



School intervention protocol for students with Type 1 diabetes

Forms to be completed by parents



DESIGN, DEVELOPMENT AND WRITING

Nathalie Dubé, clinical counsellor-nursing, Centre de santé et de services sociaux (CSSS) de la Vieille-Capitale

Nicole Lachance, consultant for the ministère de l'Éducation, du Loisir et du Sport (MELS)

Lyse Lapointe, coordinator of the motor and organic impairments file at the ministère de l'Éducation, du Loisir et du Sport (MELS)

Jacques Pelletier, school nurse, CSSS de la Vieille-Capitale

Laurence Rivet, physical health advisor, Ministère de la Santé et des Services sociaux (MSSS)

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Protocole d'intervention en milieu scolaire pour les élèves atteint de diabète de type 1 (11-215-01)

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Ministère de la Santé et des Services sociaux

Direction des communications Diffusion

1075, chemin Sainte-Foy,

4^e étage Québec

(Québec)G1S 2M1

Masculine pronouns are used generically in this document.

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To be completed by the parents and the school nurse

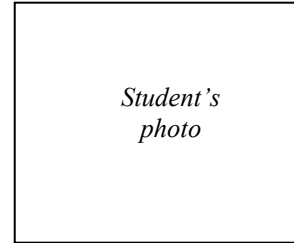
To be kept in file: - Special student assistance
- CLSC

IDENTIFICATION OF DIABETIC STUDENT

Family name and given name: _____

Level and class: _____

Name of teacher: _____



Contact information for persons to be informed:

	Parents		Other persons	
	Mother	Father		
Family and given name				
Cell phone				
Work phone				
Home phone				
Pager				

Contact information for healthcare providers:

	Name	Phone
Attending physician		
Nurse at the diabetes clinic		

CONSENT	YES	NO
I consent to the nurse providing the information in this document to school staff who may intervene in the event of an emergency.		
I authorize the school staff to administer the prescribed treatment for hypoglycemia according to the decision tree that appears in the intervention guide.		

Signature of person having parental authority: _____

Date ____ / ____ / ____

Signature of nurse: _____

Date ____ / ____ / ____

To be completed by the school nurse

To be kept in file: - CLSC

DATA COLLECTION¹

Student's name: _____ Date of birth: ____/____/____

Class: _____ School: _____

PHYSICAL STATE OF HEALTH

Type 1 diabetes Since: _____

Diabetes clinic: _____

Physician: _____

Nurse: _____

Medication: _____ Number of times per day: _____

Compliance with treatment: Yes No

Self-medication: Yes No Partial

Particularities: _____

Allergies _____ Intolerance _____

Disability _____ Deficit: _____

Psychomotor development: Language _____

Fine motor skills _____

Gross motor skills _____

Particularities: _____

1. P. BIROT, M.-P. DERVAUX and M. PEGON, (2005), "Le modèle de McGill", *Recherche en soins infirmiers*, No. 80, pp. 28-38.

LIFE HABITS

Nutrition: For diabetics Balanced Deficient

Activities and recreation: _____

Particularities: _____

PSYCHOLOGICAL STATE OF HEALTH

Emotional state

Reported by family	At school	At the appointment

Type of behaviour

Reported by family	At school	At the appointment

Socialization

with peers: _____

with adults: _____

LEARNING – DEVELOPMENT (goals, desires)

Particularities: _____

ENVIRONMENT

Type of dwelling: _____

Environment: urban semi-rural rural

Lives with: _____

Type of family: traditional single-parent
 blended _____
 other _____

Ethnic group: _____ Religion: _____

Language spoken in the home: _____

Quality of communication: _____

Stressful events in the family: _____

Meaningful persons: _____

Support received by the family: Yes No _____

Family's attitude toward diabetes management at school: _____

Family's financial situation: _____
Particularities: _____

Signature of nurse

Date

To be completed by the parents

IDENTIFICATION OF CAREGIVER*

I authorize (name of caregiver) _____ to intervene with my diabetic child at school or the school daycare.

Signature of person having parental authority: _____

Date: ____/____/____

If necessary, I agree to intervene with: (name of child)

Signature of caregiver: _____

Date: ____/____/____

Practical application of the *Act to amend the Professional Code and other legislative provisions in the field of health* (Bill 90).

CONTACT INFORMATION FOR THE CAREGIVER

FAMILY NAME, GIVEN NAME: _____

ADDRESS: _____

PHONE: _____

CELL: _____

PAGER: _____

* A caregiver is a family member or friend who provides regular care and support to another person, without pay. He or she is a person from the entourage who provides significant, ongoing or occasional non-professional support to someone with a disability.

Ref.: ASSOCIATION DES CLSC ET DES CHSLD DU QUÉBEC, *Application pratique de la Loi modifiant le Code des professions et d'autres dispositions législatives dans le domaine de la santé* (Bill 90), 2003.

To be completed by the school nurse

To be kept in file: - CLSC

LIST OF ITEMS OR PRODUCTS FOR EMERGENCY KITS

Family name and given name: _____ Class: _____

STUDENT		CLASSROOM AND ELSEWHERE	
MULTIPLE INJECTIONS OR INSULIN PUMP		MULTIPLE INJECTIONS OR INSULIN PUMP	
<input type="checkbox"/>	Student identification sheet	<input type="checkbox"/>	Student identification sheet
<input type="checkbox"/>	Juice boxes (3)	<input type="checkbox"/>	Juice boxes (3)
<input type="checkbox"/>	Glucose bar (Dextrosol, Dex 4)	<input type="checkbox"/>	Glucose bar (Dextrosol, Dex 4)
<input type="checkbox"/>	Blood glucose monitor	Other items/products: _____ _____	
<input type="checkbox"/>	Lancets		
<input type="checkbox"/>	Strips		
Other items /products: _____ _____			

MAIN KIT

(LOCATION ACCESSIBLE AT ALL TIMES)

MULTIPLE INJECTIONS		INSULIN PUMP
<input type="checkbox"/>	Student identification sheet for diabetic student	<input type="checkbox"/>
<input type="checkbox"/>	Instructions for intervention in the event of hypoglycemia or hyperglycemia	<input type="checkbox"/>
<input type="checkbox"/>	Juice (3 boxes)	<input type="checkbox"/>
<input type="checkbox"/>	Glucagon, including instructions	<input type="checkbox"/>
<input type="checkbox"/>	Glucose bar (Dextrosol, Dex. 4)	<input type="checkbox"/>
<input type="checkbox"/>	Quick glucose (Insta-Glucose, maple syrup, honey)	<input type="checkbox"/>
<input type="checkbox"/>	Lancets	<input type="checkbox"/>
<input type="checkbox"/>	Strips	<input type="checkbox"/>
<input type="checkbox"/>	Calibrated blood glucose monitor (with spare batteries)	<input type="checkbox"/>
	Instructions for pump	<input type="checkbox"/>
	Spare batteries (for insulin pump)	<input type="checkbox"/>
	To change batteries: a quarter (25¢), to open battery cover on insulin pump	<input type="checkbox"/>

OPTIONAL ITEMS AND PRODUCTS

Calibrated blood glucose monitor to measure ketones (several strips to measure the ketones)	Insulin reservoir for pump
Tuberculin syringe	Infusion set (catheter included)
Emla cream or patches	1 bottle of insulin, kept in fridge
Bottle of hand sanitizer	Tissues
Plastic adhesive bandages (6 cm x 7 cm, 4 cm x 4 cm)	Alcohol swabs
Sterile dressing	Pen
Other items/products: _____ _____	

Signature of person having parental authority: _____ Date: _____

Signature of nurse: _____ Date: _____

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