Opportunities to Impact and Support Families of Children with Type 1 Diabetes

Minnesota State University
MANKATO

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Continuing Education Credits

In support of improving patient care, this activity has been planned and implemented by School-Based Health Alliance and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This series is intended for Dentists, Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Psychologists, Registered Dietitians, and Social Workers.

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Disclosures

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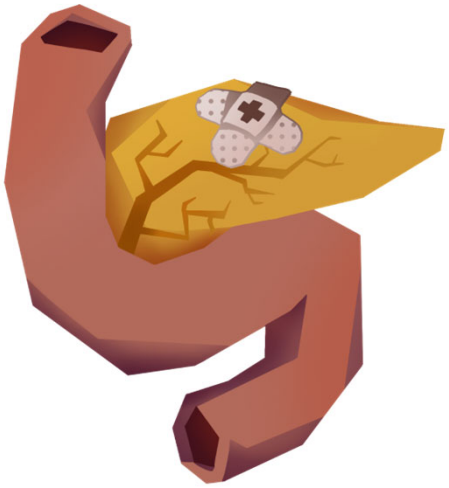
Thank you!
Pat Beierwaltes PNP
Tracy Irons-Dieterle APRN
Sophie Schultz RN, APRN Student

Learning Objectives

- Understand the **burden of care** for families of children with T1DM
- Develop skills to help families with **problem-solving and strength-building**
- Demonstrate how school nurses can help families with **teamwork both within and without the family** to better cope with the burden of care
- Demonstrate how to help families better cope with the **burden of uncertainty**

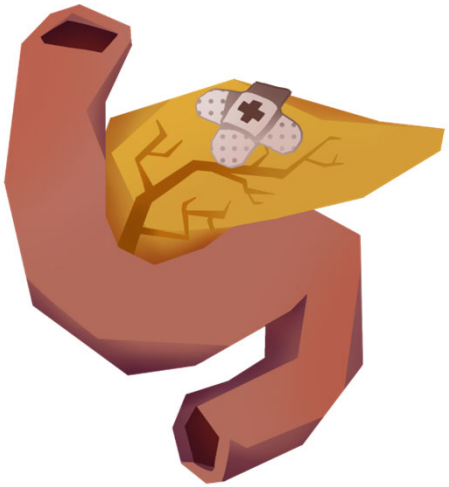
Sarah Ogilvie DNP, APRN, FNP-C, CPHQ

- Assistant Professor at MSU Mankato
- Clinical Coordinator, Health Commons at Pond
- Family Nurse Practitioner and Clinical Nurse Director at Burnett Medical Center in Grantsburg, WI
- Certified Professional in Healthcare Quality
- Former LSN in Minnetonka Public Schools



Audience Question:

What do you feel is the biggest challenge with T1DM and School-based Health?



Thriving with DM: Beyond the Numbers

This project is a Partnership between:

- **Minnesota State University, Mankato School of Nursing**
- **Health Commons at Pond**
  (a nurse practitioner-managed free school-based health clinic)
- **Bloomington Public Schools**
  (diverse suburban school district near Minneapolis, MN, USA)

IRB Approval: *Approved by the MSU Mankato Human Subjects Institutional Review Board, IRB 1571391*

Ogilvie et al. (2025)

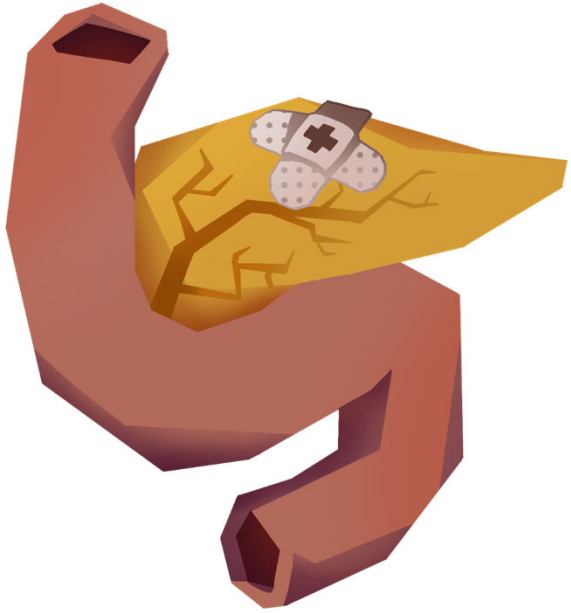
Nursing student working on literacy project

School of Nursing
MINNESOTA STATE UNIVERSITY, MANKATO

BLOOMINGTON
Public Schools

Publication

Ogilvie, S., Beierwaltes, P., Verchota, G., Lee, S., & Eggenberger, S. (2025). Family interviews inform school-based nursing for children with type 1 diabetes and their families. *The Journal of School Nursing.* https://www.doi.org/10.1177/10598405231170686



"Broken Pancreas" digital drawing by E., age 15 (Used with permission)

Health Commons at Pond: Goals and Services

- First ring suburb of Minneapolis
- Located on campus of Kennedy High School
- School-based health center

Nursing students stocking giving corner

Alyssa D., volunteer Spanish Interpreter; Sarah O. APRN

Health Commons at Pond: Goals and Services

- **Serve** the kids of Bloomington Public Schools and the South Metro
- **Support** the School Nurses of Bloomington Public Schools
- Free and charitable clinic
- Free health visits for medical problems
- **Vaccines** administered through Minnesota Vaccines for Children Program
- Free **sports physicals**
- Free **mental health counseling and career counseling**

Ogilvie Twins, age 5

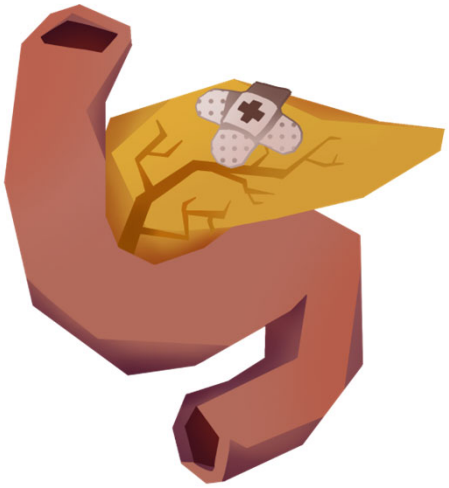
Health Commons at Pond: Bloomington Public Schools

- Overwhelming need: Right now, we are seeing an **overwhelming need** from new immigrant families for health care
- **Educational opportunities:** We provide educational opportunities for MSU Mankato Nursing Students– BSN and DNP, as well as other student volunteers
- We have a **Teen Advisory Board** to help high school students explore health careers
- We do ACES Screening and Social Determinants of Health Screening with all our clients and try to **connect them with resources**

Pond Teen Advisory Board

Audience Question:

What is the impact of T1DM on kids in school?



