Specialist, Minnesota Department of Education
* Tara Kaup, School Nurse, Diabetes Nurse Educator, St. Paul Public Schools
* Jayne Chatterton, School Nurse, Diabetes Nurse Educator, St. Paul Children’s Hospital & Clinics
* Mary Swanson, School Nurse, School Nurse Organization of Minnesota
* Nancy Vanderburg, Public Health Policy Planner, Minnesota Department of Health
* Diabetes Task Force Members, July 2003


For further information contact:
Tara S. Kaup RN, MSN, LSN, CDE, A-EC
Diabetes Resource Nurse, Asthma Resource Nurse, Saint Paul Public Schools
(651) 632-3742, tara.kaup@spps.org
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**Helping the Student with Diabetes Succeed**

A Guide for School Personnel

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**Minnesota Supplement**, June 2009
Students with diabetes can function to their maximum potential if they have support to effectively manage their diabetes in the school setting. Providing support to these students requires a deliberate, coordinated and systematic approach.

An estimated 2600 individuals under the age of 20 in Minnesota have Diabetes - types 1 or 2. In the preschool and primary grades, the rate is nearly 1 per 1000 students and in later elementary through high school, about 3 per 1000. Type 2 diabetes is becoming more prevalent among children and adolescents. Of concern are the Minnesota pre-diabetic teens, an estimated 7% or 70 per 1000. Students with Diabetes – type 1 are more fragile and are at risk for medical emergencies; students with type-2 have a glucose imbalance affecting energy and attention, but are not at risk for emergencies.

The National Diabetes Education Program (NDEP), a federally sponsored partnership of the National Institutes of Health, Centers for Disease Control and Prevention and more than 2000 partner organizations, produced Helping the Student with Diabetes Succeed – A Guide for School Personnel in June, 2003. The purpose of the national guide is to inform school personnel about diabetes management and how each member of the school staff can help to meet the needs of students with diabetes. The National Diabetes Education Program has number of useful resources for school personnel including the national guidelines (currently in process of revisions) at www.ndep.nih.gov.

This Supplement provides Minnesota-specific information and resources for implementing the national guidelines in Minnesota schools.
The Minnesota Diabetes Task Force coordinated the development of the Minnesota Supplement to the National Guide for School Personnel. The Task Force included representatives from the American Diabetes Association serving Minnesota, School Nurse Organization of Minnesota, Minneapolis and Saint Paul Diabetes Educators, Minnesota Department of Health and Minnesota Department of Education. The Diabetes Task Force was assisted by the Advisory Committee comprised of healthcare providers, school personnel, parents and students, the Minnesota Board of Nursing and the Minnesota Nurses Association.

The Diabetes Task Force aims to provide Minnesota schools with the tools to:

- Guide school personnel in understanding the needs of students with diabetes including the nature of the disease and its management so that care is specific to each student’s health needs and care is consistent and coordinated across all school settings.

- Assure that the safety of a student with diabetes is maintained in school through development and implementation of an Individualized Healthcare Plan and through training of school staff.

- Support a student with diabetes in becoming independent in his/her self-care management, consistent with his/her age, capabilities and interest.

- Enhance opportunities of students with diabetes to fully participate in all school activities.

Helping the Student with Diabetes Succeed, A Guide for School Personnel, and this Minnesota Supplement are to be used by Licensed School Nurses, printed, replicated and distributed to educators, assistant staff, parents and others who are part of the team providing comprehensive, coordinated care and support in schools.

This Minnesota Supplement is available at the School Nurse Organization of Minnesota Web site: http://www.minnesotaschoolnurses.org/. It will be updated biennially.
Planning for and Care of the Student with Diabetes in School

Students who have diabetes experience the disease in ways that vary widely in terms of severity, the length of time they have had the disease and course of treatment. In addition, students have differing levels of knowledge, skills, comfort, problem-solving abilities and independent management skills. All students with diabetes, whether they require a full array of services or are able to manage their diabetes with a high degree of autonomy, need to be medically safe at school.

**Provide services at school to ensure students’ medical stability and safety.**
Schools are responsible for providing the health services required by students, including services for complex health problems. Students with chronic health conditions need quality health care in order to maintain a stable medical condition and stay out danger, progress from being a novice to an expert in personal diabetes care, minimize interruptions to learning, and participate fully in education programming. Each school district should have a systematic process in place to determine, on an individual basis, the health needs of the students and the health care that they require. School health services staffing must be able to adjust to students’ changing service needs.

**Provide services to support students’ education.**
Students with diabetes aim for a balanced metabolism so that they are alert, on task and energetic. Some students’ health condition interferes with their learning in significant ways. A 504 plan may be required to describe the daily accommodations that are necessary for the student to be able to benefit from their education. If a student with diabetes has an Individualized Education Plan (IEP) to provide special instruction and supports for learning, the effect of diabetes on his/her education should be assessed and appropriate related services provided.

