



Case #2

You are the school nurse and on Tuesday morning you receive a call from a parent who informs you that their child, will be transferring to your school from another town. Their child is 12 years old in seventh grade, has type 1 diabetes and is on an insulin pump and continuous glucose monitor. The child also has ADHD and struggles with learning. The parent would like their child to start school next Monday.

What do you tell the parent?

What do you need to assist this child?

As you plan for Monday's transition to your school you receive a call and obtain information about the child from their current school nurse.

1. They have a history of ADHD and difficulty concentrating to do their own blood glucose monitoring and insulin injections
2. They have snacks/lunch

Meal/Snack	Time	Food content/amount
Mid-morning snack	10:00 am	Less than 15 Carbs
Lunch	12:20 pm	Usually 35 - 45 Carbs

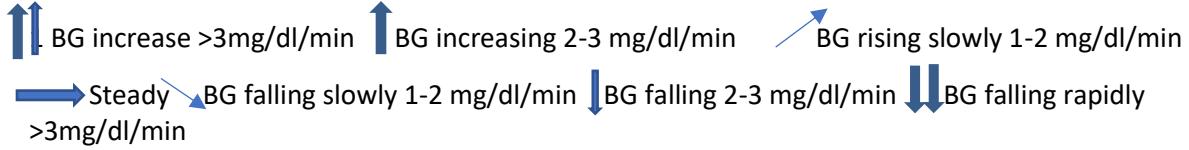
3. **CANNOT** give own injections.
4. **CANNOT** determine correct amount of insulin.
5. **CANNOT** draw correct dose of insulin.
6. Child is on **Humalog** insulin, **Sensitivity = 25 Target glucose=100**.
7. Child's insulin to carbohydrate ratio is **1 unit/ 20 gram carb**
8. Times to do extra blood glucose checks:
 - i. Before PE class
 - ii. *Before unscheduled exercise
 - iii. *When exhibits symptoms of hypoglycemia
 - iv. *When exhibits symptoms of hyperglycemia
 - v. *Whenever they feel the need
 - vi. *Before big classroom examinations
 - vii. *Before standardized testing and every 45 minutes during test
 - viii. If they exhibit signs of severe hypoglycemia or hyperglycemia and is not aware of symptoms, and is not feeling well
9. Symptoms of severe low blood sugar are continuous crying, and extreme tiredness
10. Occasionally, will Refuses to eat or take insulin injection.
11. Mother will document daily carbohydrate amounts of snack and lunch in communication notebook.
12. Only food/drink with labels clearly stating carbohydrate, protein and fat content may be consumed.
13. Should not exercise if blood glucose level is below 90 mg/dl or above 300 mg/dl or urine ketones are present.
14. The MD orders are attached



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SAMPLE DIABETES MEDICATION ORDER FORM

Blood Glucose Monitoring: yes Blood Glucose Monitor yes Continuous Blood Glucose Monitor



Target blood glucose (BG): pre-meal: 90-120 mg/dl 2-3 post prandial 230 mg/dl

Correction/sensitivity factor (ISF) = 1 unit lowers BG 25 mg/dl

Insulin Type: Humalog administered subcutaneously (SC)

via syringe via pen YES via insulin pump

Student is able to self-administer: yes NO no

To be used prior to consuming carbohydrates (CHO); **excluding** CHO used to treat hypoglycemia

- Insulin to carbohydrate (I:C) ratio = 1 unit of insulin per 20 grams CHO at (time) lunch

15 grams CHO at (time) after 2 pm

****Check for ketones if BG level is over 300mg/dl**

Hypoglycemia

If BG < 70 give 15 grams of fast acting CHO and retest in 15 min...repeat until above 70

Glucagon 1.0 mg SC if BG < 70 and UNCONSCIOUS; Medical Emergency call 911

Hyperglycemia

If BG is **>300mg/dl** or greater check ketones yes urine blood

If ketones are negative administer insulin per correction and give water.

If ketones are positive administer insulin via syringe per correction, give water and call parent and physician.

Signature of Parent or legal guardian

Print

Date

Signature of licensed prescriber

Print

Date