Background and Purpose: Thriving with DM: Beyond the Numbers

- Type 1 diabetes mellitus (T1DM) affects 0.30% of children under age 20 in the United States; this is an estimated **244,000 children and adolescents** (CDC, 2022)
- This represents an **increase** of 187,000 in 2020 (CDC, 2022) or 0.04% in just two years (CDC, 2022)
- Fluctuations in blood glucose affect children's **school performance and family life** (Bobo et al., 2011; Freeborn et al., 2013, Gonder-Frederick et al., 2009)
- The National Association of School Nurses statement (2016) **indicates diabetes care is a critical function of school nurses**, *yet recent evidence suggest*s that adequate staffing of school nurses is very important for students to have best school performance with chronic illness (Daughtry & Engelke, 2018)

Background & Purpose:
Thriving with DM: Beyond the Numbers (page 2)

- "I can't think very well when my blood sugar is too high or too low" -16-year-old with diabetes

- **Message: Kids can't learn or function well at school when they are having problems with their diabetes and blood sugar**

- How can we help and support these kids have a great day at school every day?

Sarah O. APRN; Sandy R, visiting nursing professor from New Zealand, Cheri S. APRN

Background & Purpose
Thriving with DM: Beyond the Numbers (page 3)

- **Family factors:** Parenting interventions, **impact of family structure, income** (Frey et al., 2007; Lohan et al., 2015; Rechenberg et al., 2016)
- **Family experience:** **Mothers as expert**, **impact on siblings**, stress and post-traumatic stress disorder (Anderson, 2009; Dougherty, 2015; Rechenberg et al., 2017)
- **Improving self-management:** Coping skills training, improved adherence at school, **psychosocial interventions** were more effective than educational interventions with children/teens (Clay et al., 2008; Grey et al., 2009; Savage et al., 2010)
- **School nursing:** **Increased collaboration** between providers and school nurses improved adherence and learning experience for the child (Foley et al., 2013; Silverstein et al., 2009)

Background & Purpose
Thriving with DM: Beyond the Numbers (page 4)

- **Stress and uncertainty:** These are key concerns for families of children with T1DM (Dougherty, 2015)

- **Child/teen perspective:**
  - Children/teens need assistance and support in developing **healthy coping strategies**. School nurses should discuss challenges and provide support (Freeborn et al., 2013)

  - Children/teens benefited from the opportunity to **ask questions**. Connecting with peers who have T1DM helps with coping (Roper et al., 2009)

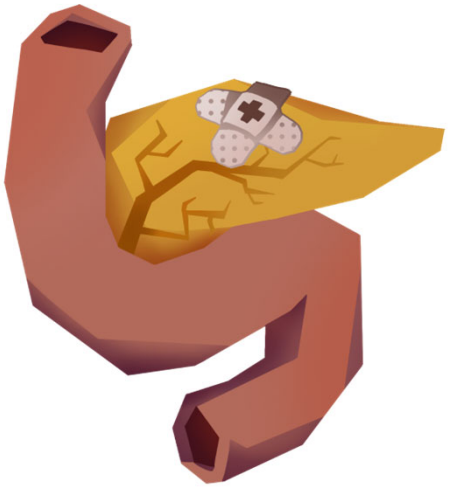
Definition of Family

- How do you define a family?
- **Calgary Family Assessment M**odel says a family should be **self-defined** (Wright & Leahy, 2009)
- When you consider a child with T1DM, it is very important to **consider the family**
- The family may be related in a traditional way, or not

"My Family" by A. age 6, has T1DM (Used with permission)

Audience Thought Question:

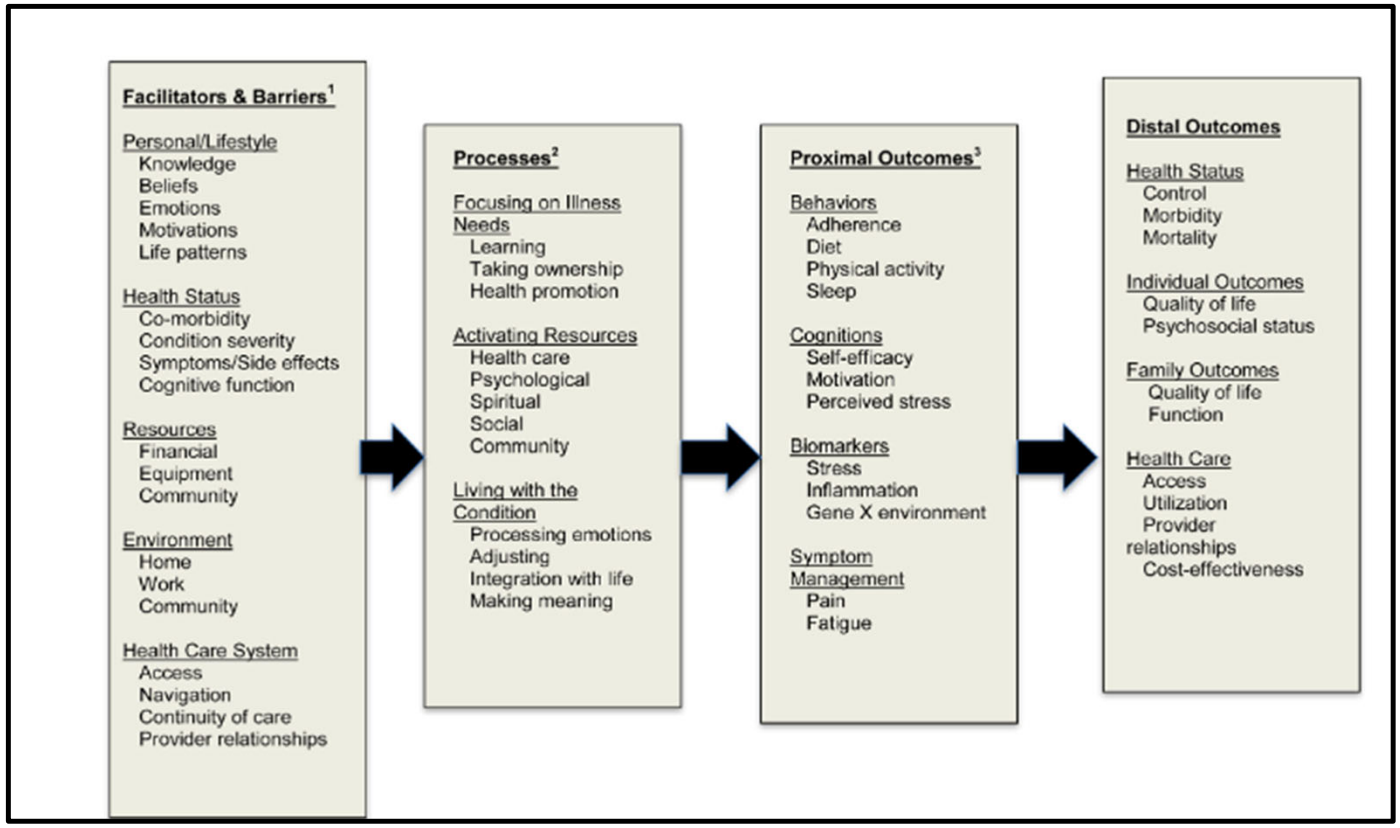
How would you define your family?