**Plan coordinator.**
The Licensed School Nurse (LSN) is the most appropriate education team member to work with students with chronic health problems including diabetes. The school nurse is the bridge between the medical care system and the school system. The LSN, with nearly daily contact with the students with diabetes, especially those newly diagnosed, assists students to learn to
live with their condition day-to-day. The LSN gathers information, communicates with parents, is the school’s liaison to the health care provider, is the student’s primary teacher and coach regarding diabetes, and facilitates the school team dialogue.

**Given the medical management plan, determine what will work in school.**

A student with diabetes, his/her parent(s) and medical team (physician, nurse, and diabetes educator) develop a Diabetes Medical Management Plan (DMMP). The medical management plan addresses both routine and urgent diabetes management. The plan provides directions for blood glucose monitoring; administering insulin, use of glucagon in an emergency, prescriptions for other medication; specific plans for meals, snacks and exercise; monitoring; and early intervention for hypoglycemia and hyperglycemia to prevent a medical emergency.

At school, the LSN reviews the Diabetes Medical Management Plan and, together with the student and parent, identifies issues that need to be addressed in the school setting. The student, parents and key educators determine how the monitoring, medications, nutrition and activity align with the school schedule, what adjustments or accommodations are necessary and adaptations that need to occur when schedules or activities change in the regular school day. Also to be considered are field trips, before- and after-school child care, and co-curricular activities.

**Individualized Healthcare Plan addresses student-specific needs.**

The Individualized Healthcare Plan (IHP) is developed specific to a student’s needs, clarifying and documenting his/her goals, routine tasks and assignments, exceptions, urgent care, staff training, communication, and the like. The IHP has an urgent care component – the Emergency Care Plan (ECP). Each student's plan is based on his/her medical management plan, the school nurse’s assessment of student needs and the resources in the school/district. From student to student, the plan varies in a number of ways, including the level and complexity of nursing care.

In the IHP, the LSN determines when professional nursing service is necessary to provide direct care or on-site oversight of care because the student’s condition is fragile, unpredictable, new, in transition, medication is changed and needs monitoring, or the child is developmentally immature or emotionally insecure. Without professional staffing, the student’s medical safety could be in jeopardy.

If the LSN finds the student is stable, he/she may delegate daily health care tasks to an Unlicensed Healthcare Personnel (UAP), at the same time setting parameters for training, supervision and evaluation. The LSN is responsible for the tasks conducted by the UAP according to the student’s plan.

**Students who independently manage their diabetes.**

Students who have demonstrated skills for independent managing diabetes should not be restricted from performing these self care tasks. In fact, independent management is the goal for a student who is developmentally ready. The self-care student still needs an Individualized Healthcare Plan (IHP). The LSN and student should assess the severity of the disease and
anticipated fluctuations, course of treatment, growth and development issues, responsibility and experience managing problems, changing and challenging school schedules and other variables that are specific to the student and school. The student and LSN then sign an
agreement regarding independent care responsibilities (See appendix). Every self-care student also needs an Emergency Care Plan (ECP) so that others can be of assistance in the event that urgent care is required.

**Field trips, out-of-school time, co-curricular activities and summer school.**

Students’ Individualized Healthcare Plans (IHP) should include managing care while in school-related activities outside the school facility (field trips) and/or outside of the school day (child care, co-curricular activities). The off-campus and out-of-school-time plans must be congruent with the school-day plan.

For out-of-school time activities, the LSN can facilitate the assessment, planning and training of staff. The LSN and before-after school program administrator should create extended time for the LSN or employ an LSN solely for the program. School districts need professional nurses to provide direct care and/or supervision of assistive personnel during out-of-school time programming, including summertime, to manage students’ episodic health needs, chronic health conditions and emergency needs of students.

Or a program administrator could contract for assessment and training services from a diabetes-trained health care professional. The LSN or consultant would ensure that technically accurate care is planned. The LSN or contracted professional would not delegate nursing care to others as they are not responsible if not available to supervise staff or oversee the healthcare management of the child. In these situations, the school administrator or program director retains accountability and full responsibility for the care of the child with diabetes.

**Staff need training, at least in how to manage a diabetes emergency.**

The Individualized Healthcare Plan (IHP) should include staff training. Coaches, teachers and school-age child care providers who manage student activities before/after school hours or away from the school campus need at least: 1) basic information about diabetes, and 2) how to manage a diabetes emergency. (See the Quick Reference Emergency Plans in the National Diabetes Education Program guidelines for schools (www.ndep.nih.gov).)

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See Appendix A of this Minnesota Supplement for Sample Individualized Healthcare Plans.

