

Principles and Elements of School Nurse Management of Students with Diabetes

Introduction

It is the position of the Oregon School Nurses Association (OSNA) that all students are entitled to safe and effective management of their special health care needs by a Registered Nurse while at school.¹ Increasing incidence of diabetes types 1 and 2 in youth,² the associated advancing technological and medical management, and the requirements for schools to provide the necessary health care obligate the school nurse to be competent in providing evidence-based nursing care. To support the delivery of evidence-based, standardized nursing care the OSNA summarizes in this document the essential components of school nursing management for students with diabetes. By practice standards all nurses are accountable for maintaining current competency about the medical condition and evidence-based treatment measures. This document is intended to provide a best-practice frame work for Oregon's school nurse services for students with diabetes. The document is not meant to provide a comprehensive medical and nursing curriculum on pediatric diabetes. The Association acknowledges the many excellent reference resources available on diabetes management and encourages readers to pursue review when desiring more in-depth information and practice tools.

Roles of the School Nurse in Managing Students with Diabetes

“It is the position of the National Association of School Nurses (NASN),” and therefore the OSNA, “that the school nurse is the only school staff member who has the skills, knowledge base, and statutory authority to fully meet the healthcare needs of students with diabetes in the school setting.”³ School nurse roles include, but are not limited to:

- Development and implementation of individual health management plans (IHP), including the associated interventions such as *delegation*.
- Delivery of direct health services (e.g. injection of medication, blood sugar testing).
- Case management and associated liaison activities between school personnel, family, community and health care providers, and health promotion/education. The school nurse's job description will influence the level of nursing involvement with these roles. For example, a nurse working in more than one school will not generally be the primary provider of a student's direct health services at school, but has accountability to identify and implement interventions that will ensure delivery of required health services during the school day. However, the school nurse may not compromise the responsibility to standards of nurse practice and shall advise the district of the need to cease service whenever s/he is unable to practice safely and legally on the behalf of students.
- Health education and health promotion.
- Risk management.

The American Diabetic Association (ADA)^{4, p. 186} says “Young children, including school-aged children, are unable to provide their own diabetes care, and middle school and high school students should not be expected to independently provide all their own diabetes management care.” Primary goals of school nursing intervention for students with diabetes include:

- Safe maintenance of students' health regimens
- Safe management of diabetic reactions

- Promoting and supporting a school environment that motivates and assists students to achieve academic success and effective, independent health maintenance.

The school nurse identifies individual student goals because each student's health needs are unique and change over time. For example, immediately following diagnosis, children report mild depression and anxiety that usually resolve by 6 months after diagnosis. After the first 1-2 years, depressive symptoms increase and anxiety decreases for boys but increases for girls over the first 6 years after diagnosis.^{4, p. 190} Subsequently, school nurses identify and manage changing emotional issues, as they present and influence students' physiological health and capacity for coping and attendance to academic tasks.

As possible within school nurse job descriptions and caseloads, the school nurse is involved in health education and health promotion goals. The ADA^{4, p. 188} says "Education is not a one-time event that occurs at diagnosis. At diagnosis, survival skills need to be provided. Families and children need ongoing education and support as the child grows and takes on more elements of self care."

Responsibilities of the School Nurse in Planning and Managing Health Services for Students with Diabetes

Although the school nurse has primary responsibility for developing students' IHPs, the activity demands a partnership with students, parents, school staff, health care and other pertinent community providers to ensure implementation of the plan and coordination with the students' overarching health regimen and medical treatment plan. To ensure student safety professional nurses are held accountable in their service delivery to:

- Professional *regulations*, i.e. Oregon State Board of Nursing Scope of Practice and Licensing Requirements and Standards⁵, especially School Nursing Scope and Standards of practice⁶ (approved by NASN and the American Nursing Congress).
- Federal, state, and local regulations, including, but not limited to, FERPA^{7,8} (Family Educational Rights and Privacy Act), HIPAA^{8,9} (Health Insurance Portability and Accountability Act), Section 504 of the Rehabilitation Act of 1973, IDEA^{8, 10} (The Individuals with Disabilities Education Act), ESEA (Elementary and Secondary Education Act),^{8,11} ORS 433.800-830, OAR 333-55-000-035 (Training for Emergency Glucagon administration)¹² and ORS.444.300-330, OAR 333.010-060 (Childhood Diabetes Database).¹³
- District and school policies, especially related to health services.
- Evidence-based clinical practice guidelines.

Using Standards of School Nursing Practice⁶ for Organizing Diabetic Management

Standard I. Assessment: Collect comprehensive data pertinent to the student's health or the situation.

Assessment must minimally include:

- An interview with the student and, as pertinent, family, school staff and other providers to ensure an adequate basis for evaluation of current health status.
- Eliciting information about family and student knowledge levels, student's and family's competency and capacity for self-management, including student's developmental level. A doctor's statement that a child is a self-manager does not release the school nurse's responsibility for verifying the student's competency in the tasks of blood sugar testing, insulin injection, carbohydrate counting, identifying reactions, etc. Be certain to include the emotional domain for student and family.
- Data about environmental influences on health and safety management and need for risk management measures. The school nurse has accountability for making recommendations about the location for blood sugar testing and insulin injections. Evaluation includes, but is not limited to, access to a sink, a location that affords appropriate student privacy while not disrupting classroom activities, the students' competency and need for assistance, tools and measures needed for safe storage and/or disposal of equipment, the teacher's capacity for managing procedures within the classroom.
- Current medical treatment plan. Medical orders must be updated, at least, yearly.¹⁴

School nurse assessment must be ongoing during periods of instability and, at minimum, updated yearly when making a nursing assessment of a student's stable health maintenance.¹⁴

Standard II. Diagnosis: Analyze the assessment data to determine diagnosis or issues.

Oregon Nurse Practice Standards^{5, p. 4} state the registered nurse "shall establish and document nursing diagnoses which serve as a basis for the plan of care." Nursing diagnoses describe the complexity of students' responses to their condition and the unique focus of the nurse's service.¹⁵ Use standardized language to document the identified diagnoses. Examples include *Risk for Unstable Blood Glucose and Risk-Prone Health Behavior*. The NANDA,¹⁶ NIC,¹⁷ and NOC¹⁸ classifications represent the nursing process, are supported by research, and facilitate continuity of care across settings.¹⁹

Standard III. Outcome Identification: Identify an expected outcome for a plan individualized to the student or situation.