Impact of COVID Pandemic into 2025

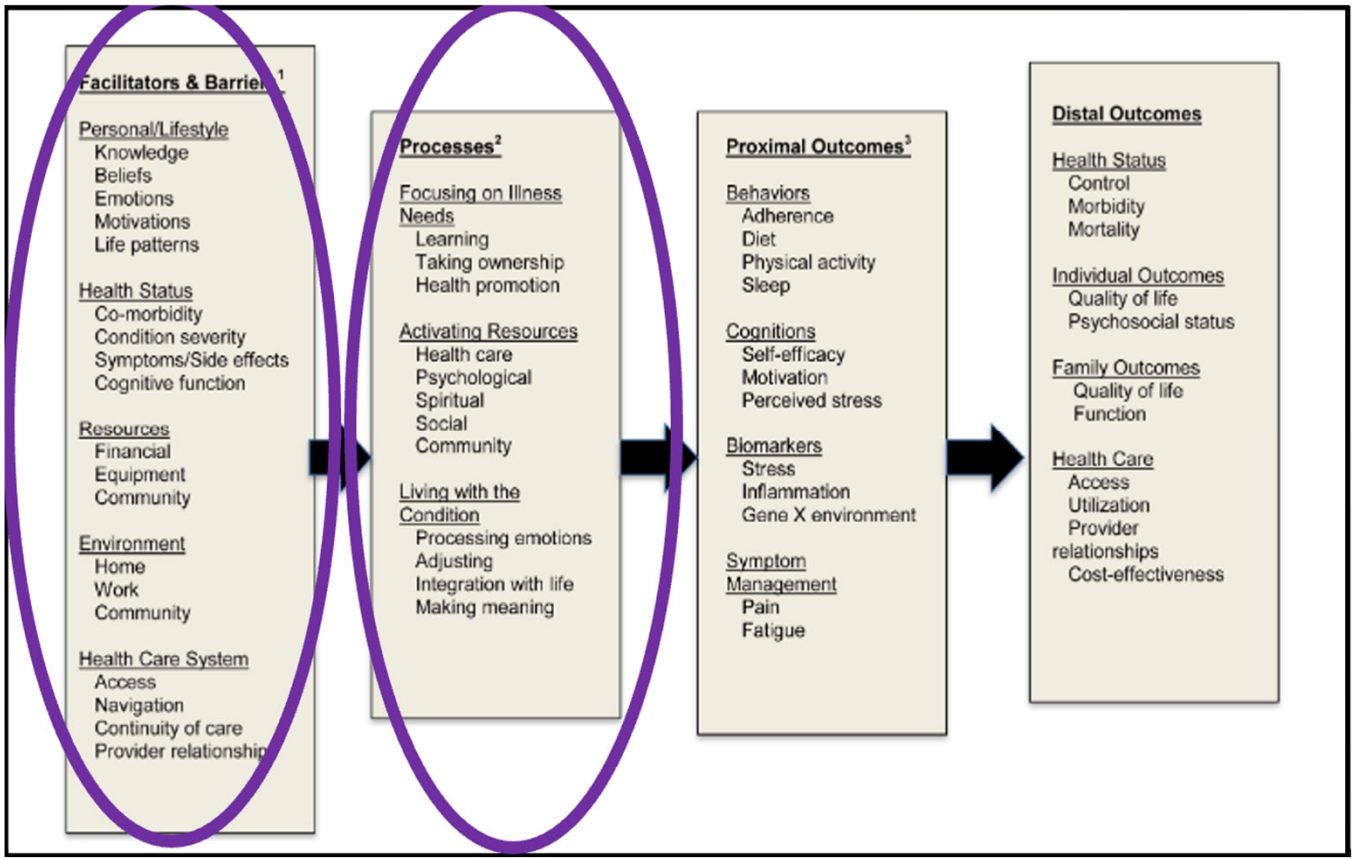
- **Stress** of families of children during the COVID Pandemic was magnified
- Everyone was stressed, but it was **worse** for families with children with T1DM
- **Childcare options** were **even more limited** for families of children with T1DM
- **Access to healthcare providers was much more limited**– more telehealth visits, etc.
- Many **worries** about their child being vulnerable
- **Disrupted routines => worse glycemic control**
- **Increased new onset** cases of T1DM (Gottesman et al., 2022)

Theoretical Framework: Revised Self and Family Management Framework



(Grey et al., 2015, p. 165; *used with permission from Margaret Grey)*

Theoretical Framework: Revised Self and Family Management Framework



(Grey et al., 2015, p. 165; *used with permission from Margaret Grey)*

Theoretical Framework: Revised Self and Family Management Framework

- School nurses have the possibility of impacting proximal and distal outcomes = **Make a big difference**
- Impact Resources. Environment, Processes
  - **Proximal outcomes:** Behaviors, self-efficacy, motivation. stress management, etc.
  - **Distal outcomes:** Morbidity, mortality, quality of life, provider relationships, family functioning: *Impact patterns for life.*

(Grey et al., 2015, p. 165)

Family Interviews: Data Collection

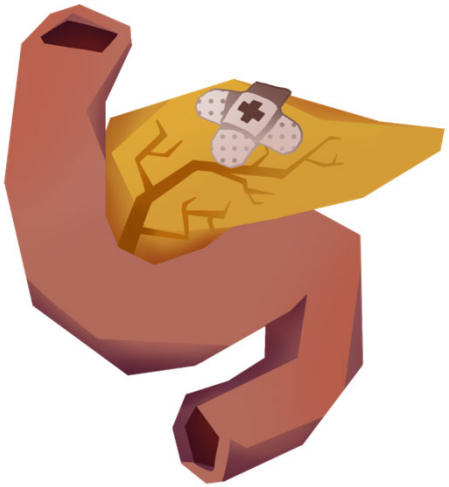
- Zoom interview, 45-60 minutes, with 2-3 researchers
- Semi-structured interview guide
- Self-defined family with all members encouraged to participate
- Required for participation: at least one parent or guardian, and the child who has T1DM
- Interview recorded and transcribed for analysis
- Created Genogram and Ecomap for each family