National Diabetes Education Program (NDEP) school guidelines, Helping the Student with Diabetes Succeed has:

- **Diabetes Primer** for School Personnel, pages 6-29
- **Diabetes Medical Management Plan**, pages 49-52
- **Quick Reference Emergency Plan** (x2), pages 53-54
- **Actions for the Principal, School Administrator**. and other school personnel, pages 32-46

Guidelines for Nursing Delegation of Healthcare Tasks in School

Minnesota statute defines nursing practice. In summary, professional nursing practice is:

*The assessment, intervention and evaluation of actual and potential health problems in individuals, groups or communities.*

The Minnesota Nurse Practice Act describes
1) describes independent nursing functions,
2) defines delegated medical functions,
3) authorizes delegation of nursing tasks and
4) clarifies responsibility for supervision.

In addition to the authority and responsibilities in the Nurse Practice Act, professional nurses are also held accountable to standards practice as defined by professional nursing organizations. In the specialty nursing practice of school nursing, the National Association of School Nurses and the American Nurses Association have defined professional school nursing practice in the **Scope and Standards of Professional School Nursing Practice, 2005**. (See [www.nasn.org](http://www.nasn.org).)

**Delegation keeps student goals at the forefront.**

Delegation of certain nursing care tasks to unlicensed assistive personnel (UAP) is challenging in schools. The health and safety of the student must be the foremost consideration. When a student needs direct professional nursing care, or on-site supervision of assistive staff providing care, while offering a high level of medical safety and security, may limit the student’s off-campus education experiences unless the nurse travels offsite with the student and classmates. When the LSN determines that delegating tasks, is safe and appropriate, it may enable the student with diabetes to benefit from additional education activities. Delegation – and off-campus adventures - also support the student in having a wider range of experiences in diabetes regulation, testing expectations and competencies, and moves the student towards independent diabetes management.

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Helping the Student with Diabetes Succeed – MN Supplement

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**Minnesota Nurse Practice Act – selected sections**

**Minnesota Statutes 148.171, Subd. 5:** The practice of professional nursing means the performance for compensation or personal profit of the professional interpersonal service of:

- Providing a nursing assessment of the actual or potential health needs of individuals, families, or communities;
- Providing nursing care supportive to or restorative of life by functions such as skilled ministration of nursing care, supervising and teaching nursing personnel, health teaching and counseling, case finding, and referral to other health resources; and
- Evaluating these actions.

**Minnesota Statutes 148.171, Subd.15:** The practice of professional nursing includes both independent nursing functions and delegated medical functions which may be performed in collaboration with other health team members, or may be delegated by the professional nurse to other nursing personnel. Independent nursing functions may also be performed autonomously. The practice of professional nursing requires that level of special education, knowledge, and skill ordinarily expected of an individual who has completed an approved professional nursing education program . . . .

Failure of a registered nurse to supervise the performance of acts by any person working at the nurse’s direction can be grounds for disciplinary action described in Section 148.261, Subd.(5).

Locate Minnesota Statutes at [www.leg.state.mn.us](http://www.leg.state.mn.us).
management.

Delegation requires knowledge of legal parameters and expertise in health assessment, child development and emergency conditions.

The Licensed School Nurse (a Registered Nurse also licensed by the Board of Teaching) who makes a decision to delegate specific diabetes care tasks must be familiar with Minnesota Nurse Practice Act, school nursing standards of practice, federal statutes and regulations, and state statutes and rules. Other crucial information includes the position descriptions for the school nurse, health assistant staff, and the school district's policies and procedures.

Once the LSN assesses the student and his/her school- and learning-related needs, the LSN considers whether or not certain tasks can be conducted by assistive personnel while maintaining the goal of medical safety. Primary-age students, students with delayed development, and newly diagnosed students may need professional nursing care to monitor their potentially fragile condition. Because diabetes can be unpredictable, for a given student, the LSN may delegate tasks in one situation but not in another.

The professional nursing practices of assessment and health care management cannot be delegated. What can be delegated are specific tasks of the nursing care plan. Once given an overview of diabetes and the assignment to conduct tasks for one student, an assistant may not provide care to a second student until the second student’s specific needs are assessed, a care plan determined, specific tasks delegated and training has occurred.

The delegatee needs training and supervision.

The unlicensed assistive personnel (UAP) who is providing care requires adequate preparation and supervision in order to perform duties in a safe manner. The title of Unlicensed Assistive Personnel (UAP) applies to school health aids, teachers, educational assistants, secretaries, principals – any staff who accept delegation and are not licensed by the Minnesota Board of Nursing. UAPs function as an assistant to the LSN to provide specific procedures or tasks, as delegated and supervised by that professional nurse.

Appendix B:
Responsibilities:
- Delegating LSN
- Person Receiving Delegation
- Agency/ Employer

Checklist of Delegating Steps

Summary:
- The professional nurse – LSN – has professional, ethical, and legal autonomy to make decisions whether or not to delegate nursing care tasks.
- The LSN may delegate those aspects of nursing care that the he /she determine are appropriate based on his/her assessment.
- The LSN determines and is accountable for the appropriateness of the delegated nursing task.
- In a decision to delegate nursing care tasks to another, the professional nurse considers:
  - Assessment of student needs and resources;
  - Capabilities of the other workers;
  - Complexity of the nursing task; and
  - Ability of the LSN to supervise the delegate, delegated activity and the student outcome.
When No Professional Nurse is Employed to Provide or Oversee Student Health Care

A plan for addressing the needs of a student with diabetes is necessary in all school settings. The first step is the parent and/or primary healthcare provider sharing the Diabetes Medical Management Plan. The medical plan is not directly transferrable to school, because the student’s class schedule, activity and food intake, etc., need to be reviewed including how well the student understands diabetes, his/her own care plan, and is coping with the diagnosis. The student needs an Individualized Healthcare Plan to address his/her health needs in school.

