



SCHOOL NURSE ORGANIZATION OF WASHINGTON

POSITION STATEMENT

School Nurse Role in Care and Management of the Child with Diabetes in the School Setting

HISTORY:

Diabetes is a common chronic disease of childhood, and most children with diabetes attend school and/or daycare. About 1.7 per 1000 children under age 20 have type 1 diabetes; and about 13,000 new cases of type 1 are diagnosed annually. In addition, children are now being diagnosed with type 2 diabetes, a disease once found only among adults. The reasons for this alarming increase appear to be linked to the rise in childhood obesity and the decline in physical activity. Still, not all people with type 2 diabetes are overweight. At risk populations for type 2 diabetes include African Americans, Native Americans, Hispanic Americans, and Asian Americans.

DESCRIPTION OF ISSUE:

Each student with diabetes is unique in regard to his or her disease process, developmental and intellectual abilities, and levels of assistance required for disease management. Schools must ensure full participation in academics and provide a safe environment for all students. The student with diabetes presents several variables that could be barriers to full participation if not fully addressed.

The goal of diabetes medical management is to maintain blood glucose levels at or near normal range. Poor or insufficient medical management of diabetes allows fluctuating levels of blood glucose. This fluctuation can lead to immediate consequences in the classroom as well as long-term complications such as damage to the eyes, kidneys, nerves, gums, and blood vessels. Low glucose levels can cause immediate concern with symptoms of pallor, diaphoresis, and a decrease in cognition. If not treated immediately low glucose levels can progress to unconsciousness and death. Despite a quick and favorable response to treatment for a low glucose episode, cognitive ability can remain impaired for several hours. High glucose levels may also present a medical risk to students in the school setting.

To achieve the goal of optimal diabetes medical management the student may need access to a variety of diabetes supplies and may need to perform multiple tasks during the school day. Management strategies for a student with diabetes should be developed considering the knowledge base of the student, developmentally appropriate tasks, the availability of professional staff, and the logistics of the school building. In addition, the

student must have access to glucose monitoring equipment, oral or injectable medications including insulin, nutritional supplements such as snacks and a fast acting source of glucose, knowledge of the equipment used in their diabetes management (syringes, insulin pen, insulin pump, etc.), a documentation system for blood glucose readings and insulin dosage, and access to a bathroom. A goal of allowing the student to self-manage his or her disease following an individually prescribed regimen in a seamless unrestricted fashion between home and schools is critical to maintaining near normal blood glucose levels.

Knowledgeable personnel must be available at all times including during extra curricular activities and field trips to assist students in managing their diabetes and to respond to emergencies. By having personnel available, medical, academic, and/or behavioral consequences of poor blood glucose control evident in the classroom as well as long-term health effects can be minimized or avoided.

RATIONALE:

Both high and low blood glucose levels affect the student's ability to learn and endanger the student's health. Glucose levels should be as close to the desired range as possible for optimal learning and testing of academic skills. Recent research indicates that maintaining the glucose levels within a narrow range can prevent, reduce, and/or reverse long-term complications of diabetes. The school nurse, as a skilled professional, is in a unique position to provide early identification of children who exhibit symptoms of diabetes and initiate the referral process.

Managing diabetes at school is most effective when the entire school community is involved – school nurses, teachers, counselors, coaches, parents, medical home, and students. The school nurse can provide the coordination needed to elicit cooperation from the school community in assisting the student with diabetes toward self-management of diabetes. The school nurse can be instrumental in preventing and managing emergency conditions that can result from glucose fluctuations by instructing the entire school team on basic diabetes information and management. Emergency conditions are not necessarily the result of a lack of management. Factors such as illness, hormones, or stress may cause a student who closely follows a prescribed regimen to experience an emergency situation. The student with diabetes requires the professional supervision of the school nurse to enhance their self-care skills.

CONCLUSION:

It is the position of SNOW that school nurses have the professional skills needed to assess and support the child with diabetes in the school setting. School nurses are uniquely prepared to provide information to the multidisciplinary team to develop a 504 Plan or Individual Education Plan/Individual Family Service Plan (IEP/IFSP). The school nurse is the key person to implement this plan. While a 504 or IEP/IFSP diabetes health plan may take into consideration management strategies preferred by the student, their family and medical home, it must also conform to state and federal guidelines, as well as the state nurse practice act and the related rules for delegation.

Further, it is the position of SNOW that schools have a basic duty to ensure that the medical needs of students are addressed in the school setting. Under the direction of the school nurse, management strategies may be incorporated in a seamless fashion between home and classroom to help the student with diabetes stay healthy, be academically focused and participate in all desired academic and extra curricular activities.

References/Resources:

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