



Certificate of Completion

Deniece Chinn

has successfully completed

Diabetes Management Training Completion

offered through

OSDE Connect

Date of Completion: September 19, 2023

Professional Development Points



Certificate of Completion

Kristi Delapp

has successfully completed

Diabetes Management Training Completion

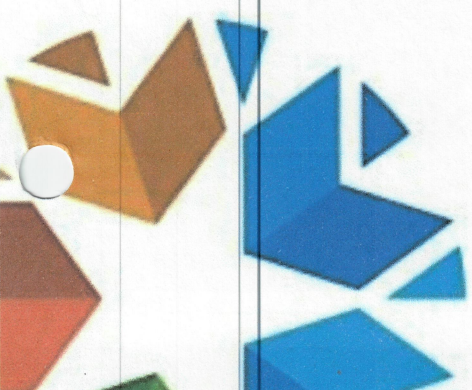
offered through

OSDE Connect

A handwritten signature in blue ink, appearing to be "KD", is written over the "OSDE Connect" text.

Date of Completion: September 19, 2023

Professional Development Points



Medication Administration Form

The (name of facility/center): _____ will administer medication to children for whom a plan has been made and approved by the Director. Because medication poses an extra burden on staff and having medication in the facility is a safety hazard, parents/guardians should check with the child's health care provider to see if a dose schedule can be arranged that does not involve the hours the child is in care by this facility/center. Parents/guardians may come to administer medication to their own child during the day.

If a liquid oral medication is to be administered at the facility/center, the parent/guardian must provide the administration device with clearly marked measurements (medicine sip-vial, medicine cup, dropper, or syringe).

Medication in Child Care:

1. Requires parent/guardian to complete and sign this *Medication Administration Form*; form shall be kept in the child's record with all supportive documentation.
2. Medication must be in original, child-proof container and labeled with child's name.
3. All medication containers and dispensers will be stored out of the reach of children and in a locked cabinet, or refrigerator if necessary, and will be returned to parent/guardian when completed.
4. Requires a written plan to record the administration of all medications and to inform the child's parent/guardian daily when such medications have been given.
5. When no longer needed by the child, or when the child withdraws from the program, all medications should be returned to the child's parent/guardian or disposed of after an attempt to reach parent/guardian.

Prescription Medications:

- Medication is administered in accordance with the pharmacy label directions as prescribed by the child's health care provider.
- The instructions from the child's parent/guardian shall not conflict with the label directions as prescribed by the child's health care provider.

Non-Prescription (Over-the-Counter) Medications:

- May be administered without approval or instructions from the child's health care provider.
- Shall be administered in accordance with the product label directions on the container.
- The instructions from the child's parent/guardian shall not conflict with the product label directions on the container.

AUTHORIZATION FOR MEDICATION ADMINISTRATION

I hereby authorize designated agents of (name of facility/center): _____

to administer the following medication to my child, _____. I further agree to indemnify and hold harmless this facility/center, their agents, and servants against all claims as a result of any and all acts performed under this authority.

Parent/Guardian Name _____ Telephone _____

My child's health care provider is _____ Telephone _____

My child's condition is _____

Purpose of medication is _____ Time of administration _____

Name of medication _____ Duration of administration _____

Method of administration _____ Possible side effects _____

In case of emergency, contact _____ Telephone _____

Parent/Guardian signature _____ Today's Date _____

→ **Monthly Medication Record on back to be completed by person administering medication.**

Copan Public School Diabetes Management Plan

Effective Diabetes Management at School

For the student who has diabetes, the learning process extends beyond academic goals to include learning, from experience, how to manage diabetes effectively at school. A school environment that can be trusted to be safe and helpful will foster this learning process. School personnel play an important role in helping the student manage diabetes effectively at school.

Effective management of diabetes at school can help:

- Provide a supportive learning environment for students with diabetes
- Reduce absences
- Reduce disruption in the classroom
- Provide the necessary support in the event of an emergency
- Achieve full participation in physical activities
- Foster self esteem

The information in this guide will assist in the development and maintenance of a diabetes management program for your school. This guide includes:

- A brief description of Type 1 diabetes and its management
- A description of a diabetes management program for schools
- Reproducible actions plans for school personnel and parents
- Reproducible resource information including:
 - Description of effective diabetes management in schools
 - Treatment of high and low blood sugar emergencies
 - Feelings associated with having diabetes



General Information About the Child with Diabetes For School Personnel

Background Information

Most children with diabetes have Type 1 diabetes (autoimmune). This is a condition in which the insulin producing cells are destroyed and the pancreas stops making the hormone insulin.