Very small school districts that may not employ a Licensed School Nurse, could access nursing services through a special education cooperative or educational cooperative district or contract for nursing services through local public health agencies or clinics.

For out-of-school time programs or for summer sessions, if no LSN is employed, the school administrator and administrator need to obtain services from a diabetes-trained health professional (MD, RN, Certified Diabetes Educator, or LSN in a neighboring school district) to assess, plan, and provide training for program staff in providing routine and urgent cares for the student. To assist with locating a consultant, the school may contact the child's physician or public health agency.

When an external diabetes-trained professional has developed the Individualized Healthcare Plan (IHP) in order to assure appropriate care, that professional should train the staff. The school administrator is responsible for assigning school staff to provide care for the student, monitoring that the care is safe and is satisfactory to the parent. The contractor could periodically review implementation of the plan and address staff concerns. The school administrator and the school district retain the responsibility for the safe implementation of the child's health plan.
Training & Supervision of School Personnel in Effective Diabetes Management

STEPS

Assess
- Meet with student, family, and building principal (if available) prior to the start of the school year or, if school year is already in progress, at the time of student's diagnosis.
- Review Diabetes Medical Management Plan (DMMP) and student schedule early in the assessment process.
- Assess student's ability to conduct diabetes self-management tasks at school.
  - Observe student testing blood glucose and determine ability to perform task and interpret reading.
  - Observe student administering insulin and assess ability of student to correctly administer the appropriate dose of insulin using the appropriate technique.
  - Identify with the student and family what signs of low blood glucose this student has and usual treatment plan for this condition.
  - Identify with the student and family, the signs of high blood glucose and usual treatment for this condition.

Plan
- Develop Individualized Healthcare Plan (IHP) and/or components of the 504/IEP and Emergency Care Plan (ECP) with student and family as tools for implementing the care the student needs as determined in the Diabetes Medical Management Plan (DMMP).
- In collaboration with the school principal, review the student's needs including activities off campus and outside of school hours, i.e. field trips, sports. Identify several staff that would be appropriate for the LSN to delegate to and train in assisting the student with diabetes cares. Identify staff that need training in emergency procedures.

Delegate and Train
- Collaborate with staff that has been identified to assist students with diabetes.
- Use tools that are provided to train school staff (Level II Training).

Supervise and Evaluate
- Determine the schedule for observation of the student and UAP conducting delegated tasks.

Find more about Level I and Level II trainings, at the National Diabetes Education Program:


Find this handout: Why is Diabetes Management Training Essential for School Personnel? pages 28-29
Training & Supervision of School Personnel in Effective Diabetes Management

RESOURCES

National Diabetes Education Program (NDEP)
For a wealth of diabetes information, visit the National Diabetes Education Program website at: www.ndep.nih.gov – see resources for Health, Education and Business Professionals.


American Diabetes Association
The American Diabetes Association has many resources and including newsletters for educators and a number information, tracking and fun resources for children and youth at their website: www.diabetes.org.

Diabetes Care Tasks At School: What Key Personnel Need To Know
ADA developed this training resource to accompany the NDEP School Guide along with corresponding video segments - direct link web-address: http://www.diabetes.org/advocacy-and-legalresources/discrimination/school/schooltraining.jsp. Or go to www.diabetes.org, see Government Affairs and Advocacy, Discrimination, then Schools.

National Association of School Nurses -
The National Association of School Nurses created a training program by and for school nurses.
Helping Administer to the Needs of the student with Diabetes in School
(H.A.N.D.S).
http://www.nasn.org

Web addresses current as of April 15, 2009.
Training & Supervision of School Personnel in Effective Diabetes Management

DELEGATION

This section has a set of forms for the LSN to use in implementing the health care directives specified in the Diabetes Medical Management Plan (DMMP) and Individualized Healthcare Plan (IHP). The DMMP or IHP remains the records the LSN uses for assessment and planning and to make and document decisions for each student with diabetes.

The delegation tool forms in this section supplement, but do NOT supplant, the student’s Diabetes Medical Management Plan (DMMP) or Individualized Healthcare Plan (IHP)

Tools for Delegation:

The tools and checklists in this Minnesota Supplement to the NDEP national guidelines can be used by LSN for delegation and training of diabetes care tasks to Unlicensed Assistive Personnel (UAP) in school settings. These checklists are not copyrighted and intended to be replicated and used in schools. Other tools are available through the NASN and American Diabetes Association web site. (See the RESOURCES section.)