Family Interviews: Data Collection (page 2)

- Each had different family structures
- Some suburban and some rural
- Different levels of participation
- Different ages of children; some had special needs
- Created a Genogram and Ecomap for each family (Meijers et al., 2016)
- **OUR GOAL: To better understand the lived experience of families of children with T1DM**
- **OUR GOAL TODAY: To share these findings with you**

Audience Thought Question:

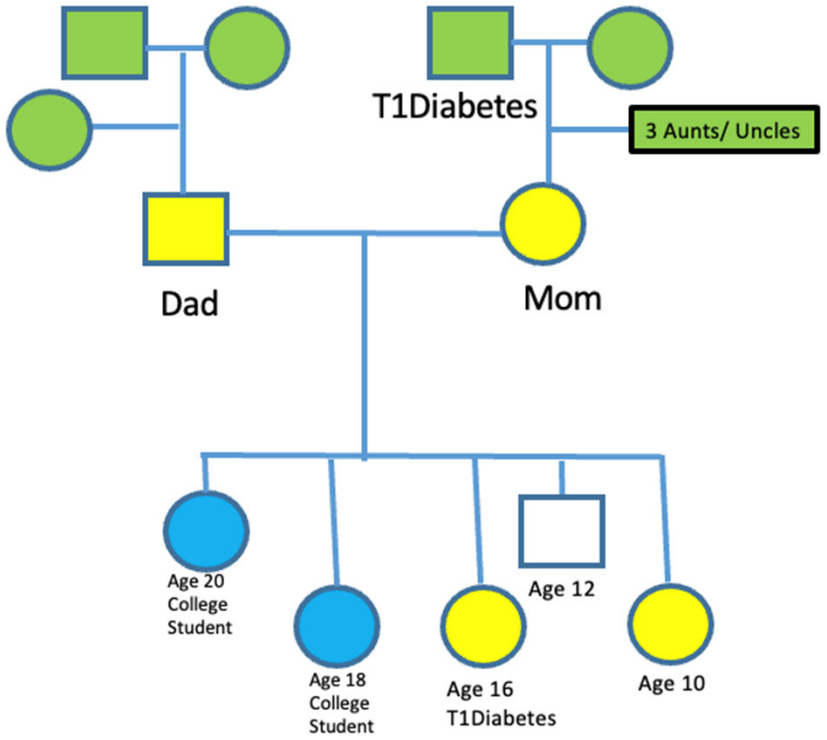
What do you think the families of children with T1DM will say about their experience with T1DM?



Families Interviewed

	COMPOSITION	LOCATION	PARTICIPATION IN INTERVIEW	AGE OF CHILD WITH T1DM	NOTES
Family 1	2 parents, 2 children	suburban	all	15	Very high functioning
Family 2	2 parents, 3 children, grandma	suburban	2 parents, 1 child, grandma	6	Expecting new baby
Family 3	2 parents, 4 children	suburban	2 parents, 1 child	16	3 diabetic children
Family 4	1 parent, 1 child, grandpa	rural	1 parent, 1 child	10	Single mom, child has special needs
Family 5	1 foster mother, 1 child	rural	1 foster mother, 1 child	8	Child has developmental delays/ autism; foster mom is grandma

Example Genogram



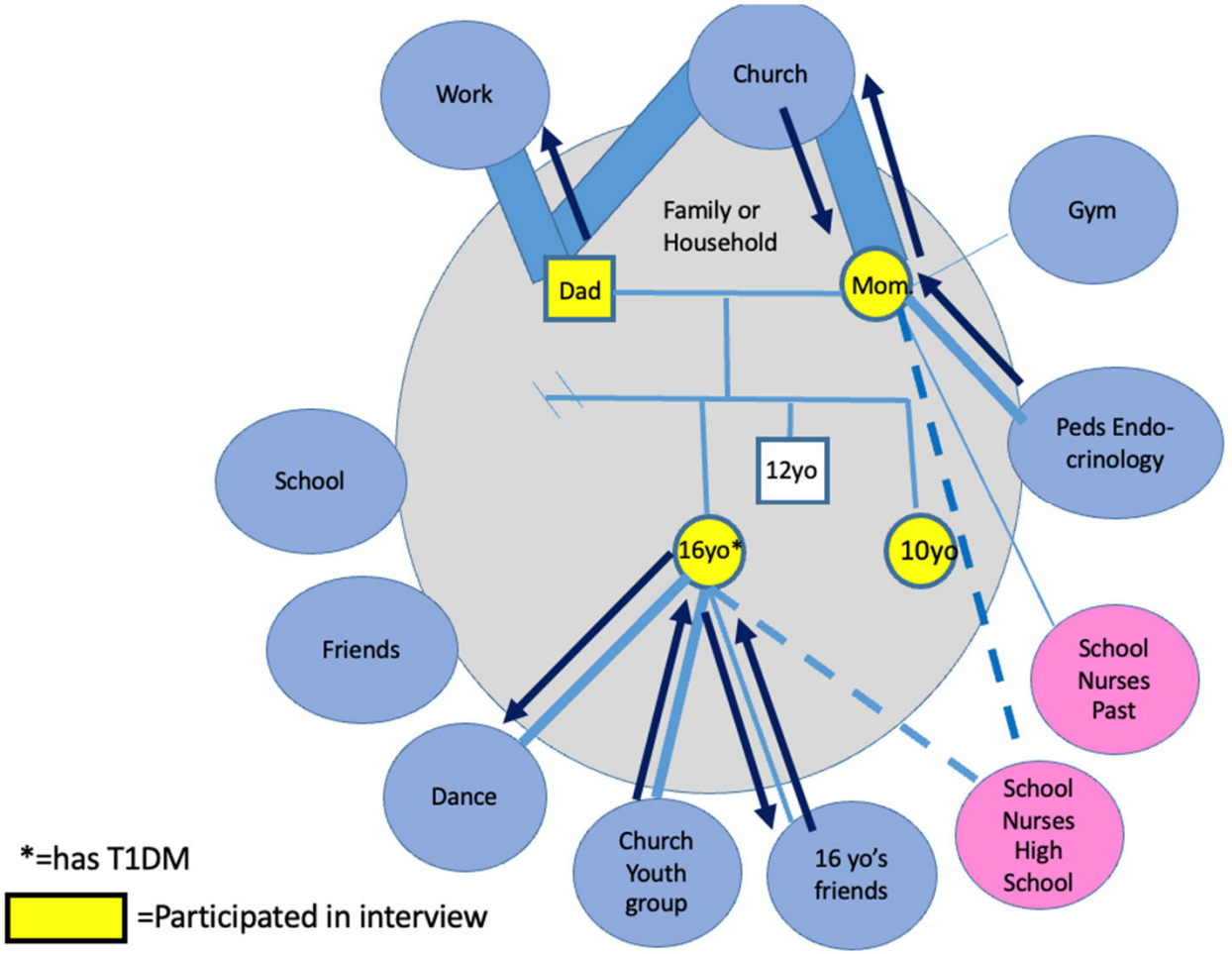
=Not close or supportive, live out of state