Goals describe the change desired for the student in correlation to the identified nursing diagnoses. The goals are mutually formed with the student, family, and school staff. They are realistic in relation to the student's abilities and obtainable within the school setting. Goals are stated in clear and measurable terms and are connected to some element of time.^{18, 20} Examples

include decreased diabetic reactions in the next 30 days and increased class attendance in the next quarter. Documenting student outcomes in standardized outcome language (e.g. NOC, Nursing Outcome Classification) facilitates objective measurement and the development of evidence-based school health practices. NOC descriptions for students with these goals might include: *Knowledge: Description of Self Care Responsibilities (none, limited, moderate, substantial, extensive)* and *Coping: Uses effective coping techniques (never, rarely, sometimes, often, consistently)*.

Standard IV. Planning: Develop a plan that prescribes strategies to attain expected outcomes.

Because the student with diabetes has a chronic condition that requires management throughout the school day, the school nurse is accountable for developing an IHP to ensure identification and management of special health needs and communication to maintain continuity of care.^{14, 20} There is accountability for the format of the IHP to align with the nursing process and the NASN Standards of Care.²⁰ Samples of IHPs can be found in the addendum and the references following in this document. A separate care plan may be eliminated if the content is evident within the nursing documentation.

The nursing intervention outlined in the IHP always focuses on supporting students' health and safety during the school day (which includes bus transportation to and from school, field trips and school sponsored events occurring before and after school) and on students' ability to become safe and independent self-managers. Never should a student having symptoms of a reaction be left unattended, including the walk from the classroom to the school office/health room. Additionally, the plan includes health promotion and education strategies as can be provided within the scope of the school nurse's job description. Planning generally includes the student, parent/guardian and, as pertinent, other participants from multidisciplinary teams such as staff focused on providing services for students requiring Individualized Education Programs (IEP) or 504 Accommodation Plans.

Use of Unlicensed Assistive Personnel

When the school nurse needs to use unlicensed assistive personnel (UAP) for nursing tasks, the selection of such is a mutual decision with the building administrator/designee. The administrator has job assignment responsibility for school staff.²¹ The school nurse has accountability to identify UAP who perform procedures safely and competently. Refer to "delegation" below for further detail on selecting UAP. The school nurse has the sole responsibility to refuse or rescind *delegation* or *training for anticipated emergency* (TAE) for incompetent/unsafe UAPs.

Include the building administrator in planning for *disaster*. Refer to the general principals of planning for a disaster/ mass casualty when providing guidance on emergency measures to school staff. Provide guidance about what is realistic and essential. Diabetic ketoacidosis will not become a critical event within a few hours. Families may not be able to provide extra insulin

to the school. This means the focus is on being prepared to manage low blood sugar, available snacks and, as prescribed, Glucagon.®²²

Standard V: Implementation: The school nurse implements the identified plan.

The nurse provides interventions in compliance with standards of practice and professional performance and medical orders. Implementation includes nursing accountabilities for coordination of care, health teaching and health promotion, consultation, and delegation. Preferably, for the best support to students' health and safety, school nurses would be sole providers of health services. Realistically, the interventions of *delegation* and *teaching for an anticipated emergency* are necessary in Oregon to support students with special health needs, for the school nurse may not always be in the immediate proximity of a student needing health treatment at school. The use of NIC (Nursing Intervention Classification) meets the above noted accountability for using standardized nursing languages in documentation.

Standard 5A: Coordination of Care: The school nurse coordinates care delivery.

“Diabetes is considered to have one of the most complicated treatment regimens of any chronic condition.”²³ Subsequently, the school nurse has a multi-faceted role in supporting students with diabetes. It is essential that a school nurse or other licensed health care provider acts as a case manager to assure effective coordination and partnerships in order to manage appropriate and current health care for the student.²¹ The role of *case manager* includes the responsibility to communicate with families, not only for assessment purposes, but also to

- Share information about current observations at school such as behaviors, blood sugar test results, and student successes in self-management;
- Provide correlating recommendations for treatment and community resources;
- Engage families in the development and evaluation of the school and health and medical management plans, 504 and IEP processes;
- Facilitate referrals within the school and community;
- Relay emotional support and health/parenting education.²⁴

Additionally, the school nurse communicates with medical providers and health and social service agencies on the behalf of students and families to attain maximum health management and normal growth and development, e.g. reporting concerns of frequent reactions to physicians when concerned about insulin dosage. There is also the accountability for the school nurse to assist school staff in understanding the impact of diabetes upon students' capacity for learning and participation in school programs, e.g. the safest times for lunch and physical exercise, the negative impact to clear cognition that accompanies hypoglycemia.²³

The Role of the School Nurse with IEPs

“Being one of the only individuals who can determine if a health problem will impact a student's ability or availability to learn, the school nurse must be an active member of the IEP team.”²⁰ Beyond performing assessment the school nurse determines if health services are needed during

the school day to allow the student to participate in the special education program.²⁵ If so, the school nurse develops the health components of the IEP and follows the legal mandates of delegation/TAE to train staff to ensure a safe environment. Periodic evaluation is an expectation of both the nursing process and the IEP regulations. As a “related services provider” the roles of the school nurse include direct (e.g. performs nursing procedures) and indirect health services (e.g. provides in-service education to staff and classmates about students’ needs, assists families in accessing community resources). For children younger than 5 years, the nurse participates in the IFSP (Individualized Family Service Plan), an IDEA mandate, to ensure access to early intervention services for the family. Components for the IEP and IFSP are similar.

504 Accommodation Plan

“Students who may qualify for Section 504, may be having their needs met through the IHP. On the other hand, it may take the authority of the Section 504 to obtain all the necessary accommodations from other staff or faculty.”^{20, p. 199} The roles for the school nurse in formation of a 504 Plan may include, but are not limited to:

- Interpretation of medical information.
- Consultation regarding modifications/accommodations (e.g. providing an opportunity for catch up on content missed or not comprehended during an episode of low blood sugar, providing extra time during a test due to need to attend to blood sugar check, access to food, drink, bathroom during test).
- Provider of direct health services, and case management.^{5, 22}

As with the IEP the school nurse must collaborate with the team members in the development and implementation processes.

Standard 5B. Health Teaching and Health Promotion: The school nurse provides health education and employs strategies to promote health and a safe environment.