Without insulin, the body cannot convert food into energy. The only treatment is to replace the missing insulin by injection. Food and exercise must be balanced with the insulin to maintain normal blood sugar. The child with diabetes can do all the same things as children who do not have diabetes, if the school's staff understands and cooperates with treatment.

There is not single right way to treat diabetes. Each child's circumstances are different. Therefore, experienced diabetes team individualize treatment plans based on needs as well as preferences of the child and family.

There are a variety of insulin regimens. Many children will get insulin injections before breakfast and before dinner. However, some children may need to take insulin more frequently and still others may use an insulin pump.

Just as with insulin regimens, there are several methods of meal planning. New information allows diabetes teams to be much more liberal with food. Carbohydrate Counting coupled with recommendations in the Food Guide Pyramid seems to be most popular, although some programs still use the Exchange System.

To help assess how well the treatment plan is working, the child may need to check his/her blood sugar one or more times throughout the school day. This is done using a blood glucose meter that the child must bring to school. Most children can perform blood sugar checks by themselves but may need a private place to do so. Some children may need supervision to see that the procedure is done properly and results are recorded accurately. It is helpful for the child to have a meter at school so the blood can be checked during treatment for a low blood sugar reaction. The parent needs to instruct the health aide (or other designated personnel) on use of the blood sugar meter. This will assure that help will be available to the child if needed. How often the child checks or whether he/she checks at school at all are decisions made in conjunction with the child, family, child's diabetes team and school personnel.

Hypoglycemia (Low Blood Sugar)

Occasionally, a child who takes insulin may have a low blood sugar. This is typically caused by not eating as much as usual, taking too much insulin, or exercising more than usual without having eaten an extra snack. The blood sugar may drop below 70 and result in hypoglycemia (low blood sugar).

If the child is supposed to get snacks, it is essential that he/she eats these snacks every day. Also, if the child does not finish lunch he/she should be given an additional snack later to compensate for what was left uneaten. Parents need to know the times of recess and PE, so that they can be planned for. If a child has symptoms of hypoglycemia, treat immediately and do not leave the

child alone. If untreated the blood sugar may continue to drop and the child can lose consciousness. Loss of consciousness due to low blood sugar is a medical emergency and treatment must be administered immediately! (See Acute Emergencies of Diabetes.)

Hyperglycemia (High Blood Sugar)

Sometimes, the blood sugar can go too high. This is usually caused by eating more food than usual, not getting enough insulin, not having as much exercise as usual, being stressed out, or by illness. High blood sugar takes hours to a day or two before it causes problems. This is not an emergency. Parent/guardians need to be informed if the blood sugar at school was over 250 mg/dl, or if the child showed signs of high blood sugar:

- Nausea and vomiting
- Fruity odor to breath
- Rapid, deep breathing
- Lethargy, sluggishness

A child with diabetes may have an unexplained increased or decreased blood sugar from time to time.

Handling the Child with Diabetes at School

The child with diabetes needs to be treated like any other child. The only difference is that this child's body requires insulin from an external source to function properly. Remember the warning signs of low blood sugar and be ready to treat. Exercise helps the insulin work better. Involving the child in all physician education (PE) and sports activities is highly desirable. It is important that the child develops exercise habits at a young age. The other children in the classroom, especially the child's friends, are often very eager to learn more about diabetes. Ask the child and parents/guardians how this might be discussed with the class. Even very young friends can help recognize low blood sugar reactions.

Things can be more comfortable for everyone when diabetes is not a secret.

Safety

It is the responsibility of the school to provide a safe environment for all students. School staff who have direct contact with the student who has diabetes should receive instructions about special needs as well as emergency action procedures.

Parties

The child with diabetes can participate in parties just like all the other children. Notify the parent/guardian when a party will take place and include information about what food will be served so that they can decide with the child what he/she may have to eat.

Extra Curricular Activities

The child with diabetes should participate in all extracurricular activities. Notify the parents/guardians as soon as possible and invite them to the planning stage of the activity especially if this involves an overnight. The child's diabetes pack with a meter, insulin if needed and a sugar source should always accompany the child with diabetes on any field trip. Extra snacks need to be taken along in case lunch is delayed or the student gets more exercise than usual. An overnight activity will require insulin injections, so the parent/guardian may need to make special arrangements. The parent/guardian of a young student with diabetes may wish to help chaperon. Be sure this is ok with the child.

