

Newton Public Schools

Merriam Avenue School
Kathleen Huguen, RN
973-383-7202 X 1231

Halsted Middle School
Carol Marinaro, RN
973-383-7440 x 2231

Newton High School
Jill Aquino, RN
973-383-7692 x 3231

HEALTH OFFICE DIABETES CHECK LIST FOR SCHOOL NURSES

Student's Name: _____ **School:** _____ **Birthdate:** _____

Grade: _____ **Physician** _____ **Home Phone:** _____ **(Dates):** _____

- _____ 1. School nurse is notified that student with diabetes will be attending school.
- _____ 2. Call or arrange a meeting with parent(s)/guardian and student if appropriate.
 - _____ a. Discuss parent/student expectations of diabetes care while at school.
 - _____ b. Discuss details of diabetes management plan and potential accommodations.
 - _____ c. Determine the equipment and supplies needed for school and obtain prior to student admittance.
 - _____ d. Discuss plans for communication with parent and health care team
 - _____ e. Request that parent sign an exchange of medical information form and release of confidential medical information form.
3. Meeting with parents, school nurse and other members of the school staff.

Typical accommodations issues:

- _____ a. Management of low blood sugar
 1. Who?
 2. Where?
 3. When ?
 4. When and how to communicate to parents?
 5. Restriction of activity? _____

b. Management of high blood sugar

1. Who?
2. Where?
3. When ?
4. When and how to communicate to parents?

Restriction of activity?

_____ c. Blood testing

1. Who?
2. Where?
3. When ?
4. What to do with results?
5. When and how to communicate to parents?

_____ d. Insulin injections

Who?
Where?
When ?

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Who determines within the health care team orders?
When and how to communicate to parents?

_____ e. Meals and snacks

1. Who?
2. What's too much or too little monitoring?
3. When and whom to notify?
4. Where (location)?
5. Replacement
6. Special occasions (parties, field trips)

_____ f. Bathroom privileges

_____ g. Access to drinking water

_____ h. Transportation

1. Who?
2. What route?
3. When?

_____ i. After school activities

1. When?
2. Where?
3. Orders?

_____ j. Identify and obtain legal documents for consent/authorization of treatment and exchange of information

- _____ 4. Review school day schedule and assess level of independence.
- _____ 5. Identify potential issues requiring accommodations.
- _____ 6. Clarify specifics of treatments using Health Care Team Orders.
- _____ 7. Determine which staff will be educated and arrange for same.
- _____ 8. Notify and educate all personnel working with student. Have all pertinent individuals sign the IHP. Note the distribution.
- _____ 9. Provide classroom education if requested by parent or child.
- _____ 10. Review annually IHP and /or revise as needed.
- _____ 11. Adhere to the school district's bloodborne pathogen standard during blood testing