This emphasis on teaching in the professional nursing standards indicates that good teaching is considered a critical component of nursing practice.²⁶ Education is not a one-time event for students and their families. Rather, ongoing education and support are needed to help transition responsibilities of self-management to the child.⁴ Included in the school nurse’s regular assessment of students’ health status is evaluation of students’ knowledge and skills. The school nurse is positioned well to engage students and families in learning through the opportunities of direct student care and group activities (e.g. classroom instruction, support groups, parent presentations). The school nurse uses health promotion and health teaching methods appropriate to the situation and the student’s developmental level, learning needs, readiness, ability to learn, language preference and cultural background.⁶

Carbohydrate Counting/Nutrition Management

The school nurse verifies competency of students reported by parents and health care providers to be self managers. Otherwise, the IHP will include interventions to ensure accurate

management of this carbohydrate counting activity. To ensure accuracy and competency in this task performance school nurses will follow the *delegation* processes listed below. The carbohydrate counting procedure is based upon the medical orders provided for the student with diabetes. Per the direction of the Oregon Board of Nursing verbal directions for insulin dose may not be taken from the parent.²⁷

Use opportunities in the school activities, as possible, to provide health education to encourage healthy eating for all students. Make recommendations for sufficient time to eat meals/snacks. Facilitate, as possible, the provision of school menus in advance. Help students and families plan ahead for food at parties and special events. Provide guidance for meal times at school.

Standard VI. Evaluation: The school nurse evaluates progress toward attainment of outcomes.

Oregon Nurse Practice Standards⁵ direct evaluation of client (student) responses to nursing interventions. The objective is to evaluate the effectiveness of the services provided and the overall treatment plan. The school nurse conducts systematic, ongoing, criterion-based evaluation of the student's outcomes prescribed by the plan. Frequency of the evaluation will be determined by the student's health stability and by school/district policy for reporting service outcomes. Documenting student response/outcome is required.

Delegating Nursing Tasks to Provide Special Health Needs for Students with Diabetes

“Implementing nursing delegation can enhance professional nursing practice and ensure safe delivery of care to students at school.”²⁸ Delegation of nursing tasks to manage students' special health needs at school is allowed by Oregon's Nurse Practice Act, Standards for Delegation.²⁹ It is imperative that school nurses be knowledgeable about Oregon's directives regarding delegation and the professional standards of delegation practice. NASN³⁰ describes that the *five rights of delegation* assist the school nurse to decide when, what and to whom to delegate:

1. *Right Task*—is based on a written order from a medical provider from whom the school nurse can take an order. The task is required on a regular basis at school and is not a treatment being performed for the first time at school. Ideally, the school nurse initially performs the task at school to assess the student's condition and the treatment outcome. **Never** shall the school nurse delegate judgment/assessment. Insulin and Glucagon® injection and blood sugar testing are nursing tasks that the Oregon school nurse may delegate if all criteria indicate it is safe to do so.
2. *Right Circumstance*--The student's condition must be stable to better identify the predictability of the treatment outcome. There must not be increased safety risks for other students and school staff.³¹ Also important is the selected environment and designated time for the task to avoid the UAP's distraction from accurate task performance.
3. *Right Person*--The school nurse must be involved in the decision about the most appropriate person to whom to delegate the nursing task(s). Refer to above “planning” information about administrator involvement in selecting a UAP. Critical determining factors to support recommendation of UAP include.^{30, 32}

- a. Availability of unlicensed staff 100% of student's school day.
 - b. Capacity for competency and response (Previous experience with the task and job responsibility influence performance. Adequate time for appropriate task performance is essential.).
 - c. Willingness of the delegated person for assignment and supervision (coercion and intimidation are barriers to successful and safe performance).
4. *Right Direction/Communication*—The school nurse must provide student-specific training, including written direction (procedures) about tasks to be completed. The UAP needs skills and knowledge (procedures) to communicate appropriately with the school nurse about any extraordinary issues/events.
 5. *Right Supervision*—The specific amount of supervision time depends on abilities, training, type and number of delegated nursing care tasks; best practice would be on-site supervision of performance a minimum of 20% of the time^{30, p.7} Supervision means that a professional nurse is consistently available to the UAP to receive changes in the student's condition and questions related to the delegation and to accordingly provide direction.^{33,34}

“If steps are taken to insure proper training, delegation, and supervision, the risk for liability is minimized.”^{19, p.8}

Insulin Administration

“*Insulin* is a necessary part of life for students with diabetes.”²² Physician and parent authorization are required for administration at school.^{5, 23} Just as every child has a unique response to the condition of diabetes, likewise the decision about delegating insulin and other nursing tasks must be similarly unique for each child. The traditional method for insulin therapy involves use of a vial of insulin and an insulin syringe to administer a subcutaneous injection. Pre-filled insulin syringes at school are not safe,²² i.e. the potential for someone to misuse or accidentally inject medication; the uncertainty of knowing what is in the syringe when unable to check the vial from which the medication was drawn; the inability to correct inadequate volumes and dosage. Double checking the dose of insulin with another person is the ideal technique. Consider, as appropriate to the student's growth and development and cognitive and emotional status, using the student to double check dosage for insulin injection.²² Such action additionally helps teach students safe medication administration technique. Reinforce, when syringes and lancets are used, the correct technique of disposal and that only a student recaps his/her syringe if such is essential for disposal/reuse.²⁶

Technology has introduced a variety of insulin delivery systems, including *Insulin Pens, Injection Assistive Devices and Insulin Pumps*. Pens are simpler than vials and syringes and decrease the potential for dosage errors. For complaints of pain from pen injections work with the pharmacy to exchange needles to obtain 8mm sizing. Be attuned to disadvantages in pens when teaching students and families and negotiating for use at school. The disadvantages to pens include the extra cost and some insurances will not pay for this; the first unit can not be a half unit; insulin types can not be mixed and subsequently several pens may be needed; some

leakage occurs with shorter needles.²² It is reasonable to request pens be used at school rather than syringes, but demands for pens only are not appropriate.

For best absorption and avoidance of impaired tissue integrity teach about altering injection sites. However, don't engage in a power struggle. The school nurse should make contact with parent/physician when identifying the development of tissue lumps.²² Best practice is to inject the insulin bolus before meals to have a better response for controlling blood glucose. If students are able to eat the designated carbohydrates, insulin administration before meals is best. However, if students are generally unable to eat all carbohydrates then it is better to give insulin afterwards based upon what was actually eaten.²²

Insulin Pumps (Continuous subcutaneous insulin infusion—CSII) are increasing quickly in the pediatric population. There is no best predetermined age to begin pump therapy.⁴ Advantages of pumps include:

- More precise dosing
- Reduces the difference in insulin dosing
- Reduces the differences in insulin absorption from various sites
- Continuous delivery improves insulin absorption
- The *dawn phenomenon* (early morning rise in blood sugar) is easier to manage
- Reduces incidence of nocturnal hypoglycemia
- Adjustments for illness are easier
- Lifestyle flexibility is enhanced with customized meal/snack schedules.

Limitations²³ of pump therapy include:

- A learning curve and time needed for successful adaptation
- Technical failure is possible
- Student may forget to bolus for meals/snacks
- Increased risk of ketosis when only short or rapid-acting insulin is used
- Added expenses for pump and supplies
- Skin infections/irritations.