The ABCs of Daily Management

Acceptance

There will be many times when a child with diabetes feels different. Help the child fit diabetes self management into his or her life. You are in a position to influence the child's self-esteem and attitude.

Blood Glucose Monitoring (SMBG)

Most children with diabetes check their blood sugars 4 or more times per day. Common testing times are before meals and bedtime snack. While some children do not test before lunch at school, it's more common that they do. This should be a family decision in conjunction with the diabetes team.

Usual targets for blood sugars are: 75% or more readings between 70 and 150 mg/dl. However, individual targets are often set for each child. It is important to consult with parents and possibly the child's diabetes team to determine what appropriate targets are for that child.

Exercise

Children with diabetes should participate fully in any exercise program or activity. They may need to eat an extra snack before or during exercise. Discuss appropriate snacks with parents.

Food

Many children have midmorning and/or mid-afternoon snack as part of their meal plan. Snacks can be eaten in the classroom, between classes or during a break. Child, parents, and teacher need to decide the best way of managing this to keep child from feeling different. Finishing meals and snacks is an important part of the treatment plan. Staff need to be sure child has adequate time to complete meal or snack. Special times where food will be served need to be discussed with parents.

Insulin

There are a variety of insulin regimens. Many children will get insulin injections before breakfast and before dinner. However, some children may need to take insulin more frequently and still others may use an insulin pump. Children requiring insulin at school will need to be allowed to administer insulin at the appropriate time. Unless a child's management plan requires an insulin injection prior to lunch, insulin is generally not given at school.

Acute Emergencies of Diabetes

Hypoglycemia: Low Blood Sugar (Insulin Reaction)

Warning signs and symptoms of low blood sugar (insulin reaction) happen suddenly. Signs and symptoms can easily be mistaken for misbehavior. The child may not recognize symptoms developing. Severity of a low blood sugar reaction progresses from mild to severe. Severe reactions are preventable by early detection and treatment of low blood sugars. Be familiar with identification and treatment of low blood sugar to avert an emergency situation. Blood sugar can go to low if the child with diabetes has:

- taken too much insulin
- not eaten enough food
- had extra exercise without extra food

Mild Hypoglycemia

Signs and Symptoms	Treatment
<ul style="list-style-type: none"> • Behavioral Signs: A wide variety of behaviors can occur. • Behavior changes may include: <ul style="list-style-type: none"> ◦ acting quiet and withdrawn ◦ being stubborn or restless ◦ tantrums of sudden rage ◦ confusion ◦ inappropriate emotional responses (eg: laughter, crying) ◦ poor concentration or day dreaming • Shakiness • Sweatiness • Headache • Dizziness • Pallor • Increased Heart Rate <p>NOTE: It may take the child several hours to recover following a low blood sugar episode. The student should not be expected to perform at optimal levels, but having diabetes should never be an excuse for poor overall school performance.</p>	<ul style="list-style-type: none"> • If you don't know what the blood sugar is, treat the symptoms. • Never send a child who you suspect is having a low blood sugar to the personnel's office. Send another student to get help if you need it. • Give the child some quick-acting sugar such as: <ul style="list-style-type: none"> ◦ 3 - 4 ounces of juice ◦ 6 - 8 ounces of REGULAR pop ◦ 2 - 4 glucose tablets ◦ 5 - 6 lifesavers ◦ 6 - 8 ounces Milk • Check the blood sugar 20 -30 minutes after treatment. If the blood sugar result is less than 80, or if the child still has symptoms, repeat the quick sugar treatment and blood sugar testing cycle until the child is symptom free and the blood sugar result is above 80. • When the child feels better and the blood sugar result is above 80, give One (1) of the following if the child's next meal is more than 1 hour away and/or if the child will be participating in active play/ sports following this low blood sugar episode. <ul style="list-style-type: none"> ◦ 1/2 sandwich ◦ 1/2 cup milk ◦ 4 graham cracker squares with peanut butter or cheese ◦ 6 saltine crackers with peanut butter or cheese • The child may return to class after the blood sugar is above 80 and the child is symptom free.

Moderate Hypoglycemia

Signs and Symptoms	Treatment
<ul style="list-style-type: none"> • staggering walk • pale appearance • uncontrollable crying episode • slurred speech • blank stare • refusal to take anything by mouth 	<ul style="list-style-type: none"> • Follow the same procedure as indicated in the treatment for Mild Hypoglycemia with the following exception: <ul style="list-style-type: none"> ◦ If the child has difficulty drinking but is able to swallow, (child may become irrational and uncooperative and may not be able to follow directions) slowly cake icing (gel type) or glucose gel in between the child's cheeks - even if the child resists. This may require assistance. ◦ Rub the cheeks gently to make sure sugar is being absorbed. • Follow with food if more than 30 minutes until next meal or snack (see mild hypoglycemia). • The child may return to class after the blood sugar is with above 80 and when the child is symptom is free.