The LSN should offer training for all school staff regarding diabetes and emergency care, either at the beginning of the school year or when a student that has diabetes enrolls (NDEP Level I Training).

Tasks & Skills Sheets:

On the following pages, find skills sheets for these tasks in order:
Also see the NDEP Level I Training which covers these tasks using the equipment specified.

- Ketone Testing: Blood
- Ketone Testing: Urine
- Carbohydrate Counting
- Blood Glucose Testing
- Insulin Administration: Syringe
- Insulin Administration: Pen Device
- Insulin Administration: Pump Therapy
- Continuous Glucose Sensor
- Glucagon Administration
- Self Administration of Diabetes Medication and Blood Glucose Monitoring

Mutual Agreement Forms

With permission from National Association of School Nurses (H.A.N.D.S.™):

Find these forms in the Appendix.
- Health Services Mutual Agreement Overview
- Sample Agreement - Health Services Mutual Agreement
- Sample Health Services Mutual Agreement - Insulin Pump Management
- Sample Health Services Mutual Agreement - Student Independent Performance of Blood Glucose Testing and Insulin Administration
- Sample Health Services Mutual Agreement - Student Independent Performance of Blood Glucose Testing
- Sample Health Services Mutual Agreement - Student Independent Performance of Medication Administration
- Sample Mutual Agreement - Student Success in Diabetes Management at School
Ketone Testing

Successful delegation of blood or urine ketone testing is dependent on the use of a student’s Individual Healthcare Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken based on results of blood or urine ketone testing.

| Blood glucose meter brand: __________________________ | School Staff Trained: |
| Urine ketostix expiration date: ______________________ | Licensed School Nurse: |
| Blood glucose meter instructions and toll free number attached: ___ |
| Blood ketone testing capability: ______ Yes ______ No |

Blood Ketone Testing Task

| 1. Gather supplies (meter, test strip, lancing device, IHP/ECP for follow-up instructions). | Put "√" if skill achieved: |
| 2. Wash hands. | Demo Date | Date/initial "√" |
| 3. Insert blood ketone strip into meter which turns meter on. | Date/initial "√" |
| 4. Verify that code on meter matches code for blood ketone strips. | Date/initial "√" |
| 5. Poke finger or alternative site with lancing device. | |
| 6. Cover lanced site with cotton ball/tissue if needed. | |
| 7. Document meter result. | |
| 8. Based on the measure of ketones in the blood, follow IHP or ECP for action plan. | |
| 9. Inspect area for blood spills and follow district protocol. | |
| 10. Document procedure, findings and actions taken. | |

Licensed School Nurse Signature/Initials: Date:

School Staff Signature/Initials:
## Urine Ketone Testing

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</thead>
<tbody>
<tr>
<td><strong>Put &quot;√&quot; if skill achieved:</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Demo Date</td>
<td>Date/initial</td>
<td>Date/initial</td>
<td>Date/initial</td>
</tr>
<tr>
<td>1. Gather supplies (Ketostix, watch, cup, IHP/ECP for follow-up instructions).</td>
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<tr>
<td>2. Wash hands.</td>
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<tr>
<td>3. Have the student begin to void and pass ketostix through urine stream (if able); time for 15 seconds.</td>
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<tr>
<td>OR 3. If student is unable, have student urinate into a cup and dip ketostix into urine; time for 15 seconds</td>
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<tr>
<td>4. After 15 seconds compare color on strip to color key on the ketostix bottle.</td>
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<tr>
<td>5. Based on the measure of ketones in the urine, follow IHP or ECP for action plan.</td>
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<tr>
<td>6. Inspect area for urine spills and follow district protocol for clean up.</td>
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<tr>
<td>7. Document procedure, findings and actions taken.</td>
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</tbody>
</table>

**School Nurse Signature/Initials:**

**Date:**

**School Staff Signature/Initials:**
Carbohydrate Counting

Proper amounts and timing of carbohydrate containing foods is an essential part of diabetes management. Delayed meals or snacks, or improper food choices can result in low blood glucose. Consuming too many foods with high carbohydrate content without also taking adequate insulin can result in high blood glucose.

Students may require assistance in determining carbohydrate content of various foods or may need help in 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 an Individual Healthcare Plan which clearly outlines the designated meal plan. The meal plan should include the recommended number of carbohydrate choices for each meal or snack, if appropriate.