Pump settings are determined by the medical provider with a goal of achieving near normal blood glucose levels over 24 hours per day. With constant delivery of pre-programmed fast-acting insulin to meet metabolic needs when not eating and a bolus given before or after food intake the pump simulates normal insulin delivery.²⁶

Blood Sugar Testing

Typically blood sugar level is regularly tested before meals. However, other checks may be ordered by the medical provider, e.g. to evaluate the effectiveness of different insulin regimens, or to confirm hypoglycemia. Emphasize hand washing in all procedures. Dirty/unwashed hands can dramatically affect the test results with higher readings. Significantly, this could result in an unnecessarily higher dose of insulin. Hand sanitizers and alcohol wipes are discouraged by endocrinologists. When they are the only reliable source for cleaning, it is essential the site is absolutely dry, for these products can result in lower blood glucose readings.²²

The *Continuous Glucose Monitoring System* (CGMS) involves the insertion of a small plastic catheter into the subcutaneous tissue, and it is attached to a small computer sensor that samples and reads the blood sugar every 10 seconds and provides an average reading every 5 minutes. Generally, a student is asked to keep accurate blood glucose, food and insulin records for the first 3 days of evaluation when initiating CGMS. The nurse may be asked to help monitor the insertion site and assist with documenting blood sugar measurements.²³

Glucometers

Blood glucose meters (glucometers) give fast blood sugar readings. Technology continues to stimulate new products. Procedures must include direction in matching codes in meter and test strips, checking expiration date on strips, and keeping meter and strips cool and dry, holding test site below level of heart, and using sides of fingers and not tips or pads.²⁶ Use the specific manufacturer's instructions for operating the glucometer to avoid false values. Regardless of the tool used for blood sugar testing, reinforce pertinent health education about *blood borne pathogens* and associated safe testing and disposal techniques.

Teaching Performance of Nursing Tasks for an Anticipated Emergency (TAE) in a Student with Diabetes

Because diabetic reactions and malfunctioning pumps may occur at school, the school nurse will teach unlicensed persons, following OAR 851-047-0047²⁹ procedures to manage student safety.

- Limit teaching to those likely to encounter/be responsible for responding to the emergency situation, generally this is no more than 3 persons per student.
- Teach the emergency procedure; use the same teaching techniques as would be used for teaching a delegated procedure.
- Leave detailed step-by-step instructions (Emergency Action Plans—EAP) for how to respond to the emergency. Templates can help expedite procedural development; they must be reviewed and adjusted, as pertinent, to ensure meeting students' individual health needs.
- Preparation for anticipated emergencies includes the administration of injectable medication (Glucagon®) by the intramuscular route as provided in ORS 433.800-433.830, Programs to Treat Allergens and Hypoglycemia.¹²
- The school nurse periodically evaluates the UAP's competence regarding the anticipated emergency situation. Although there are no specified timelines as there are for delegation, best professional practice for monitoring competency aligns the timelines with those of delegation listed above.

Ketone Testing

The challenge most frequently presented in school nurse discussions on ketone testing is the lack of student/parent follow-through in having equipment at school. The parent is responsible for providing all equipment and medications needed at school. Inform the building administrator and the medical provider of an inability to comply with medical orders. Document the request to and non-compliance of parent/student. Procedures should specify parent notification when

ketones are present and give direction about activity limitations. Include also direction about having newly formed urine in the bladder to ensure current physiological status is accurately tested. When teaching technique, reinforce procedures related to *standard precautions*.²⁶

Glucagon® Administration

This hormone is prescribed for administration when the student's blood glucose level is so low that the student loses consciousness, has a seizure, or is unable to swallow.²³ Administration at school should be a rare event. Procedures written to guide UAPs' strive for early intervention with low blood sugar. Although school staff may be trained in administering Glucagon® through the state's program to treat allergens and hypoglycemia, it is best practice for the school nurse to follow TAE procedural guidelines, reviewing and monitoring procedural technique with the UAP. Reinforce correct syringe disposal technique.

Insulin Pump Malfunction/Dislodged Cannula/Bent or Clogged Tubing

Specific manufacturer instructions must be followed. It is prudent to have extra supplies at school in order to prevent/limit hyperglycemia. Procedures will not only address malfunction but also management of hypoglycemia and the correlating need to stop the action of the pump until blood glucose is within normal range. Generally, disconnection can occur with use of a "quick release set." The school nurse should know about this procedure also to support students who will be participating in water activities or contact sports. Thus, this disconnection could potentially be a delegated procedure rather than solely a TAE procedure.

Documentation

"Good documentation is fundamental to good nursing care."^{35, p. 310} No matter the format, the school nurse's documentation validates the completion of the nursing process for every student with whom the nurse has a nurse-client relationship. The IHP developed by the school nurse documents and communicates the student's needs and the school's management strategies for that student in the school setting.³ This documentation is retained by the school nurse and may be the foundation, as previously noted, for IEP and 504 Plans. Whenever there is a known risk of an emergency, the school nurse creates procedures/an *Emergency Care Plan (ECP)*, i.e. clearly written step-by-step instructions in language understood by laypersons. Documentation must reflect who performed the action at school.³⁶ The school nurse will provide instruction for UAP about what and how to document pertaining to delegated procedures.

*Oregon Childhood Diabetes Database*¹³

The purposes of the Childhood Diabetes Database are to serve as a repository for data about the prevalence and incidence of diabetes occurring in the pediatric population, to support diabetes research, and for assistance in making decisions about the allocation of public resources. The database is maintained by the Oregon Department of Human Services, Public Health Division.¹³ It is a voluntary rather than a mandatory reporting system. The school nurse's role is to ask

families of students diagnosed with diabetes if they want to have their child's information included in the data base and to answer questions about the process. The school nurse collects information from agreeable parents and forwards to the Oregon Diabetes Program.

Conclusion

In respect for the complexity of health management related to diabetes and entitlement of all students with diabetes to individualized, competent health management during the school day, the OSNA defines and describes the school nursing care to be provided in Oregon. School nurses maintain collegial relationships with parents, school staff, and community health and social service providers to facilitate and advocate for competent, comprehensive and coordinated health services at school in order to promote students' safety and academic success. Likewise, the degree to which the school environment supports nursing practice affects the delivery of nursing care. School nurses must be able to adhere to these guidelines.

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ADDENDUM

Optional tools for use by the school nurse in completing case management for the student with diabetes.

Documents may be altered to meet individual district needs. Appreciation is extended to the contributing Oregon school districts for use of these tools.