Severe Hypoglycemia

This is a Medical Emergency!

Signs and Symptoms	Treatment
<ul style="list-style-type: none"> • unconscious • unresponsive • convulsion-like movement • failure to respond to cake • icing (gel type) or glucose gel 	<ul style="list-style-type: none"> • Be sure child is lying down in a safe area protected from head and bodily injury. • Position the child on his/her side • Inject glucagon and/or call for emergency medical assistance (911 in the United States) • Do not attempt to put anything between the teeth • As the child regains consciousness, nausea and vomiting may occur • Notify parents/guardians and or diabetes team of the episode as soon as possible

Hyperglycemia: High Blood Sugar

Hyperglycemia

Signs and Symptoms	Treatment
<ul style="list-style-type: none">• loss of appetite• increased thirst• frequent urination• tiredness, sleepiness• loss of appetite• inattentiveness• rapid breathing• fruity odor to the breath	<ul style="list-style-type: none">• If the student has warning signs of high blood sugar, check the blood sugar.• If blood sugar is over 240, check urine ketones.• Negative to small: give lots of fluids (sugarfree such as water or diet pop)• Moderate to large: call parent/diabetes team (an order for extra short acting insulin may be given.• NEVER WITHHOLD FOOD FOR HIGH BLOOD SUGAR!• If the blood sugar test result in school is over 250, or if the student has warning signs of high blood sugar, parent/guardians need to be made aware. This does not have to occur immediately unless the student is spilling moderately large ketones.

Information for Parents and Guardians

Children with diabetes have certain rights at school as a result of the **Individuals With Disability Education Act** and **Section 504** of the **Rehabilitation Act of 1973**. These laws provide for protection against discrimination for children with disabilities, including diabetes. Parents can use these laws to assure that their child with diabetes can fully participate in all school activities while, at the same time, making sure that their medical needs are met. Therefore, while at school, each child with diabetes should be allowed to:

- Perform blood sugar monitoring
- Treat low blood sugars as needed
- Carry treatment for low blood sugar
- Give (or receive) insulin if indicated
- Be allowed time for blood sugar checks and eating all meals and snacks
- Be allowed to fully participate all the same activities children who do not have diabetes participate in

However, children and parents of children with diabetes have responsibilities too. They should:

1. Fill out Student Information Forms
2. Provide the school with:
 - Snacks, if required on a regular basis
 - Blood glucose meter and/or supplies, these can be kept at school, or brought daily
3. The child with diabetes needs to have quick sugar emergency supplies with him/her **at all times**. He/she should carry something like:
 - Lifesavers
 - Juice
 - Glucose tablets
 - Sweet Tarts
 - small tube cake icing (gel type)
4. Prepare extra snacks to keep at school in case they are needed. An old lunch box or a shoe box clearly labeled with your child's name works well as a container. Include snacks such as:
 - Crackers
 - Teddy grahams
 - Peanut butter
 - Granola Bars
 - Raisins
5. Check with the teacher or health aide weekly to see if items need to be replaced

Note to School Staff

Subject: Diabetes

Diabetes is not an infectious disease. It results from failure of the pancreas to make a sufficient amount of insulin. Without insulin food cannot be used properly. Diabetes currently cannot be cured but can be controlled. Treatment consists of injections of insulin at least twice daily and a prescribed meal plan. A student with diabetes can participate in all school activities and should not be considered different from other students.

Insulin reactions occur when the amount of sugar in the blood is too low. This is caused by an imbalance of insulin, exercise, and food. Under these circumstances the body sends out numerous warning signs. If these signs are recognized early, reactions may be promptly terminated by giving some form of sugar. If a reaction is not treated, unconsciousness and convulsions may result. The student may recognize many of the following warning signs of low blood sugar and should be encouraged to report them. Many students require nourishment before strenuous exercise. Teachers and personnel should have sugar available at all times. The student with diabetes should also carry a sugar supply and be permitted to treat a reaction when it occurs. (See Treatment Plan for Hypoglycemia.)

