



## Service Priorities and Programmes Electronic Presentations

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### **Diabetes care in the school setting**

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### **Keywords:**

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### **Introduction**

Keeping a child's blood glucose in target range is an ongoing challenge for both health care professionals and parents. Inadequate diabetes care in school jeopardizes blood glucose control and puts children at risk for serious short-term complications, including hypoglycemic attack, and long-term complications, namely retinopathy, nephropathy, neuropathy and cardiovascular disease.

### **Objectives**

Ensuring children with type 1 diabetes are medically safe and better supported at school.

### **Methodology**

(1) Diabetes nurses spell out detailed information about the student's individual diabetes care regimen in school, called the Diabetes Medical Management Plan (DMMP). (2) Diabetes nurses inform school principle and teachers about the DMMP and provide a school visit (3) Diabetes nurses set up a direct hotline for school teachers. Four schools (2 primary school, 1 special school and 1 kindergarten) were approached and school visit arranged in 4Q 2013. During the school visit, diabetes education talk was delivered to educate the school staff on the basic knowledge of type 1 diabetes, the role of self-monitoring blood glucose (SMBG) and insulin injection, the allowance of flexible snack before/after physical education session, the appropriate management of hypo/hyperglycemia according to the DMMP as well as, the need to supervise food intake during lunch, insulin injection and SMBG for younger students. SMBG and insulin injection technique were also demonstrated. The most important session in the school visit is Question and Answer time. Diabetes nurses can clarify any myths of type 1 diabetes management.

### **Result**

The DMMP, school visit, and hotline service smooth out the transition from hospital to school. The proactive approach can enhance knowledge, confidence and empathy of the school staff in taking care of students with type 1 diabetes, improve the communication between staff and diabetes nurses such that the staff felt better

supported. Moreover, the parents were less stressful about the safety of their children and were more satisfied with the diabetes care at school. The communication between the school teachers and parents were enhanced and the parents felt better supported. The children also felt the support and care from their school teachers. They could more easily express their personal need and show more acceptances towards their disease.