Table of School Nurse Case Management Responsibilities and Associated Documentation

Standards of Nursing Practice	Options for Documentation Requirements
<p>Standard I: Assessment Collect data via interview, record review, p. 3</p>	<ul style="list-style-type: none"> • Health History, p. 21 • Checklist, p. 17, 19 • Parent Contact, p. 20 • Medical Orders, p. 23
<p>Standard II: Identify Nursing Diagnosis Document in standardized language: NANDA, p.3</p>	<ul style="list-style-type: none"> • IHP, p. 25; 504 Plan p. 33, IEP, p. 34
<p>Standard III: Determine Desired Outcomes Mutually formed with student, family, healthcare provider, school staff Document in standardized language: NIC p. 3</p>	<ul style="list-style-type: none"> • IHP, p. 25; 504 Plan p. 33, IEP, p. 34
<p>Standard IV: Develop Plan (IHP) to Attain Outcomes Focused on supporting student’s health and safety at school and attainment of self-management as pertinent to growth and development, p. 4</p>	<ul style="list-style-type: none"> • IHP, p. 25; 504 Plan p. 33, IEP, p. 34
<p>Standard V: Implementation of Plan Care co-ordination, p.5 Delegation, p.7; TAE, p. 10 Health Teaching and Promotion, p.6</p>	<ul style="list-style-type: none"> • IHP, p. 25; 504 Plan p. 33, IEP, p. 34 • Logs, p.29, 30 • EAP, p. 32 • Procedures for UAP, p.27 • Delegation Accountability, p. 28 • Teacher Notice, p. 31 • Parent Authorization for Treatment, p. 26
<p>Standard VI: Evaluation Evaluation student’s outcomes prescribed by the plan, p. 7</p>	<ul style="list-style-type: none"> • IHP, p. 25; 504 Plan p. 33, IEP, p. 34

Checklist for Nurse's Comprehensive Diabetes Case Management

1. Referral:

- From parent, school staff, health care provider

2. Parent and Student Contact:

- Interview the student guided by developmental age level
- Age of diagnosis, level of understanding, involvement in own health management, feelings about diagnosis and prescribed treatment
- Name of medical provider
- Last appointment
- Advise of need to request medical orders/records for school management
- Discuss *Childhood Diabetes Database*

3. Nursing Evaluation/Assessment:

- Times for meals and snack times
- Are carbohydrates counted to adjust insulin dose
- Work with nutrition services and parent to determine the best way to count carbohydrates
- Schedule for blood glucose (BG) testing
- What is the usual BG for an average day
- What is the provider's recommended BG range
- What equipment for BG testing is used at school
- Where will BG testing equipment be kept
- What does a reaction feel/look like
- Can student identify/report when experiencing high/low BG
- Is the student independent and able to correctly respond with appropriate action based on BG result
- What will be provided by family to manage low blood sugar; where will supplies be kept
- Has glucagon been administered/When
- Is ketone testing to be done at school
- What are the provider's orders for elevated ketones
- Type and frequency of insulin injection at home
- Type and frequency of insulin injection at school
- How is the insulin delivered
- What level of support/supervision is needed for the student to administer own insulin
- Describe level of over-all self-management. (Verify with child, parent, Health Care Provider [HCP])
- Does student ride bus/walk to and from school
- What accommodations are needed for school sponsored activities (e.g. field trips, sports)

4. Individual Health Plan (IHP):

- Based on assessment of child's health needs in the school environment
- Includes reference to procedures used
- Review at least yearly and as needed for changes
- Document in the IHP names of UAP

5. Procedures Associated with Delegation/Teaching for Anticipated Emergency (TAE)

- Are child/case specific
- Use to implement medical orders (Examples of orders: Insulin and Glucagon® administration, blood sugar testing, ketone testing, carbohydrate counting)
- Discuss with the building administrator to identify appropriate UAP
- Copies of the procedures give to the UAP and kept in a safe/confidential manner
- Allow time for UAP return demonstrations, ensuring safe procedural performance
- (Recommended for Delegation; optional for TAE) Review and secure signatures on “Delegation/Teaching for Anticipated Emergency Response (TAE) and Supervision of Nursing Tasks.”
- Review with delegated UAP in at least 60 days and then minimally every 60-180 days, based on nursing assessment of UAP’s skill performance and stability of student’s condition.
- The minimum interval of supervision of TAE tasks (e.g. Glucagon® administration) is yearly. Supervision of TAE procedures may be elevated to the schedule you develop for delegated procedure and reviewed at the same time.
- Inform through a confidential process all pertinent staff of the student’s potential health need.

6. Documentation:

- Document throughout the process using the subjective and objective assessment, interventions, plan, outcomes model.
- Update as needed the IHP
- Document the competency of UAP and how made the assessment about competency
- UAP document on daily records, e.g. carbohydrate count, insulin administration, BG, and ketones.

7. Individual Education Program (IEP) process:

- Request educational case manager add nursing to the IEP
- Identify accommodations (see 504 below)
- List nursing interventions under category “Supplementary Aids,” recording the amount of time for delegated and/or direct care. (Nursing care coordination includes activities related to training UAP and overseeing and organizing the care outlined on the IHP.)
- Attach copies of procedures

8. 504 process:³⁷

- Review with team and record accommodations, examples include:
 1. Student will be allowed access to emergency low blood sugar treatments, snacks and water throughout the school day, in any school location.
 2. Snacks will be allowed to be eaten in the classroom per School Health Plan.
 3. Student will be allowed access to bathroom at any time.
 4. Student will be allowed to check blood sugar prior to any academic testing situation. If blood sugar is out of optimum range (as stipulated on Individual Health Plan), student will be allowed to take test at a different time.
 5. If student has extended absence (more than two consecutive days) due to diabetes related illness or medical appointments, homework assignments will be provided to parent by teachers.
 6. Student will have access to blood glucose meter, quick-acting sugar source and water at the site of physical education class and/or school sponsored sport events or games.
 7. School nurse will train staff to recognize signs and symptoms of high & low blood sugar levels, as well as, how to respond in an emergency associated with a diabetic reaction.
 8. In parent's absence, a staff person oriented to the Individual Health Plan, Emergency Action Plan and Glucagon® trained will attend all field trips.

A template for labels that facilitate tracking completion of case management activities.