High blood sugars are usually not a concern at school. Coma and death are serious complications of the disease, resulting from uncontrolled diabetes (i.e., high blood sugars). However, they do not come on suddenly and generally do not constitute an emergency situation. Children with diabetes do need to be allowed bathroom privileges and access to water when blood sugars are high. (See Treatment Plan for Hypoglycemia.)

Students with diabetes follow a prescribed meal plan and may select their foods from the school lunch menu or bring their own lunch. A midmorning and/or a mid-afternoon snack may be necessary to help avoid insulin reactions.

The amount of sugar in the blood of a student with diabetes can be checked with special equipment. Checking the blood for sugar several times a day serves as an effective guide to proper diabetes control. Blood sugar checks should be made before meals, and time should be allowed before lunch for the child with diabetes to do this.

Healthcare Plan Checklist

Student Information	
Name:	Date of Birth:
School/Teacher:	Grade:
Parent/Guardian:	Address:
Home Phone: Mother: Father:	Work Phone: Mother: Father:
Other Emergency Contact:	Phone:
Physician:	Phone:
Medical Diagnosis:	Preferred Hospital:

Checklist		
	Date Requested	Date Received
1. Referral received from:		
2. Parent contact		
3. Authorization for release of information signed by parent/guardian		
4. Medical/nursing/educational records		
5. Nursing assessment: Home visit, school site observation		
6. Individualized Health Care Plan complete		
7. Emergency Action Plan developed		
8. Request for written orders to physician		
9. Parent Request for Special Care on file		
10. Review of procedure with parent/guardian		
11. Staffing/placement meeting		
12. Staff/In-service training		
13. Transportation plan completed		
14. Equipment and supplies checklist		

School Personnel Signature

Date

School Health Care Action Plan For Diabetes/Hypoglycemia

To assist your child in maintaining optimum health, it is necessary for the school to have current information regarding his/her diagnosis of diabetes or hypoglycemia. Written permission is required from the parent and physician for the personnel to test your child's blood glucose level at school during a crisis or emergency situation.

Please be aware that:

1. A personnel may not always be available when a situation arises which may indicate the need for blood glucose testing. When the personnel is not in the building, the parents or emergency medical assistance (911) will be notified depending on the state of the crisis.
2. If equipment is needed for blood glucose testing, this must be provided by the family. The procedure for blood glucose testing will be followed according to instructions provided by the manufacturer of the specific meter.
3. The parent should notify the school personnel if routine blood glucose monitoring is necessary during school hours.

Please complete the attached forms and return to the school personnel as soon as possible. Physician and Parent/Guardian signatures are both required. Also, continue to keep the school personnel updated on your child's changing health needs.

School Personnel: _____

Phone: _____

Diabetes Health Care Emergency Action Plan

Student Information										
Name:	DOB:	Grade:								
Address:										
Father/Guardian:	Phone (home):	Phone (work):								
Mother/Guardian:	Phone (home):	Phone (work):								
Other Emergency Contacts										
Name:	Relationship:	Phone:								
Name:	Relationship:	Phone:								
Physician:		Phone:								
Hospital:	Transport: <input type="checkbox"/> Parent <input type="checkbox"/> Ambulance <input type="checkbox"/> Other									
Emergency items to be left at school: <table border="0"> <tr> <td><input type="checkbox"/> Glucose tablets</td> <td><input type="checkbox"/> Blood glucose meter</td> </tr> <tr> <td><input type="checkbox"/> Snacks</td> <td><input type="checkbox"/> Insulin</td> </tr> <tr> <td><input type="checkbox"/> Syringes</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> _____</td> </tr> </table>			<input type="checkbox"/> Glucose tablets	<input type="checkbox"/> Blood glucose meter	<input type="checkbox"/> Snacks	<input type="checkbox"/> Insulin	<input type="checkbox"/> Syringes	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Glucose tablets	<input type="checkbox"/> Blood glucose meter									
<input type="checkbox"/> Snacks	<input type="checkbox"/> Insulin									
<input type="checkbox"/> Syringes	<input type="checkbox"/> _____									
<input type="checkbox"/> _____	<input type="checkbox"/> _____									

In the event of an insulin reaction, the procedure routinely followed at school is to give some form of sugar such as 1/2 carton of milk followed with crackers and peanut butter, 1/2 cup fruit juice or 1/2 cup non diet soda. If the student is unconscious, "911" is called.

