Health Impacting a Student’s Behavior: Anna

Mr. K. stopped by the nurse’s office. He was concerned about one of his third-grade students named Anna. Anna had always been a good student, but lately she was having trouble. The change had started gradually over the last month or two. Anna was always thinking of reasons to leave her desk, and even when she was there, she did not seem to be able to concentrate. Her frequent requests to go to the bathroom or get a drink disrupted the class. She was not getting her homework completed and often did not complete her assignments during class. “I thought it would pass, but now it’s been at least a month and she isn’t improving.” The school nurse could tell that Mr. K. was genuinely concerned, and that this was becoming a problem for Anna, whose work was suffering, and for Mr. K. and the other students.

After Mr. K. left, the school nurse reviewed Anna’s academic and medical files. There was nothing remarkable. Anna was a good student with no previous medical problems. The nurse decided to contact Anna’s family to see if they could shed some light on the situation.

Anna’s mother, Mrs. L., was aware of the situation. Mr. K. had talked with her at the last conference and since then, she was “watching” Anna more closely. She said Anna was not going outside as much to play, preferring to watch TV and play computer games. She reported that Anna’s appetite was better than usual, but she had noticed that she was not sleeping well. “Anna says nothing is wrong. I don’t know. Maybe it’s her age.”

After talking with Mrs. L., the school nurse concluded that circumstances at home were not a factor in Anna’s behavior change. Anna’s mother seemed appropriately but not overly concerned, and did not seem to blame the school or the teacher for Anna’s problems. She also seemed puzzled by Anna’s behavior.

The nurse decided to have a visit with Anna. She had known Anna since kindergarten and felt comfortable with her. They talked about the latest news, the spring carnival, and a few other recent events before they “got down to business.” Anna said she knew Mr. K. was not happy that she was not getting her work done, but it was not her fault because the work was too hard. The nurse asked her if she thought Mr. K. was unfair. She thought a minute and said, “Oh, not really, he’s pretty fun most of the time.” While she was talking, the nurse was observing Anna. Anna had been screened several months earlier for height, weight, and vision. There were no observable differences now, but the nurse did a quick physical assessment: no swollen glands, no pallor, pulse and blood pressure normal, and no fever. One finding did stand out, however, and that was a 7-pound weight loss since her weight had been checked 3 months ago. That is unusual for an 8-year-old. The weight loss, combined with the frequent trips to the bathroom and water fountain, were concerning. A new thought occurred to the nurse. She called Anna’s mother and recommended Anna have a physical examination and suggested that her mother alert the doctor to the need for a blood sugar check, “just to be on the safe side.”

A few days later, Mrs. L. called back with the results. The blood sugar was very high, and the diagnosis was type 1 diabetes. Anna and her mother headed over to the diabetes clinic for teaching. She thanked the school nurse for suggesting the checkup and asked if she would handle things at school. The nurse informed the teacher and began preparations for Anna’s return to school, developing the protocol for glucose monitoring and insulin injections, and providing in-service education for the staff.

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