DIABETIC STUDENT 2007-2008

- _____ Permission to Obtain/Release Info
- _____ Request for Orders
- _____ Doctor's Orders
- _____ Medication Permission Form
- _____ Individual Health Plan
- _____ Glucometer Training
- _____ Glucagon Training
- _____ Delegation of Insulin
- _____ Information to Bus Driver
- _____ Notebook to school
- _____ 504 Plan/IEP
- _____ Diabetes Database

DIABETIC STUDENT 2007-2008

- _____ Permission to Obtain/Release Info
- _____ Request for Orders
- _____ Doctor's Orders
- _____ Medication Permission Form
- _____ Individual Health Plan
- _____ Glucometer Training
- _____ Glucagon Training
- _____ Delegation of Insulin
- _____ Information to Bus Driver
- _____ Notebook to school
- _____ 504 Plan/IEP
- _____ Diabetes Database

DIABETIC STUDENT 2007-2008

- _____ Permission to Obtain/Release Info
- _____ Request for Orders
- _____ Doctor's Orders
- _____ Medication Permission Form
- _____ Individual Health Plan
- _____ Glucometer Training
- _____ Glucagon Training
- _____ Delegation of Insulin
- _____ Information to Bus Driver
- _____ Notebook to school
- _____ 504 Plan/IEP
- _____ Diabetes Database

DIABETIC STUDENT 2007-2008

- _____ Permission to Obtain/Release Info
- _____ Request for Orders
- _____ Doctor's Orders
- _____ Medication Permission Form
- _____ Individual Health Plan
- _____ Glucometer Training
- _____ Glucagon Training
- _____ Delegation of Insulin
- _____ Information to Bus Driver
- _____ Notebook to school
- _____ 504 Plan/IEP
- _____ Diabetes Database

Parent Letter; generally sent early in school year to obtain information for completing assessment and IHP with associated activities. Print on school's letterhead stationary.

Re: Diabetes care at school

On the school registration form, you indicated that your student has diabetes. The enclosed overview of diabetes will be given to school staff on a need to know basis. It is the parent's/guardian's responsibility to provide necessary snacks, medicine and testing equipment needed for school.

If your student requires assistance with health needs at school, current doctors' orders are required. If assistance is necessary, every attempt will be made to have staff trained and ready to help your student the first day of school. Please support these efforts by having current doctors' orders sent to _____ by _____.

Upon receiving doctors' orders, a school district nurse will contact you regarding training.

If you have any questions or concerns, please leave a message at _____ and one of us will return your call.

Thank you for your assistance in caring for your child.

Respectfully,
_____ School District Nurses

Intake form used for phone or
personal interviews.

DIABETIC HISTORY FORM

STUDENT NAME _____ SCHOOL YEAR _____

DOCTORS NAME _____

GENERAL INFORMATION ABOUT STUDENT

SCHEDULE FOR RECESS, LUNCH, PE, ETC.

RIDES SCHOOL BUS, SCHEDULE

SNACK TIMES, PLACE

BLOOD TEST TIMES, PLACE

BLOOD SUGAR LEVELS/TREATMENTS

SPECIFIC SIGNS THAT MANIFEST LOW BLOOD SUGAR IN THE STUDENT

ADDITIONAL INFORMATION

DRS ORDERS RECEIVED? _____ GLUCAGON AT SCHOOL? _____

Sent to health care provider
for medical orders

DIABETIC TREATMENT ORDERS FOR SCHOOL YEAR _____

Student Name: _____ DOB: _____ Grade: _____

School: _____ Parent/Guardian Name _____

Phone _____

STUDENT IS INDEPENDENT: able to check blood glucose, interpret results and treat appropriately without assistance from school personnel. Follow instructions for treating low or severely low blood glucose only.

STUDENT REQUIRES SUPERVISION / ASSISTANCE / MONITORING WITH DIABETES TASKS AT SCHOOL WITH:

Blood glucose testing Interpreting results and treating high/low blood glucose Insulin administration

TARGET BLOOD GLUCOSE RANGE: _____ mg/dL.

BLOOD. GLUCOSE TESTING: Before lunch For signs of high or low Bld. Glucose

Other _____

KETONE TESTING AT SCHOOL: Yes, if blood glucose is greater than: _____ mg/dl (Call parent/contact) No

INSULIN USE AT SCHOOL: Vial Pen Pump Type of insulin _____

No insulin to be given at school

SLIDING SCALE INSULIN (For School District Nurse/ Staff trained by Nurse) See pump orders Not applicable

IF BLOOD GLUCOSE IS:

GIVE: (Type of insulin and amount)

MEALS: Per school menu or from home. **SNACKS** to be provided by parent/guardian/student.

Carbohydrate counting: Student/family will calculate Needs assistance

Mid-morning snack at school Afternoon snack at school

TREATMENT OF LOW BLOOD GLUCOSE: For blood glucose(BG) less than _____ mg/dL:

- Give _____ glucose tablets or _____ oz. juice or other non-diet drink or _____;
- Recheck BG in 15 minutes. If less than _____ mg/dL, repeat treatment and notify parent or District Nurse;
- When BG is greater than _____ mg/dL, student may return to activities.

- TREATMENT OF SEVERE HYPOGLYCEMIA:** If unconscious, unable to swallow or having seizures:
 - Delegate call to 9-1-1;
 - Assume low blood glucose is the problem and check blood glucose if possible;
 - Do not put anything in student's mouth if unable to swallow or having a seizure;
 - Give **Glucagon** _____ mg. subcutaneous injection per training; OR _____;
 - Place student on side (expect student to vomit if Glucagon given);
 - Notify contact person and school district nurse.

- TREATMENT OF HIGH BLOOD GLUCOSE:** Blood glucose greater than _____ mg/dl.
 - Follow orders regarding use of insulin at school;
 - Provide access to no-calorie fluids and toilet facilities;
 - Test ketones if ordered, if ketones are present follow orders;
 - If student is vomiting or feeling ill, call contact person;
 - If unable to reach contact person, call school district nurse or student's health provider if unable to reach district nurse.

The school district's registered nurse (RN) may train/delegate selected school personnel to perform these procedures at school when the RN determines it is safe to do so. The Parent/ Guardian is responsible to provide all testing equipment and supplies needed for school.

Physician /Health Provider signature: _____

Date: _____

Printed name: _____ **Clinic** _____

Phone _____ **Fax** _____

INDIVIDUALIZED HEALTH PLAN for _____, Birthdate: _____

Formulate Nursing Diagnosis	Determine Goal(s)/Nursing Interventions	Evaluate Outcome/Goal

INTERVENTION	PLAN

Use to obtain parent permission for
invasive procedures. Place on school
letterhead.

PARENT AUTHORIZATION FOR SPECIALIZED HEALTH CARE

As the parent/guardian of: _____
(STUDENT NAME) (DOB)

I request my child receive the following health care service(s) _____

I understand that:

- This authorization is valid for one year from the date of my signature below.
- Qualified, designated persons will be performing the above-mentioned health care service(s) and they will be trained and supervised by a registered nurse as authorized by OAR 851-047-0000.
- I will notify the school immediately if the health status of my child changes, there is a change of physician(s), and/or change or cancellation of the procedure.
- I am responsible for bringing to school all necessary supplies for these procedures.