<table>
<thead>
<tr>
<th>Successful delegation of carbohydrate counting is dependent on access to written materials and on the use of an Individual Healthcare Plan which clearly outlines the designated meal plan. The meal plan should include the recommended number of carbohydrate choices for each meal or snack, if appropriate.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School Staff Trained:</strong></td>
</tr>
<tr>
<td><strong>School Nurse:</strong></td>
</tr>
</tbody>
</table>

 **GENERAL GUIDE:**
All fruits, breads, pasta, milk and milk products, and some vegetables contain carbohydrate.

Put "√" if skill achieved:

<table>
<thead>
<tr>
<th>Carbohydrate Counting - Task</th>
<th>Demo Date</th>
<th>Date/initial √</th>
<th>Date/initial √</th>
<th>Date/initial √</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. School staff aware of meal plan.</td>
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</tr>
<tr>
<td>2. School staff instructed on how to determine the amount of carbohydrates in food choices (written lists of foods and carbohydrate amounts available at school).</td>
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</tr>
<tr>
<td>3. School staff able to verify with student or assist student with counting exact number of carbohydrates in food choices.</td>
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<td></td>
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<tr>
<td>5. Document procedure, findings and actions taken.</td>
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</tbody>
</table>

**School Nurse Signature/Initials:**

**School Staff Signature/Initials:**

Date:
Blood Glucose Testing

Successful delegation of blood glucose testing is dependent on the use of student’s Individual Healthcare Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken.

Blood glucose meter brand: ____________________

Blood ketone testing capability: Yes: ________   No: _______

Meter strip expiration date: ____________________

Blood glucose meter instructions and toll free number attached

School Staff Trained:

School Nurse:

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Gather supplies (meter, test strip, lancing device, IHP/ECP for follow-up instructions).</td>
</tr>
<tr>
<td>2.</td>
<td>Wash hands.</td>
</tr>
<tr>
<td>3.</td>
<td>Insert blood glucose strip in meter, which turns meter on.</td>
</tr>
<tr>
<td>4.</td>
<td>Verify that code on meter matches code for blood glucose strips.</td>
</tr>
<tr>
<td>5.</td>
<td>Poke finger or alternative site with lancing device.</td>
</tr>
<tr>
<td>6.</td>
<td>Apply blood to test strip.</td>
</tr>
<tr>
<td>7.</td>
<td>Cover lanced site with cotton ball/tissue, if needed.</td>
</tr>
<tr>
<td>8.</td>
<td>Document meter result.</td>
</tr>
<tr>
<td>9.</td>
<td>Follow IHP or ECP for action plan.</td>
</tr>
<tr>
<td>10.</td>
<td>Inspect area for blood spills and follow district protocol for cleanup.</td>
</tr>
<tr>
<td>11.</td>
<td>Document procedure, findings and actions taken.</td>
</tr>
</tbody>
</table>

School Nurse Signature/Initials: Date:

School Staff Signature/Initials:

Put "✓" if skill achieved:

Demo Date | Date/initial "✓" | Date/initial "✓" | Date/initial "✓"
---|---|---|---

Know it. Show it. ✔
**Insulin Administration: Syringe**

Successful delegation of insulin administration is dependent on the use of the student's Individual Healthcare Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Gather supplies (Insulin bottle, syringe, alcohol wipe, IHP/ECP for follow-up instructions).</td>
</tr>
<tr>
<td>2.</td>
<td>Wash hands and put on disposable gloves.</td>
</tr>
<tr>
<td>3.</td>
<td>Wipe top of bottle with alcohol wipe (optional).</td>
</tr>
<tr>
<td>4.</td>
<td>Pull the plunger down to let __ units of air into the syringe.</td>
</tr>
<tr>
<td>5.</td>
<td>Push the needle through the center of the rubber top of the insulin bottle.</td>
</tr>
<tr>
<td>6.</td>
<td>Push the air into the bottle and leave the needle in the bottle.</td>
</tr>
<tr>
<td>7.</td>
<td>Turn the insulin bottle and syringe upside down.</td>
</tr>
<tr>
<td>8.</td>
<td>Pull the plunger down slowly to get insulin into the syringe. Make sure you have the correct number of units.</td>
</tr>
<tr>
<td>9.</td>
<td>Check for air bubbles and, if present, push the air bubbles back in the bottle and repeat Step 9.</td>
</tr>
<tr>
<td>10.</td>
<td>Check to make sure you have __ units of insulin in the syringe and take the insulin syringe out of the bottle.</td>
</tr>
</tbody>
</table>
| 11. | Assist the child:  
   a. Gently pinch skin and insert insulin syringe and needle.  
   b. Insert the needle at a 90 degree angle.  
   c. Push plunger in to deliver insulin and count to five with skin pinched and needle in place.  
   d. Release the skin and keep needle in place in the skin for a count of five seconds.  
   e. Remove insulin syringe and needle from skin  
   f. Dispose of gloves and wash hands. |
| 12. | Do not recap needle. Dispose of syringe in sharps container. |

12. Document procedure, findings and actions taken.

<table>
<thead>
<tr>
<th>School Nurse Signature/Initials:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Staff Signature/Initials:</td>
<td></td>
</tr>
</tbody>
</table>
Insulin Administration: Pen Device

Successful delegation of insulin administration is dependent on the use of the student’s Individual Healthcare Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken.

