

NON-DIABETES HYPOGLYCEMIA¹: PREPARING YOUR CHILD FOR DAYCARE OR SCHOOL

Families with children/youth who are at risk of developing hypoglycemia (low blood glucose)—or have a history of hypoglycemia—need to monitor their child's blood glucose levels and have a hypoglycaemia treatment plan in place. It can be challenging during times of transition when your child is entering a new environment where other adults or staff need to be educated. Below are some resources and suggestions to help you as your child enters daycare or school.

We suggest that you let the daycare/school know:

- Your child has, or is at risk of developing, hypoglycemia (low blood glucose)
- How frequently you monitor blood glucose levels at home and what a safe blood glucose level is for your child
- What signs or symptoms your child experiences with low blood glucose levels, so they are aware of what to watch for. Some signs and symptoms may include headache, appearing pale, clammy, hungry, shaky, moody, uncoordinated, irritable, anxious, confused, or tearful.
- What situations can contribute to low blood glucose, such as increased activity without extra food, missed/delayed meals or snacks, illness, missed medication (if applicable), or unknown cause.
- What you have supplied the daycare/school with for meals and snacks: label meals, snacks and pre-activity snacks. Stress the importance of ensuring meals and snacks are eaten.
- Which low blood glucose treatments and supplies you have made available at school (**see suggested emergency kit below**)
- We do not expect the school to be trained on how to give a glucagon injection. **However**, if glucagon is part of your treatment plan² and you and the daycare/school are agreeable, you can teach them how to give this potentially life-sustaining medication using the resource *Glucagon for Severe Low in the Endocrine Patient* available on our website at:
<http://www.bcchildrens.ca/endocrinology-diabetes-site/documents/glucagonendo.pdf>

Suggested Emergency Kit:

Glucometer, non-expired test strips, lancing device, alcohol swabs (in case your child is not able to wash their hands), tissue (to provide pressure/hold to poke site), fast-acting glucose (juice, Dex4 tablets, Rockets etc), glucagon kit (injectable or nasal, if prescribed²), and extra activity snacks. (*See page 3 for a sample hypoglycemia plan template you can use as a guide for a careplan.)

¹Non-diabetes hypoglycemia: any endocrine cause, other than diabetes, of low blood glucose

Non-Diabetes Hypoglycemia: Preparing Your Child for Daycare or School (continued)



Use these sites
on the fingertips

Do NOT use these
sites on the fingertips



Steps to checking a blood glucose:

- 1) Ensure child's hands are clean, either wash with soap and water and dry completely, or use alcohol swab and let dry for 30-60 seconds.
- 2) Insert blood glucose test strip into meter to turn meter on.
- 3) Parent to ensure a new needle (lancet) is loaded into the lancing device at the beginning of each school day if a blood glucose was checked the day before. **NOTE:** WorkSafeBC does not allow school personal to change the lancet. Parent to set the depth of the poke on the lancing device.
- 4) Pull back the end of the lancing device to load it (devices may vary). Chose a finger/thumb and rest the lancing device gently against the outer tip of the finger/thumb (avoid the pad of the fingertip which is most sensitive) and press the 'poke' button.
- 5) Gently squeeze the finger from midway toward the tip to create a small drop of blood (if no blood comes out, repeat the poke with another finger).
- 6) With the blood glucose strip in the meter and the screen icon showing a flashing blood drop, touch the end of the strip into the drop of blood to wick up the sample.
- 7) The result should show in ~5 seconds.
- 8) The used test strip can be removed by child or staff (take care not to touch the tip of the strip where blood entered and use a folded tissue to remove) and placed in the garbage.
- 9) Refer to low blood glucose treatment plan provided by parent: *Hypoglycemia in the Endocrine Patient*, available at:
<http://www.bcchildrens.ca/endocrinology-diabetes-site/documents/hypoendo.pdf>.
- 10) Parent to provide BG log/communication tool for reporting of blood glucoses taken at school. See *Blood Glucose Log for the Endocrine Patient*, available at:
<http://www.bcchildrens.ca/endocrinology-diabetes-site/documents/endoglucosefill.pdf>.

If your school has a Community Health Nurse (NSS for routine/regular tasks or PHN for general education), you can have your endocrine nurse and doctor fill out the referral form and bring it to the school: <http://www.bcchildrens.ca/endocrinology-diabetes-site/documents/chnhypo.pdf>.

If you notice any patterns of low blood glucose levels at daycare or school and need help with advice on how to prevent the low blood glucoses, please contact your endocrine team.

NON-DIABETES HYPOGLYCEMIA (LOW BLOOD GLUCOSE) SAMPLE CARE PLAN

Student's Name: _____ Student's DOB: _____

Grade / Teacher: _____ Date of Plan: _____

EMERGENCY CONTACT INFORMATION (3 potential contacts recommended):

Parent/Guardian 1: _____ Relationship: _____

Phone contact (H=home, M=mobile, W=work): _____

Parent/Guardian 2: _____ Relationship: _____

Phone contact (H=home, M=mobile, W=work): _____

Parent/Guardian 3: _____ Relationship: _____

Phone contact (H=home, M=mobile, W=work): _____

SPECIFIC INFORMATION:

Safe blood glucose (BG) range for this student: _____

Location of BG testing and treatment supplies: _____

Signs of low BG for this student: _____

When to check BG for this student: _____

TREATMENT PLAN:

- If blood glucose is less than _____ mmol/L, provide _____ grams of fast-acting glucose if safe for student to swallow. Specify fast-acting glucose: _____
- Repeat BG check in 15 minutes:
 - If BG is more than _____ mmol/L, provide extra snack if more than 30 minutes until meal and continue with activity. Specify snack: _____
 - If BG is still less than _____ mmol/L, repeat treatment with fast-acting glucose and recheck BG in 15 minutes
- If not able to get blood glucose into safe range after 2 low treatments, call emergency contact. If unable to reach emergency contact, call 911.
- If student is unresponsive, glucagon is part of the student's care plan², and if you have been trained to do so, give glucagon, and place student on their side:
 - $\frac{1}{2}$ bottle injectable glucagon (0.5 mg, 0.5 mL) for age 2-5 years
 - 1 bottle injectable glucagon (1.0 mg, 1.0 mL) for age 6 years and older
 - 1 nasal glucagon (Baqsimi®) kit (3 mg) for ages 4 years and older

Document any BG checks and action on BG communication log sheet provided by parent.

²Glucagon is contraindicated in glycogen storage disease, hypopituitarism, ketotic hypoglycemia and inborn errors of glucose metabolism which don't have the increased glycogen stores required for glucagon to be effective.