I agree _____ district may release information about my child if these services qualify for reimbursement from the Oregon Medicaid program.

Signature of Parent/Guardian

Date

For use by designated caregiver(s). This procedure is void upon transfer from _____ School District.

BLOOD SUGAR TESTING

CONFIDENTIAL

FOR		DOB	
WRITTEN*ON		BY	
		RN	

1. Test blood sugar:
 - a. Daily at :
 - b. For complaints suggesting low or high sugar (See: procedure Diabetic reaction with or without meter)

2. Set out equipment in a clean area next to student.

Blood sugar test strip (1)	Tissue or paper towel to work on
Blood sugar meter (labeled with student's name)	Gloves
Lancet	

3. Wash hands and have student wash hands also.
4. Verify meter is student's meter, checking labeled named and verbally affirming student's name.
5. Complete testing.
6. After reading refer to Procedure: Diabetic reaction with/without meter testing.
7. Properly dispose of test strip and lancet in biohazard sharps container. (Container to be disposed of by janitor per district guidelines.)
8. Wash hands well with soap and water and direct student to do likewise.
9. Record procedure and reading on student's Diabetic log.

* To be reviewed by RN at least yearly.

Documents UAP's commitment to completion of Delegation/TAE as instructed by RN.

DELEGATION of nursing task(s) (OAR851-047-0030(4)(d)) TRAINING for anticipated emergencies (OAR 851-047-0040)

Student name _____ DOB: _____ School: _____

Medical condition _____

Training for an anticipated emergency Glucagon Diastat Epi- Pen

School Staff Member/Signature/Date School Staff Member/Signature/Date School Staff Member/Signature/Date

District Nurse Signature/Date

District Nurse Signature/Date (Review or Transfer training)

Delegated nursing task(s)

RN assessment of student on file (condition is stable and predictable); Task(s) can be performed without direct RN supervision). RN frequency of supervision/re-evaluation no later than 60 days initially; re-evaluates within 180 days thereafter (OAR 851-047-030(4)). The RN has the authority to rescind delegation (OAR 851-047-0030(7)(a,b,c,d,e))

Insulin administration Glucose/ ketone levels Gastrostomy feedings
 Medications through G-tube Oral suctioning Clean intermittent catheterization
 Ostomy care VNS magnet use Other _____

District Nurse has taught/observed/explained /advised the unlicensed person(s) in the following:

- Client is **unable** to perform the delegated task independently;
- Task(s) can be safely delegated to an unlicensed person;
- Unlicensed person is willing to and demonstrates the skill and ability to perform the delegated task(s);
- The RN has directly observed that the person(s) trained to perform the task(s) are able to do so competently and safely through return demonstration;
- Person(s) trained have been taught the proper procedure/technique and provided with written instructions, including risks, signs of possible side effects, what to do and who to contact for questions/concerns or a negative outcome;
- How and where to document the procedure;
- The task(s) are client/child specific and not transferable to other clients;
- The RN will continue to supervise and is responsible for delegating the task(s).

School Staff Member/Signature/Date School Staff Member/Signature/Date School Staff Member/Signature/Date

School Staff Member/Signature/Date District Nurse Signature/Date District Nurse Signature/Date

District Nurse re-evaluation of task(s) / caregivers. Date _____ Date _____

Transfer of Nurse delegation From _____ to _____ Date _____

Rescinded delegation Date: _____ District Nurse _____

Rescinded for all delegated caregivers Rescinded for the following _____

DIABETES LOG

Sample documentation tool for UAP and/or RN to record task completion.

Student _____ **DOB** _____ **School Year** _____

Date	Time	BG results	Ketones	Insulin	Snack	Lunch	Other	Initials

Staff Signature _____ **Initials** _____ **Staff Signature** _____
Initials _____
District Nurse
Review _____

Sample documentation tool for
UAP and/or RN to record task
completion.

INSULIN PUMP LOG

Date	Time	Blood Glucose	Insulin Per pump	Carbs	Activity	Treatment	Other	Initials

Student _____

DOB _____

School Year _____

When complete: Fax one copy to School District Nurse 883-6666

Initials _____

Signature _____

Send one Copy home
Place original in notebook

Initials _____

Signature _____

DIABETES EMERGENCY PLAN INSERT

CONFIDENTIAL INFORMATION

NOTIFICATION OF STUDENT'S HEALTH STATUS

FROM: _____, R.N. District Nurse 503 673-7021
Date _____

Your student _____ Grade _____ has **diabetes**. This student must have unrestricted access to snacks and the bathroom at all times.

If student complains of, or you observe:

- Shaky/dizzy
- Sweaty
- Hungry
- Irritable
- Pale
- Change in personality

Allow student to check their blood sugar if meter is available and/or have a snack.
Send the student to the office, accompanied by another student or adult, immediately.

For symptoms of confusion, unconsciousness, or seizure CALL 9-1-1 and notify the

EMERGENCY RESPONSE TEAM: _____

AND THE OFFICE IMMEDIATELY.

Special Instructions

Please remember to treat this information with strict confidentiality. Teacher must advise all substitute teachers and classroom assistants of this student's medical concerns. Be sure that student has their diabetic supplies/snacks with them if you leave the building for field trips/activities. Someone trained to administer glucagon must accompany student when they leave the school premises.

Contact school nurse one week prior to any field trips or overnight activities.

If you have any questions regarding this student please contact me.

Diabetes Emergency Plan

Low Blood Sugar (hypoglycemia)

This is a potentially life threatening medical emergency

You may see

Shaking	Irritability	Paleness	Change in consciousness
Confusion	Sweating	Weakness	Poor coordination
Headache	Hunger	Changes in character	Unconsciousness
Complaints of not feeling well		Other: _____	_____

For a blood sugar reading of _____ or below, you do:

- Treat immediately with one container of juice of _____ glucose tablets or _____
- Observe in healthroom for 15 minutes.
- After 15 minutes, check blood sugar again. Repeat treatment and testing, up to 3 times, until blood sugar is above _____
- If there is less than 1 hour before lunch or scheduled snack, student may return to class.
- If there is more than 1 hour before lunch or snack, give extra snack, provided by parent.
- **If unconscious or unable to swallow:**
 - **Call 9-1-1**
 - Glucagon will be administered by trained personnel if prescribed by physician and provided by parent.

High Blood Sugar (hyperglycemia)

You may see:

Increased thirst	Nausea/vomiting	Rapid, labored breathing
Loss of appetite	Dry, flushed skin	Frequent urination
Fruity breath odor	Complaints of not feeling well	Other: _____

For a blood sugar reading of _____ or above, you do:

- Provide free access to non-caloric fluids (like water) and toilet facilities
- If urine ketone strips are available, check urine ketones. If ketones are _____ or more, contact parent.
- If student is too ill to stay in school, contact parent. If unable to reach parent, contact school nurse.