<table>
<thead>
<tr>
<th>Step</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Gather supplies (Insulin pen or cartridge, pen needles, alcohol wipe {optional}).</td>
</tr>
<tr>
<td>2.</td>
<td>Wash hands and put on disposable gloves.</td>
</tr>
<tr>
<td>3.</td>
<td>Load insulin cartridge, if needed and wipe insulin pen top with alcohol wipe {optional}.</td>
</tr>
<tr>
<td>4.</td>
<td>Screw on the needle to the end of the insulin pen.</td>
</tr>
<tr>
<td>5.</td>
<td>Prime the needle by dialing the pen to 2 units.</td>
</tr>
<tr>
<td>6.</td>
<td>Push the plunger until you see a small drop or stream of insulin.</td>
</tr>
<tr>
<td>7.</td>
<td>Turn the dose knob to the desired dose for this child.</td>
</tr>
<tr>
<td>8.</td>
<td>Assist the student in choosing the injection site.</td>
</tr>
<tr>
<td>a:</td>
<td>Gently pinch skin</td>
</tr>
<tr>
<td>b:</td>
<td>Insert the needle at a 90 degree angle</td>
</tr>
<tr>
<td>c:</td>
<td>Push injection button (top of pen) down completely to deliver insulin and count to five with skin pinched and needle in place</td>
</tr>
<tr>
<td>d:</td>
<td>Release pinched skin and keep needle in place for a count of five seconds.</td>
</tr>
<tr>
<td>e:</td>
<td>Remove insulin pen and needle from skin.</td>
</tr>
<tr>
<td>9.</td>
<td>Replace the outer shield of the needle before unscrewing the needle and dispose of properly in a sharps container.</td>
</tr>
<tr>
<td>10.</td>
<td>Dispose of gloves and wash hands.</td>
</tr>
<tr>
<td>11.</td>
<td>Document procedure, findings and actions taken.</td>
</tr>
</tbody>
</table>

Put "√" if skill achieved:

<table>
<thead>
<tr>
<th>Demo Date</th>
<th>Date/Initial</th>
<th>Date/Initial</th>
<th>Date/Initial</th>
</tr>
</thead>
</table>

School Nurse Signature/Initials: Date:  
School Staff Signature/Initials:
Insulin Administration: Pump Therapy

Successful delegation of insulin administration is dependent on the use of the student’s Individual Healthcare Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken.

Type of Insulin Pump: _______________
Toll free number: _______________

School Nurse:
School Staff Trained:

<table>
<thead>
<tr>
<th>Put &quot;✓&quot; if skill achieved:</th>
<th>Demo Date</th>
<th>Date/initial</th>
<th>Date/initial</th>
<th>Date/initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Students using an insulin pump need to have the following supplies available at school. Check supplies:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Extra insulin for emergencies if the student’s pump malfunctions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Syringes or an insulin pen device to administer insulin if needed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Extra pump supplies: Infusion set and inserter, reservoir, insulin and batteries.</td>
<td></td>
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</tr>
<tr>
<td>2. School staff are instructed on type of pump and basic operating functions of the pump:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. How to give a bolus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. How to use the dose calculator function in the pump</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. How to suspend the pump</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. How to check the status of the pump</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>e. How to verify the last bolus given</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>f. How to verify the pump is not in “no delivery” mode</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>g. How to change the batteries in the pump</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. For students using an insulin dose calculator (Bolus Wizard®), staff will be able to demonstrate how to look at pump dose calculations for dose of insulin to verify dose is within parameters and can activate to administer dose.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Written protocol for bolus and testing of blood sugar are available and reviewed.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5. If the pump infusion set is no longer functional, and the student is unable to re-insert their own infusion set, a parent/guardian is contacted to come to school to re-insert the infusion set.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Document procedure, findings and actions taken.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

School Nurse Signature/Initials: ____________________________
Date: ______________________

School Staff Signature/Initials: ____________________________
Continuous Glucose Sensor

Successful delegation of continuous glucose sensing is dependent on the use of the student’s Individual Healthcare Plan (IHP) or Emergency Care Plan (ECP) which clearly outlines the actions to be taken.

<table>
<thead>
<tr>
<th>Type of Continuous Glucose Sensor: ______</th>
<th>School Staff Trained:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toll free number: _____________________</td>
<td>School Nurse:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Put &quot;√&quot; if skill achieved:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

1. Students who wear continuous glucose sensor systems should not use the sensor glucose when calculating food or correction insulin bolus.
   - Students should always have a glucose meter for confirming sensor readings.

Glucose Meter Name: _________________________

2. School staff are instructed on type of continuous glucose sensor and basic operating functions of the sensor device:
   a. How to read the glucose result and look at trend arrows:
   b. How and when to calibrate sensor (as per product specification/parents directions):
   c. What to do when an alarm goes off.
      - Knows how to clear alarms and has documentation of what the low and high glucose alerts are set at.
      - Knows recommendations to follow when alarms go off.
      - Able to confirm with meter blood glucose
   d. How to change the batteries in the sensor system

3. For students using an insulin dose calculator (Bolus Wizard®) with their insulin pump, manually enter the finger stick glucose result into the insulin pump.