=Participated in interview

=Children not living at home

(Meijers et al., 2016)

Example Ecomap



(Meijers et al., 2016)

Themes

Facing Stress, Strains and Struggles of Management and Network: Heavy burden

- “There is no break”
- “You know, I think it’s the no break, and the no break for him too”
- “You can fight the numbers but there’s no end, but you can’t [stop]…. Especially with juveniles you know you got the hormones and such. When you think you got it you ain’t so”
- “It’s a lot of heavy sometimes”
- “It feels like an insurmountable wall sometimes”

Themes (page 2)

Facing Stress, Strains and Struggles of Management and Network: Negative Emotions Related to Diabetes

- Child with T1DM: “I do not like diabetes”
- Child with T1DM: “Some of them [other kids at school] don’t like it” [that I get extra attention]
- Caregiver: “It was very bad when I first heard about it, but I got through it, you know, then dealt with it logically”
- “It’s in your face– this is real”

Themes (page 3)

Facing Stress, Strains and Struggles of Management and Network:

- Eating out is “not so pleasurable”

Family Experience of Vigilance to Protect:

- “I get really paranoid about going to bed” [after having to give glucagon at night]
- “So, as soon as bedtime hits, you skyrocket”
- ”We constantly have to think of it. It’s like brushing your teeth or showering on a daily basis. It’s always on the mind of the parent”

Themes (page 4)

Being a Family as a Team:

- Affects all members of the family
- "Diabetes is a big thing for my sister to deal with" by L., age 7, sibling of a girl age 14 who has T1DM; she verbalized that the bear represents diabetes

By L., age 7 (*Used with permission*)

Themes (page 5)

Navigating Barriers and Accessing Resources in Health Care System and Schools:

- **Dealing with insurance:** Even those families with "good insurance" experience "going into battle" with insurance companies
- **Not feeling heard**, feeling blamed: One mom described having Child Protective Services called by an anonymous neighbor who said she was giving her child "too much sugar" in his diet. She said, "We keep track of his numbers, and I showed the guy everything, and he's like 'Oh yeah this is crazy, this isn't even a thing, You're fine, You're fine'"

Themes (page 6)

Navigating Barriers and Accessing Resources in Health Care System and Schools:

Disconnects of Healthcare System

- Diabetic child who was depressed
  - ED took away her insulin pump and tubing for 6 hours during psychiatric workup for depression: risk of DKA
- Providers assume high HgA1C is poor self-management and send to nurse educator
  - May be due to hormonal changes of adolescence
  - “You’re going to lose your eyesight…”
  - “I don’t even want to count how many times I’ve seen the piece of plastic mashed potato… and a little plastic cup of milk, yeah”, [we have to see the nurse educator to count carbs] “because the doctors don’t know what else to do”

Themes (page 7)

Navigating Barriers and Accessing Resources in Health Care System and Schools: Disconnects of Healthcare System

- **Stress** during the Pandemic
  - "This wonderful pandemic has helped show us… how stress really plays a big factor on the diabetics… we get to see visually with the numbers"
  - "Instead of going up there for an appointment, I had to play phone tag with the nurses and the doctors and things like that"
  - "Outside inside even is a challenge" [describing disruptions to her child's daily routine due to the Pandemic]

Themes (page 8)

Dealing with Dissonance and Seeking Partners in Health Care System and Schools:

- "I'm on a lot of diabetic mom Facebook groups and stuff… you know it's not something that we're ashamed of, it's just a disease he has, and we live with it"
- "He feels really alone because he's dealing with this and there's a lot of emotions that come up with it"
- "The teacher and principal let me go to his classes… to talk to them about it and what it's like, and we've read books about it to his friends, so he has educated them pretty well about what diabetes is"
- "The teachers have let his friends in class walk him to the nurse's office"

Themes (page 9)

Dealing with Dissonance and Seeking Partners in Health Care System and Schools:

- Relationship with School Nurse (Good and Bad):
  - "They kind of push people to the point where they leave the community"
  - "So, he's got a really great nurse at school… she was with us from the beginning… He's going to middle school this next year and I'll be really sad for him to leave his nurse because that's been a very important relationship"
- Relationship with Medical Provider:
  - "It helps when you have somebody, that's confidence"
  - "His endocrinologist there left the clinic and so it got way too busy and way too distance between appointments and things like that…." so they switched clinics

Themes (page 10)

Uncertainty with Changing Trajectory:

- "You know, especially being in a rural area, but at this point I'm lucky to get all the tasks done that need to be done yep"
- "To think of his future of no break and I'm doing my best"

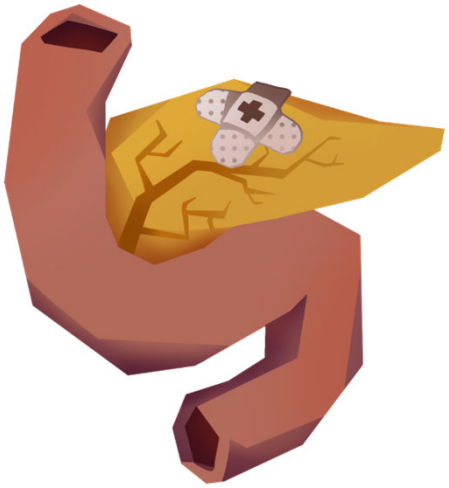
Reintegrating/Integrating into Family Life:

- "I felt very bad when I first heard about it, but I got through it, you know. I dealt with it logically"
- "Routine is a great thing with kids"
- "Our family is stronger [for having T1DM]. We all feel responsible for each other" [family has 3 kids with T1DM]

Audience Question:

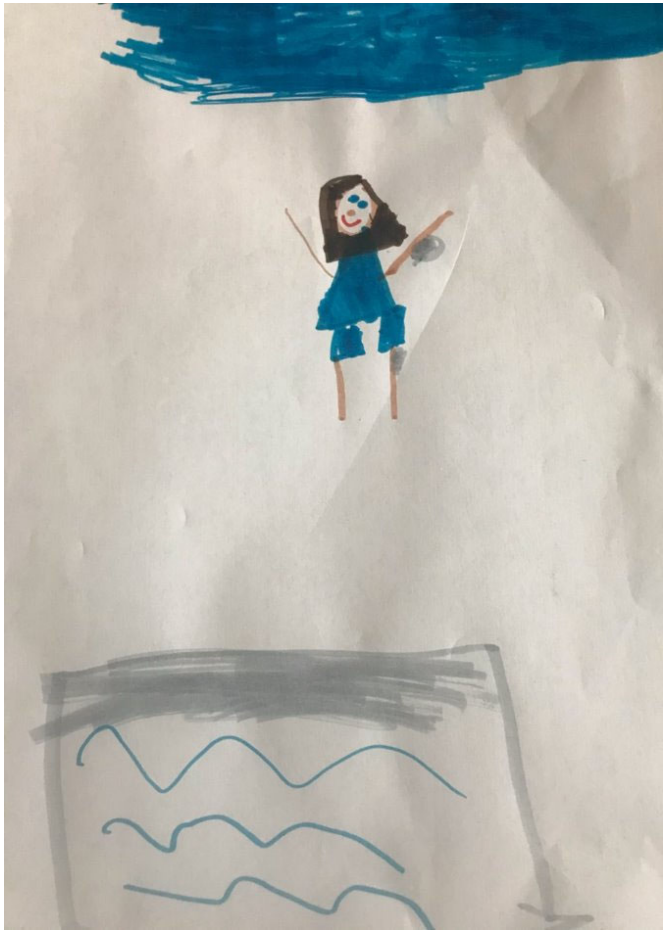
Were the interview themes different than you expected?

What was a surprise?



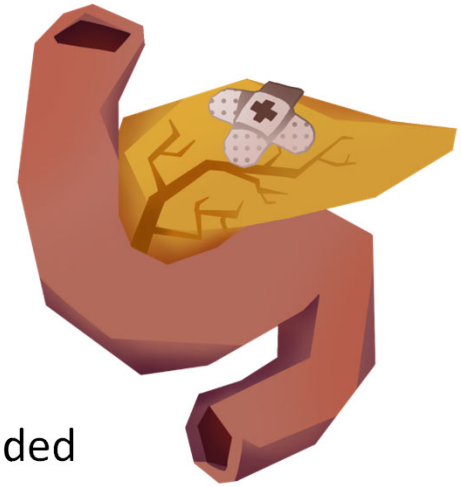
Conclusions and Implications

How can we lighten the burden for these families and kids through school-based programs and school nursing?



"Swimming with my Omni pod" by A. (age 6) has T1DM *(Used with permission)*

Conclusions and Implications: Family-Based Program Directions

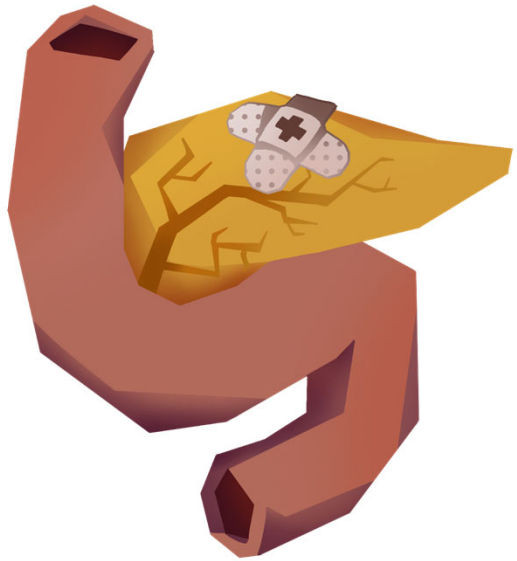


- **Multiple sessions** with groups of school-aged children, siblings, family, and combined
- **Tailor sessions** to the participants
- **Structure with a focus** yet, participant-guided
- **Targets:** Cognition, Communication, Care Coordination, Problem-Solving, Strength-Building
- **Novel Strategies**: Stories and Experiences
- **Collaboration:** School and Families

(Informed by Feldman et al., 2018; Wysocki et al., 2008)

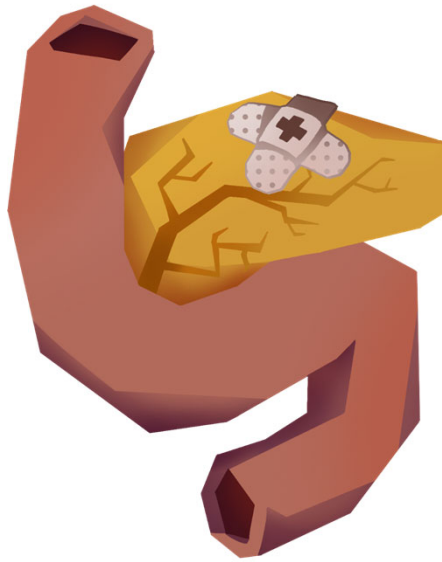
Donnavie Aviles, Coordinator, Health Commons at Pond

- Spanish Interpreter
- Administrator
- Community Liaison for the clinic



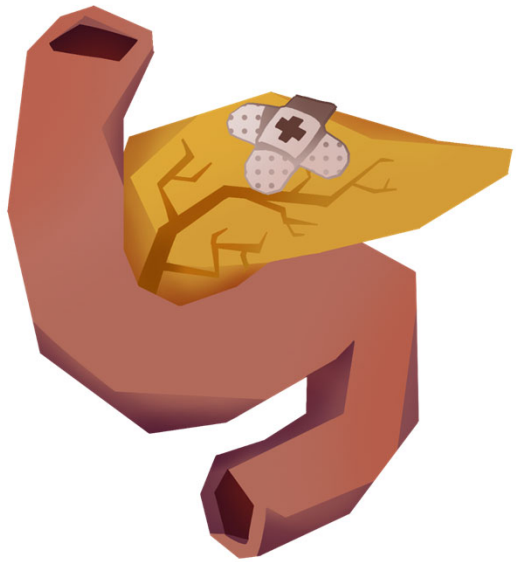
Specific Things School Nurses and School-based Clinics Can Do

- **Encourage Classmates to Learn About the Diabetes:** Parent or nurse presentation
- **Encourage Peer Support for Kids:** Encourage younger kids to be allowed to have a buddy to walk with them to the nurse's office, encourage older children to recruit friends to give support
  Ex: get friends to carry extra snacks
- **Encourage Peer Support for Parents:** Help a poorly functioning or newly diagnosed family connect with a family that is functioning well with diabetes to learn some tips and tricks



Specific Things School Nurses and School-based Clinics Can Do (page 2)

