

School Nurse FAQs regarding Diabetes Management in Schools

Low Blood Sugar:

- 1. Kids on pumps often don't eat a stabilizing snack once their BG is in range -they have juice or other fast acting carbs to treat the low, wait the 15 minutes, re-check BG, now in safe range and decline to have the stabilizing snack- is this OK?**
 - This is a discussion to have with the parents to determine how the student historically reacts after a hypoglycemic episode, e.g. do they give a stabilizing snack at home? Continue to monitor the student at school and observe for any secondary hypoglycemic episodes following the first episode if they do not get a stabilizing snack. Report these occurrences/concerns to parents. If student has a second hypoglycemic episode
- 2. Student with a low, starts eating the Smarties, begins to lapse into a moderate low while eating the Smarties, how should this be handled?**
 - If the student still has the ability to drink juice or sucking reflex to use straw and can give juice. If unable to drink juice or suck through a straw then can use glucose gel.

Physician Orders:

- 3. Can the school nurse accept orders from an out of state provider?**
 - Yes, this has been clarified through the Board of Nursing by the Health Services, Colorado Department of Education. The statutory language in the Medical Practice Act, specifically 12-36-106(3)(b) allows for physicians in another state to write orders for patients in the state of Colorado under the language of "occasional consultation" along with some added provisions of not having standing contractual arrangements or an office in Colorado. Providing compliance with those requirements, the physician has the ability to practice in Colorado. Also 12-36-106(3)(i) allows for commissioned officers of the armed forces the ability to practice medicine in relation to their lawful duties in this state.
- 4. Do we need physician orders to support a parent request that insulin (via syringe or pen) be routinely given after lunch if the orders state that insulin should be given before lunch?**
 - Parents are encouraged to give insulin before all meals so that the insulin peak occurs at the same time that the BG peaks. However, there are situations when child is a picky eater, or varies a lot on the number of carbs eaten at a meal. Therefore, some parents will opt to give insulin after the meal, but they must understand that when the child eats a regular meal, that this dosing is not optimal. If this occurs non-routinely, you do not need orders. However, if this is a daily occurrence then the parent can get orders at the next visit with the provider.

General Communication

- 5. If the school nurse does not have orders for the diabetes care management of a student, can the student attend school?**
 - Yes, the student can attend school and the school can provide basic first aid care of the student.
- 6. Does the Provider need to sign the Individualized Health Plan (IHP)?**
 - No, the IHP is based upon the Provider orders and does not need the Provider's signature. Only the school nurse and parent need to sign the IHP.
- 7. I have a non-urgent diabetes care question (e.g. clarification of orders) – how is this handled by the Barbara Davis Center (BDC)?**
 - Call the main BDC phone number and explain what you need. You will be transferred to the nurse on phones for that day or the child's Diabetes Educator. If you leave a message and do not hear back from the Diabetes Educator then call again, explain the situation to the Nurse on phones or Diabetes Educator.
- 8. I have an urgent question regarding insulin dosing and/or immediate care of a student (e.g. need One-Time-Orders for insulin to treat hyperglycemia) – how is this handled by the BDC?**
 - Call the main BDC phone number and follow the prompts to speak to the nurse on phones. The BDC has an on-call nurse that handles urgent phone calls. The job of the nurse on phones is primarily to

do patient sick-day management, but is often available to help parents, other providers, with issues of diabetes care. So if anyone is seeking to speak to an educator, the nurse on phones is the person to reach regardless of whom else is out for whatever length of time.

9. It would be so helpful for all of the BDC staff to know that there are things that need to be done differently at school than how things are done at home- we must adhere to the expiration dates on insulin, insulin pens, glucagon, etc. We must treat lows before lunch. We must keep the insulin pen "in use" at room temperature (unless we have physician orders that state it is OK to store in the refrigerator).

- These are all of the same things that parents should also do at home. You don't need physician orders to say it is OK to store insulin back into the fridge. The reason insulin pens are kept outside the refrigerator after opening is to prevent bubbles from forming in the re-cooled pen. The nurse or health aide would just have to know to get rid of all the bubbles before giving an injection if pen are refrigerated. It will not harm the insulin. Also, room temperature insulin is absorbed better. The BDC are aware that schools have to observe the expiration dates on insulin and support the schools in this matter.

General Questions:

10. If parent declines to provide glucagon for school, should we notify BDC?

- No. Just inform the parents that if a seizure occurs, the paramedics will be called and the child will be transported = high expense, possible that child will be transported without parent accompanying them. **How much do we encourage parents to provide it?** Encourage at an appropriate level, 2 or 3 times. Document all communications. Some parents cannot afford glucagon if they have no insurance. (refer to Medicaid or CHP+). We know that there are lots of reasons parents decline to provide it. Just document.

11. What if the parents do not provide ketone test strips? Document your attempts to get parents to provide strips.

- Inform the parents that if there are no ketones strips available and the child has nausea, vomiting, or stomachache, then it will be assumed there are ketones on board and the parent will need to pick child up from school. Document all communications.

12. How are we defining "self-management" in terms of diabetes management? We have students, particularly at the high school level, who claim to self-manage but they keep supplies in the clinic and they come into the clinic on occasion for highs and lows and may require reminders to check ketones, etc. This doesn't seem like adequate "self-management".

- Self-management is a process...so high school students may be independent for certain things and at certain levels but not in other areas. They will develop total self-management as they mature into adults.

13. How are we defining "self-management" in terms of diabetes management when it looks more like parent directed care. (Parent texts or calls student to give dosages/actions, and demands the student self-management addendum and provider agrees.)

- If, parent chooses not to include the delegating RN in insulin dosing decisions, demands their student receive the student self-management addendum and provider agrees in medical orders then, advise parent that RN may decline to delegate insulin administration care tasks. In this situation:
- Parent and student sign addendum with provider orders attached making a notation that in the event of no cell phone service student will self-manage their diabetes including insulin administration.
- Staff will be trained to respond to hypoglycemia and hyperglycemia and may include glucagon administration and ketone testing if needed.

14. How to handle the middle schoolers who don't want the "clinic-aide" to accompany them on the field trip as the delegated provider of care.

- If the parent can't go, then a delegated school staff member needs to go on the field trip. Typically, classroom teachers are not delegated providers. Try to reassure the student that the provider will be unobtrusive and give them a choice: go on the field trip with a delegated provider of care, or not attend the field trip.