4. Written protocol for:
   - Confirmatory meter BG’s and correction/food boluses are available and reviewed with school staff

5. Document procedure, findings and actions taken.

School Nurse Signature/Initials: ________________________ Date: __________

School Staff Signature/Initials: ________________________
Glucagon Administration

Glucagon is a hormone that creates a rise in blood glucose. Glucagon can be administered to a student that exhibits loss of consciousness, seizure or is unable to swallow and needs to treat a low blood glucose. Glucagon administration is ordered by the health care provider and directed by the parent.

The parent needs to supply the Glucagon Emergency Kit to the school along with the physician orders. The school needs to keep the kit in an accessible designated place at room temperature along with list of designated trained individuals who can administer the glucagon. The school should have more one person trained in the administration of glucagon.

Successful delegation of carbohydrate counting is dependent on access to written materials and on the use of an Individual Healthcare Plan which clearly outlines the designated meal plan. The meal plan should include the recommended number of carbohydrate choices for each meal or snack.

School Staff Trained:

School Nurse:

Glucagon Administration Task

<table>
<thead>
<tr>
<th>Check the expiration date of the supplied glucagon kit annually, replace if out of date.</th>
<th>Date checked:</th>
</tr>
</thead>
</table>

Put "√" if skill achieved:

<table>
<thead>
<tr>
<th>Use ONLY when child with diabetes is Unconscious, unable to swallow or having a seizure.</th>
<th>Demo Date</th>
<th>Date/initial &quot;√&quot;</th>
</tr>
</thead>
</table>

1. Remove any objects that may injure child from immediate space.

2a. If two people present, one immediately calls for emergency assistance (911); notifies school nurse, principal and parents; the second prepares the glucagon.

2b. If only one person is present, immediately call 911, then prepare and administer the glucagon, then call school nurse, principal and parent.

3. Wash hands, then glove (if appropriate).

4. Using the Glucagon Emergency Kit, remove the vial (bottle) cap and clean vial rubber top with alcohol swab if time allows.

5. Remove the needle protector from the syringe, and inject entire contents of syringe into the vial of Glucagon.

6. Shake vial gently until glucagon mixes and solution is clear. Do not use if solution is not clear.

7. Using the syringe withdraw ________ amount of solution into the syringe. Note: If child is < 6 yrs old, use an insulin syringe to withdraw glucagon solution (ex: draw back to 30 units for 0.3 mg dose).
8. Insert the needle of syringe at 90 degree angle into one of the following sites: thigh, upper/outer part of arm or buttock. Push the plunger of syringe to deliver the medication solution into the site.

9. Withdraw the needle and apply light pressure with alcohol swab or cotton ball at the injection.

10. Dispose of used syringe and vial in sharps container.

11. Turn child onto one side in case he/she vomits.

12. Remove gloves, dispose, and wash hands.

**Following the Glucagon Injection:**

- Wait 10 minutes, check blood sugar. Student usually responds within 5 minutes of glucagon injection.
- Give 4 oz of juice, regular (non-diet) soda, or sugar in water if able to swallow.
- If unable to drink, glucose gel, honey, or frosting may be given to help raise the blood sugar.
- Encourage solid food (crackers, peanut butter, or cheese sandwich) 10 minutes after taking and tolerating liquid.

**COMPLETE RECOVERY** may take 1 to 2 hours. The effects of glucagon lasts 12 to 25 minutes.

- The EMS system, school nurse, and parents should have responded to your calls by now and decision for EMS transport, going home with parent, or resuming activities needs to be made. Students often go home from school with the parent/guardian to be more closely monitored as they are at higher risk of a low blood sugar reaction within the next 24 hours.
- Advise family to notify their health care provider of the episode of severe hypoglycemia for possible need for insulin adjustment.

Document procedure, findings and actions taken.

**School Nurse Signature/Initials:**

**Date:**

**School Staff Signature/Initials:**
# Self Administration of diabetes medication and blood glucose monitoring

<table>
<thead>
<tr>
<th>Self Administration Task:</th>
<th>Student Demo Date</th>
<th>Date/initial ✓</th>
<th>Date/initial ✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Meet with student and review the following:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Parent in agreement with self-management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. HealthCare provider agrees with self management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Student identifies diabetes supplies needed at school and identifies where supplies will be kept.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Student able to demonstrate correct technique in insulin administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Student able to demonstrate correct technique in blood glucose monitoring.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Student able to verbalize when to seek assistance with diabetes management.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Student able to verbalize specific school staff to notify when needing assistance with diabetes management.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. School staff identified that will assist student with diabetes management when needed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Student signs the self administration plan.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Inform the Licensed School Nurse of changes/concerns in the student self management plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Document procedure, findings and actions taken.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

School Nurse Signature/Initials: Date:

School Staff Signature/Initials: