School nurses, supervisors, and the PNPs from the diabetes centers at Yale and CCMC have collaborated on creating this standardized plan for students with diabetes. The intention is to have a template that helps providers, families, and school nurses communicate more effectively and have more comprehensive information to create individualized health plans that foster safe care and academic achievement. Fundamental principles include:

- Pediatric diabetes management continues to be an evolving field and there is significant variability with how individuals respond to their diabetes treatment, thus requiring a relatively unique flexibility with their daily diabetes management
- Successful diabetes management requires the same principles inherent in chronic disease management, including:
  - Facilitating Family/Professional Collaboration and Partnerships
  - Appreciating individual family’s health related values in a culturally competent manner
  - Identifying and negotiating mutually acceptable treatment options and goals

Here is a brief outline of the highlights of this form:

- Part 1 is designed to be completed by the family and reviewed by the diabetes provider (like the HAR)
  - Since this form is more comprehensive than previous versions, the providers need families to start filling in sections that they can in order to expedite its completion during a clinic visit
- Self-care skills section
  - This section is designed to provide an overview of the student’s current skill level
  - The intent is to give the school nurse a baseline overview of how the family and provider assess the student’s skill levels and can be used as a basis for ongoing diabetes education and care plans
- When to call for help section is also new. This is designed to provide a standardized guide for the school nurse to contact the family &/or provider about acute issues or concerning trends
- Part 2 is designed to accommodate all the current known insulin therapy options
  - New standardized components include parental authorization clarifications
  - Note that changes in Multiple Dose Injection therapy that persist greater than 5 school days requires an updated medical authorization. The addendum on page 4 is designed to serve that purpose.
- Part 3 is designed to provide a standardized approach to hypoglycemia and hyperglycemia while allowing appropriate flexibility based on the student’s skill level and nursing judgment
- Glucagon
  - Glucagon administration in school is a complex issue that has been the focus of ongoing national debate
  - This collaborative effort has resulted in the following clarifications:
    - Diabetes providers must have the option to order glucagon for students in school
    - Although the probability of requiring glucagon for severe hypoglycemia can be reduced with an effective management plan, it can never be eliminated, requiring options for emergency treatment
      - EMS response time under 20 minutes (the time it takes glucagon to work) is a potential option
    - The option to universally suspend glucagon for all field trips has been replaced with a guideline that integrates the concepts of collaboration and nursing judgment to be used for each individual student and field trip
- The addendum on the back of the plan is designed to be used to update medical authorizations during the course of the school year without having to complete the whole plan again
- The template for this plan will be reviewed over the course of the 2012-2013 school year and revisions will be made as indicated. Please distribute this plan to students and families this spring to assist the diabetes centers.