- **Encourage problem-solving by the child:** How can the **child** learn to troubleshoot more independently? Can school nurse coach the child to manage blood sugar and problem solve?
- **Encourage problem-solving by the parents:** help the **parent** with problem-solving, if they are struggling with managing the child's diabetes
- **Encourage the parent to allow the child to problem-solve**



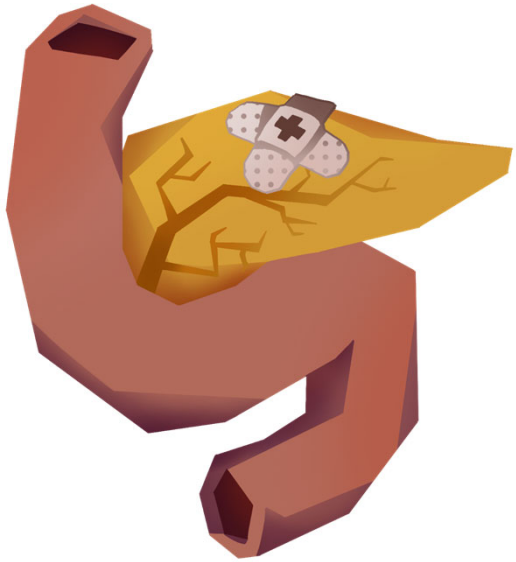
Specific Things School Nurses and School-based Clinics Can Do (page 3)

- **How can a child/teen with T1DM participate in team sports or school activities?** Help them troubleshoot and find **enabling strategies**
- **Facilitate communication with the Provider** if needed
- **Connect the family with resources** if needed

Felicia P., NP student; Fabian B., visiting nursing student from Austria; Sarah O. APRN

Specific Things School Nurses and School-based Clinics Can Do (page 4)

- **Prepare the child and family for major transitions:** The transition to a new school, especially middle school or high school, can be very stressful. Help the child to increase independence, help the parents to "let go" a little, encourage the family to meet the new nursing team, etc.
- **Understand that puberty can be very stressful:** Glycemic control may not be as good, child may assert more independence in self-care, child may resist being adherent to regimen
- **Understand the baseline of stress:** This is a very hard, unrelenting situation for all members of the family



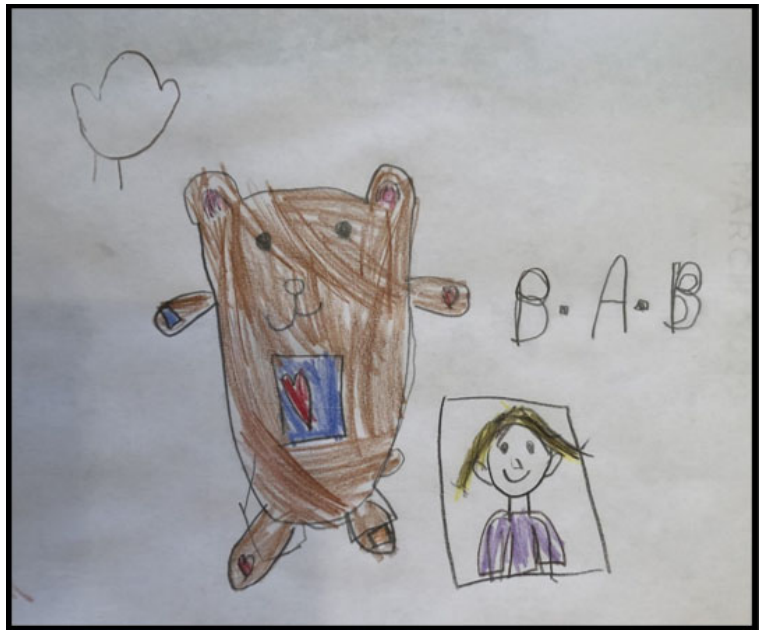
Specific Things School Nurses and School-based Clinics Can Do (page 5)

- **Encourage positive family coping:** When a child is struggling with glucose control, if the parent can respond in a way that does not involve a negative response (anger, crying, frustration) then the child is more likely to be able to learn from that expe
- **Understand the uncertainty:** Crises can come up frequently and in a way that is very disruptive and stressful for parents, siblings, and the child with T1DM
- **Encourage teamwork:** When there is more than one adult in the family involved in the care of the child with T1DM, the stress is lowered

Pond Teen Advisory Board Service Project

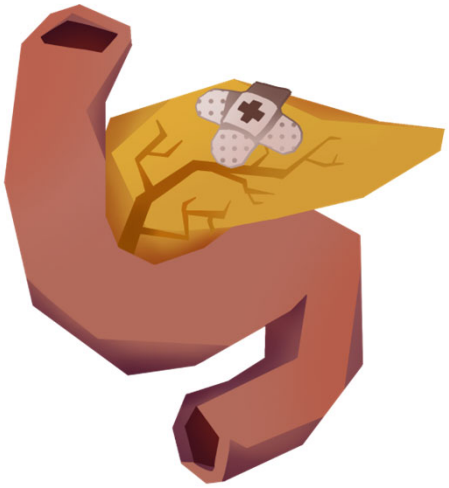
Specific things School Nurses Can Do (page 6)

- **Validate family's efforts:** Even if a family is not coping super well, meet them where they are at, and recognize and encourage their efforts to support their child
- **Recognize the stress and burden that the siblings also carry:** There are burdens of uncertainty and vigilance for all members of the family. Saying **"This is a lot to deal with"** and **"I see how hard you are trying"** can help parents and siblings to feel validated, encouraged, and seen. Lending a **listening ear** is important
- Remember: "Diabetes is a big thing… to deal with" (L., age 7)



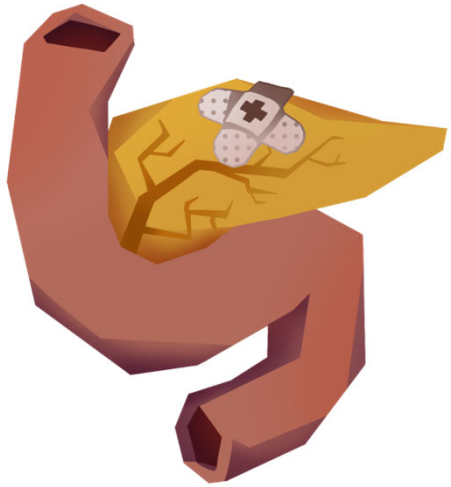
Audience Question:

What is one thing you learned about the role that school-based health/clinics and school nurses can play to help families of children with T1DM?



