FOR SCHOOL NURSE

SCHOOL INTAKE INTERVIEW – DIABETES

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_ Homeroom Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (Home):\_\_\_\_\_\_\_\_\_ Phone (Work):\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_

Physician Name: Office Phone: Fax:

Diabetes Nurse Educator's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of Diagnosis:\_\_\_\_\_\_\_\_\_Diabetes: Type 1:\_\_\_\_\_ Type 2:\_\_\_\_\_ Last A1c:\_\_\_\_\_ Next Appt:\_\_\_\_\_\_\_\_\_\_\_\_

History of Hospitalization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mode of Transportation to and from School?­­­­­­­­ Parent:\_\_\_\_\_\_\_\_\_\_\_\_ Bus:\_\_\_\_Duration of ride:\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus Driver notified of diabetes? Yes:\_\_\_\_\_\_\_\_\_\_\_\_\_ No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does child participate in after school activities? Yes:­­­­\_\_\_\_\_\_\_\_\_\_\_\_ No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does child attend Before and After Care? Yes:\_\_\_\_\_\_\_\_ Before:\_\_\_\_\_\_\_\_\_ After:\_\_\_\_\_\_\_\_\_\_\_ No:\_\_\_\_\_\_\_\_\_

Field Trip Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Trip Adult designated/notified of diabetes? Yes:\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Blood Sugar Monitoring**:

Test will be performed in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location)

Needs assistance with testing? Yes:\_\_\_\_\_\_\_\_\_\_\_ No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required Test Times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Call Parent if blood sugar is below:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Continuous Glucose Monitor Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alarm Parameters: Low:\_\_\_\_\_\_\_High:\_\_\_\_\_\_\_

Phone or Receiver Code for CGM: None:\_\_\_\_\_\_\_\_Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent notification of Blood Glucose: Daily\_\_\_\_\_Weekly:\_\_\_\_\_ Via Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Text:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Call:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Paper Copy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Meds: Insulin:**

Can student give own injection? Yes:\_\_\_\_\_\_\_\_No:\_\_\_\_\_\_\_\_Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time(s) insulin to be administered at school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of Administration: Injection:­­­­­­\_\_\_\_\_\_ Pen:­­­­\_\_\_\_\_\_\_\_\_

Discuss Insulin Expiration at 28 days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pump: Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CGM Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes:\_\_\_ No:\_\_\_

Glucagon Ever Used: Yes:\_\_\_\_\_ No:\_\_\_\_\_\_If yes, date(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Oral Medications: Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose:\_\_\_\_\_\_\_\_\_\_\_\_\_Times:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Diet:**

Student Lunch Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose: Before:\_\_\_\_\_\_\_\_After:\_\_\_\_\_\_\_\_ Split:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does Student have special dietary needs: Yes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No:\_\_\_\_

Is Assistance Required for meals or snacks: Yes:\_\_\_\_\_ No:\_\_\_\_\_ Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Snack will be eaten in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(location)

Snacks will be stored in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(location)

Recommended Snacks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent wishes to be notified in advance of class parties? Yes:\_\_\_\_\_\_\_\_ No:\_\_\_\_\_\_

Child may partake in class treats? Yes:\_\_\_\_\_\_\_ No:\_\_\_\_\_\_ Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#500 Colorado Kids with Diabetes Care and Prevention Collaborative Apr 2020

SCHOOL NURSE SCHOOL

INTAKE INTERVIEW – DIABETES

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**Physical Education:**

Scheduled at:\_\_\_\_\_\_\_\_\_\_\_\_\_Blood Glucose or CGM check: Yes:\_\_\_\_\_No:\_\_\_\_\_\_Before:\_\_\_\_\_After:\_\_\_\_\_\_

Is snack necessary before PE? Yes:\_\_\_\_\_No:\_\_\_\_\_ BG/CGM parameters if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does student participate in after school sports? Yes:\_\_\_\_\_No:\_\_\_\_ What sport?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Communication:**

Whom to notify first?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Communication: Cell:\_\_\_\_\_\_\_Text:\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Emergency: Lockdown, Lockout, Shelter in Place, Evacuate protocols**

Snack location(s): Parents may want to supply extra classrooms with water, sugar source and/or complex carbohydrate snacks in ziplock bags for emergencies.

Classroom\_\_\_\_\_Art Class\_\_\_\_\_PE\_\_\_\_\_Music\_\_\_\_\_Library\_\_\_\_\_SPED Classroom\_\_\_\_\_ Computer Lab\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Diabetes Concerns:**

What does the student know regarding their diabetes?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What concerns does the student have regarding their diagnosis?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What concerns do the parents have regarding their child’s diagnosis?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe any experiences – good or bad – at your student’s last school.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How can we support you with training needs for student, parent or staff and/or school supports.\_\_\_\_\_\_\_\_\_\_\_

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Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Reminders:**

**\*Give Standards of Care for Diabetes Management to the Family**

**\*Give Continuous Glucose Monitoring Guidelines if applicable**

**\*Obtain Student’s Schedule to collaborate testing times**

**\*Discuss 504**

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