

Managing Diabetes in the School Setting

Alabama State Department of Education

Alabama Board of Nursing

Diabetes Mellitus: **Type I Diabetes**

- Previously called Insulin-dependent or Juvenile Onset Diabetes
- Pancreas does not make enough insulin (a hormone secreted by the pancreas)
 - If the body has too little or no insulin then glucose cannot enter the cells of the body to be used for energy
- **Symptoms include:**
 - ❖ Fatigue
 - ❖ Increased thirst
 - ❖ Frequent urination
- **Treatment includes:**
 - ❖ Blood glucose monitoring
 - ❖ Administration of long and/or rapid-acting insulin
 - ❖ Diet, exercise and rest

Diabetes Mellitus: **Type II Diabetes**

- Previously called Adult Onset Diabetes
- Insulin resistance
 - ❖ Decreased ability of insulin (a hormone secreted by the pancreas) to move glucose (blood sugar) from our bloodstream into our cells.
- Risk factors include:
 - ❖ Family history
 - ❖ Lifestyle choices (diet, exercise, obesity)
- Treatment includes:
 - ❖ Blood glucose monitoring
 - ❖ Diet management and exercise
 - ❖ Oral medications (Glucophage, Actos, etc.)
 - ❖ Insulin

Hypoglycemia (Low blood sugar)

- Blood glucose less than or equal to 80 mg/dl **OR** symptoms
- *Usual* symptoms of hypoglycemia:
 - ❖ Shaky or jittery
 - ❖ Sweaty
 - ❖ Hungry
 - ❖ Pale
 - ❖ Headache
 - ❖ Blurry vision
 - ❖ Sleepy
 - ❖ Dizzy

Hypoglycemia: Treatment

- Can occur very quickly
- Must be treated immediately
- Prevention:
 - Regular blood sugar monitoring/in classroom if necessary
 - Meals/Snacks eaten on regular schedule/not skipped/in classroom if necessary
- Treatment of hypoglycemia:
 - ❖ If student is able to swallow and follow directions, treat with a fast-acting carbohydrate (CHO) source.
 - Mini box of juice
 - 8 oz. carton low or no-fat milk
 - ½ can soda (sweetened)
 - 3-4 glucose tablets
- Remain with student until he/she is able to safely resume normal activity.

Hypoglycemia: **Emergency**

- If student **becomes unconscious: EMERGENCY**
 - ❖ Student will be unable to swallow and follow directions
 - ❖ Turn student onto his/her side
 - ❖ Remain with the student until the on-site School Nurse/Trained Unlicensed Diabetic Assistant arrives OR until EMS arrives
 - ❖ If no School Nurse or Trained Unlicensed Diabetic Assistant available - **CALL 9-1-1**
- Treatment of **EMERGENT** hypoglycemia:
 - ❖ Administer Glucagon injection (if ordered by physician)
 - ❖ Glucagon is a hormone that when injected raises the blood sugar quickly
 - ❖ Glucagon **may only be administered** by a School Nurse or a Trained Unlicensed Diabetic Assistant
- Students must be accompanied by a School Nurse or Unlicensed Diabetic Assistant or Parent if participating on a Field Trip or Extracurricular Activity

Hyperglycemia (High blood sugar)

- Blood glucose greater than or equal to 300 mg/dl **OR** symptoms
- *Usual* symptoms of hyperglycemia:
 - ❖ Increased thirst, dry mouth
 - ❖ Frequent or increased urination
 - ❖ Change in appetite, nausea
 - ❖ Blurry vision
 - ❖ Fatigue

Hyperglycemia: Treatment

- Slower leading to medical emergency (diabetic ketoacidosis)
- Occurs when symptoms persist without treatment
- Prevention:
 - ❖ Regular blood sugar monitoring/in classroom if necessary
 - ❖ Meals/Snacks eaten on regular schedule/not skipped/in classroom if necessary
 - ❖ Insulin/Medications taken on time
 - ❖ Exercise on time
- Treatment of hyperglycemia:
 - ❖ If student is able to swallow and follow directions, treat with the following:
 - ❖ zero calorie fluid (i.e. water)