Special Instructions:

Please ask your physician to provide orders. After plan is completed, please mail plan and orders back to school nurse.

I authorize the school nurse to contact the listed physician as needed regarding student's diabetes. I understand that this plan will be shared with school staff as determined necessary by school nurse.

Parent Signature

Date

School Nurse Signature

Date

Accommodation Plan: School Year 200__ 200__

Sample 504 Plan*

Student:

Date of Birth:

Parents:

Phone:

Date of Meeting:

Date of Initial 504 Plan:

1. Describe the nature of the concern:

2. Describe the basis for the determination of disability:

3. Describe how the disability affects a major life activity:

4. Describe the reasonable accommodations that are necessary:

Review/Reassessment Date:

Participants: .

CC:

Attachment:

* Developed from Sample in J. Chatterton, T. Kaup, M. Swanson, Diabetes Management in the School Setting, in School Nursing: A Comprehensive Text (2006). J. Selekman, Ed., F.A. Davis Co.: Philadelphia, pg. 777.

Student's Name: Tommy XXX Date: XX/XX/XXXX School District: XXXXX

Service Summary (continued from previous page, if necessary)

Related Services	Anticipated Amount/Frequency	Anticipated Location	Starting Date	Ending Date	Provider e.g. LEA, ESD, Regional
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Supplementary Aids/Services; Modifications; Accommodations (text box)	Anticipated Amount/Frequency	Anticipated Location	Starting Date	Ending Date	Provider e.g. LEA, ESD, Regional
	<u>*Five hours per year</u>	<u>School</u>	<u>#</u>	<u>#</u>	<u>Regional</u>
<u>Licensed nurse care coordination</u>	_____	_____	_____	_____	_____
_____	<u>*40 minutes per week</u>	_____	_____	_____	_____
<u>Delegated care per nursing procedures.</u>	_____	<u>School</u>	<u>#</u>	<u>#</u>	<u>MESD/SHS</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	<u>LEA</u>
_____	_____	_____	_____	_____	_____

* = fill in number of minutes/day, hours/week, hours/month or hours/year as appropriate.

= Starting and ending dates per educational case manager

DEFINITIONS

Case Management In health care, the comprehensive and systematic approach to providing quality community-based health care, usually for students with multiple and complex service needs. It consists of providing this care along a continuum, decreasing fragmentation of services, enhancing a student's and family's quality of care, and containing costs.⁸

Delegation, nursing. The transfer to a competent individual of the authority to perform a selected nursing activity in a selected situation, with the nurse retaining accountability for the outcome.⁸ Nursing delegation is governed by the Oregon Nurse Practice Act.⁵

Emergency Action Plan (EAP). Direction written in clear terminology for school staff to identify a health crisis and to initiate appropriate action.²⁰

FERPA (Family Educational Rights and Privacy Act, sometimes called the Budkley Act) Federal legislation passed in 1974 that sets standards of confidentiality for education records.⁸

HIPAA (Health Insurance Portability and Accountability Act) Federal legislation passed in 1996 protecting patients' medical records and health information. Schools are accountable to FERPA rather than HIPAA. However, school nurses will encounter HIPAA regulations as they interface with medical systems.⁹

Individualized Health Plan (IHP). A plan of action developed by the school nurse to provide for the needs and services of students with health problems. The plan is written after completion of the nursing assessment and is developed cooperatively with the student, family, and primary care provider.²⁰ This may be known by other names, e.g. School Health Management Plan.

Nursing Process. The systematic problem solving method licensed nurses use when providing nursing care. The nursing process includes assessing, making nursing diagnoses, planning, intervening, and evaluating. The steps of the nursing process are interrelated and together form the basis for the practice of nursing.⁵

Procedures for UAP: Written, detailed directions for the step by step completion of a nursing treatment that has been delegated to an unlicensed person.

School Nurse. In Oregon to use the title of *School Nurse* the RN must have completed certification requirements.³⁸ For purposes of readability the term in this document shall mean a registered nurse practicing in the school setting.

Section 504. A federal legislation that prohibits discrimination against persons with disabilities. A disability is defined as a physical or mental impairment which substantially limits one or more major life activities. Major life activities include walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself and performing manual tasks. Diabetes is an example of a physical impairment which may limit the major life activity of walking, speaking, learning, caring for oneself, and/or performing manual tasks. The 504 process includes evaluation, testing, information exchange and subsequent meetings to determine the student's need for accommodations.⁴⁰

Standardized Nursing Language. Common vocabulary that is research based and developed by nursing to describe its professional diagnoses, interventions and outcomes. Languages that have met these standards include the North American Nursing Diagnosis Association (NANDA), Nursing Interventions Classification System (NIC), and the Nursing Outcomes Classification System (NOC).³⁹

Standard Precautions. Standard precautions are designed to reduce the transmission of microorganisms from recognized and unrecognized sources of infection. Standard precautions apply to 1) blood, 2) all body fluids, secretions, excretions (excluding sweat), regardless of whether they contain visible blood, 3) non-intact skin, and 4) mucous membranes. Standard precautions includes the use of hand washing, appropriate personal protective equipment as gloves, gowns, masks whenever touching or exposure to body fluids is anticipated.⁴¹

Standards of Nursing Practice. Authoritative statements that define for the professional nurse the acceptable practice and responsibilities and accountabilities to the public and for client outcomes.^{6,8}

Teaching the Performance of Tasks for an Anticipated Emergency (TAE) 851-047-0040

The Registered Nurse may teach tasks to unlicensed persons which prepare the persons to deal with an anticipated emergency under the following conditions:

1. The Registered Nurse assesses the probability that the unlicensed persons will encounter an emergency situation. Teaching for an anticipated emergency should be limited to those who are likely to encounter such an emergency situation.
2. The Registered Nurse teaches the emergency procedure.
3. The Registered Nurse leaves detailed step-by-step instructions how to respond to the anticipated emergency.

Preparation for an anticipation of an emergency includes the administration of injectable medications by the intramuscular route as provided in ORS 433.800 - 433.830, Programs to Treat Allergens and Hypoglycemia. The Registered Nurse periodically evaluates the unlicensed person's competence regarding the anticipated emergency situation. The responsibility, accountability and authority to teach for an anticipated emergency remains with the Registered Nurse. **Stat. Auth: ORS 678.150**²⁹

Unlicensed Assistive Personnel (UAP), Personnel who are not licensed to practice nursing, but who are trained to assist nurses in implementing health care activities that are within the scope of nursing practice and do not require assessment or judgement.⁷