I approve the above health care action plan as written. Yes _____ No _____

Please make the following changes to the health care action plan:

List other additional information or significant special health concerns of this student:

I give permission for emergency blood glucose testing by the school personnel using equipment I have provided. I understand that when the school personnel is not available for emergency blood glucose testing, the parent/guardian will be notified or "911" will be called. Yes _____ No _____

Additional directions regarding blood glucose testing:

Written and submitted by: _____
Personnel _____ Date _____

Reviewed and signed: _____
Parent/guardian _____ Date _____

Student _____ Date _____

Physician _____ Date _____

To be reviewed _____
Date _____

Healthcare plans should be revised according to child's specific needs, at least annually.

Consent For Release Of Confidential Information

Date Sent/Mailed:	
Student's Name:	DOB:
School:	Grade:

We are asking that you authorize the person or agency named below to release specified records containing confidential information regarding the above named student:

Information Requested From: _____

Send Requested Information To: _____

Records requested: ☐ Medical/health history ☐ Reports

Purpose of disclosure: Assist in providing appropriate health care in the school setting.

Please check **Yes** only if you agree that the statements are correct. If the statements are not correct, check **No**. If you wish to have more information or if you have any questions, please call _____ at _____.

Yes No

☐ ☐ I have been fully informed and do understand the school's request for my consent for release of my child's records, as described above. This information will be released upon receipt of my written consent.

☐ ☐ I understand that my consent is voluntary and may be revoked in writing at any time.

Signature of Parent/Guardian Date

Signature of Interpreter, if Used Date

Please send requested information to the address above as soon as possible.

Blood Glucose And Insulin Procedures

Name of Student

Grade/Teacher

Name of Physician

Physician's Phone Number

Medication	Dose	Time

Monitoring Blood Glucose and Administering Insulin

Yes	No	
		Diabetes checklist returned
		Demonstrates correct use of blood glucose meter
		States proper time blood for glucose monitoring
		Demonstrates documentation of blood glucose monitoring
		Demonstrates knowledge of self-administration of insulin
		States proper time for administration of insulin
		Follows appropriate procedure for disposal of supplies
		Carries treatment for insulin reactions
		Agrees to seek assistance from school personnel as needed

If the student does/does not demonstrate meeting the above specified responsibilities, the privilege of monitoring blood glucose and self-administration of insulin will/will not be allowed.

Student's Signature

Date

Personnel's Signature

Date

Comments:

My child will be responsible for carrying this medication and will self-administer. My child agrees to follow the district's procedures concerning the handling and administration of this medication.

Parent/Guardian Signature

Date

Guidelines for Caring for diabetic child

1. When to do a blood sugar check

- a. She says "I'm low," especially if during or after exercise.
- b. If she has symptoms of low blood sugar, including:
 - Irritability
 - Erratic responses to questions
 - Sleepiness

2. What to do based on her blood sugar reading

(Remember, this is only an example and must be adapted to your child's specific needs.)

Under 60

Give two Glucose Tablets, followed immediately by food containing 30 grams of carbohydrates. If she doesn't respond within 10 minutes, telephone her mother/father, [name/name], at [phone number] for further instructions.

61 to 100

Give one Glucose Tablets. If a meal or snack is within 30 minutes, she can wait, otherwise give her a snack including carbohydrates and protein, such as cheese crackers with peanut butter or cookies and milk.

101 to 125

She is fine. If exercise is planned before a meal or snack, she must have a snack before participating. This includes recess.

126 to 200

She's fine. She could feel low if she was previously high and is dropping.

201 to 240

She's a bit high, but this is not uncommon for her, especially in the early morning.

Over 240

Her blood sugar is too high. She must be given access to water or other non-caloric fluids. Use of the bathroom must be allowed as needed.

She needs to check her urine for ketones. If ketones are present, the parents or the diabetes team should be called for advice.

Note: She may confuse being this high with being low, since many of the symptoms are similar.

3. When giving sugar, the following are roughly equivalent:

- Four ounces of fruit juice
- 1/2 to 1 cup of milk
- Two glucose tablets (some are different: 10-15 grams of sugar are recommended)
- One-half tube of Cake Mate (should be placed between the cheek and the gums if unable to swallow)
- One-half of a can of soda (regular, **NOT** diet!)

Chocolate candy is not to be used unless there is no other source of sugar available. It is often not absorbed quickly enough, due to fats in the candy.

If the blood sugar remains low despite treatment and the student is not thinking clearly, the parents or the diabetes team should be called for advice.

Following an episode of low sugar, it can take several hours to fully recover. Hence, the student should not be expected to perform at optimal levels. However, diabetes should never be allowed to become an excuse for school performance.