Thriving with DM: Beyond the Numbers Project Next Steps

- **Project Leader:** APRN Student Marissa Johnson RN
- Working on an evidence-based project to support School Nurses, based out of the Health Commons at Pond Clinic, Spring 2026
- **Provide in-service on diabetes to improve nurse confidence. This includes a Resource ToolKit for School Nurses to reference**



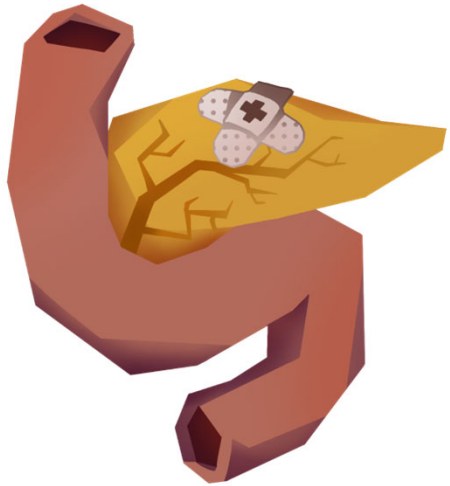
Thriving with DM: Beyond the Numbers Project Next Steps (page 2)

- **Goal #1:** Increase Knowledge and Confidence of School Nurses
  - The program is designed to address the gap in diabetes-specific training for school nurses, helping them feel more prepared and confident in managing T1DM care, including the use of advanced diabetes technologies like continuous glucose monitors (CGMs) and insulin pumps

- **Goal #2:** Standardize Diabetes Education
  - Introduce an evidence-based training program. Aims to reduce variability in the quality of care provided by school nurses, ensuring a uniform standard of diabetes management

Thriving with DM: Beyond the Numbers Project next steps (page 3)

- **Goal #3:** Empower Nurses and Families
  - The program seeks to alleviate stress and anxiety for both nurses and families by fostering trust in the quality of care provided during school hours



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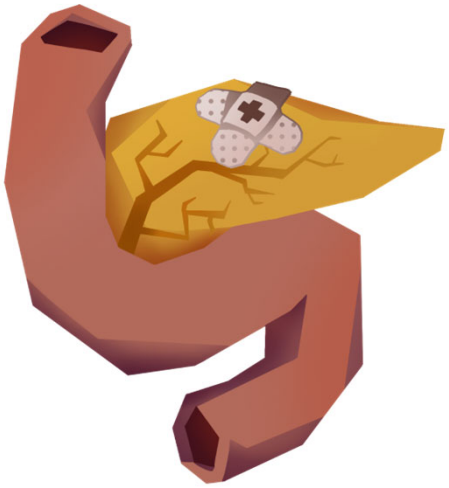
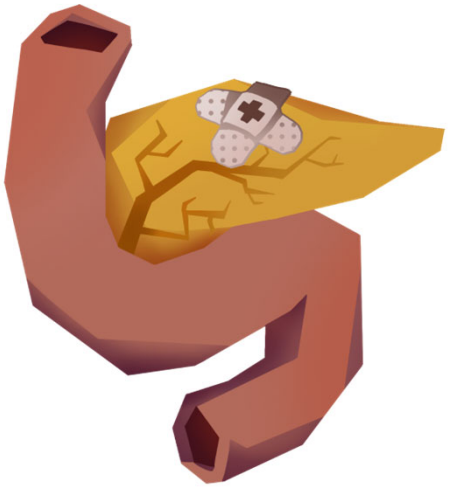
- Clinical Coordinator, Health Commons at Pond
- Family Nurse Practitioner and Clinical Nurse Director at Burnett Medical Center in Grantsburg, WI
- Certified Professional in Healthcare Quality
- Former LSN in Minnetonka Public Schools



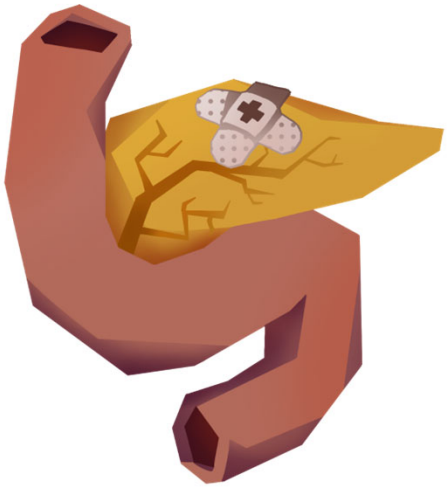
Audience Question:

How does an acute illness affect a child with T1DM?



School-Based Nursing and Clinic Responsibilities for T1DM

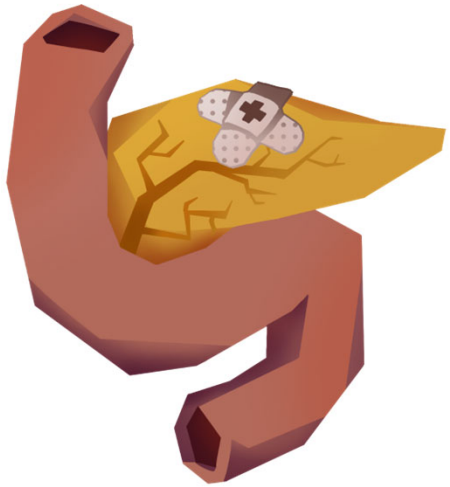
- Develop and Implement Policies
- Monitoring
- Medication Management
- Recognize Emergencies and Care
- Educate and Collaborate
- Legal & Ethical Considerations
- Acute Illness Care



School-Based Nursing and Clinic Responsibilities (page 2)

School-based T1DM Policies and Procedures

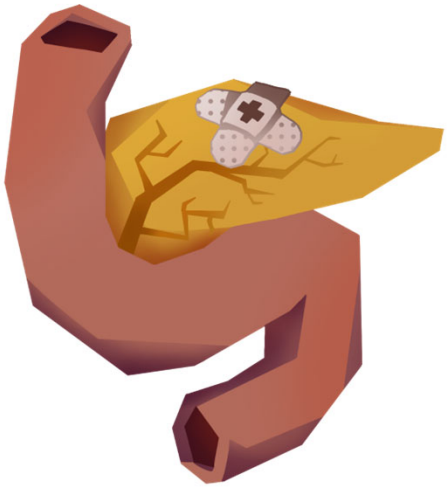
- Individualized Diabetes Management and Medical Plan (DMMP)
  - Blood glucose monitoring
  - Medication administration
  - Carb counting, dietary schedule/restrictions/physical activity, supplies, and ER contact information
- Section 504 of Rehabilitations Act
  - Provides accommodations for students with T1DM such as breaks for blood sugar monitoring, access to food, medication administration, access to supplies, and participation in school activities



School-Based Nursing and Clinic Responsibilities (page 3)

Monitoring & Medication Management

- Supervise or assist with:
  - Blood glucose checks
  - Insulin injections or pump management
- Carbohydrate counting and meal planning
- Recognize and treat glycemic emergencies

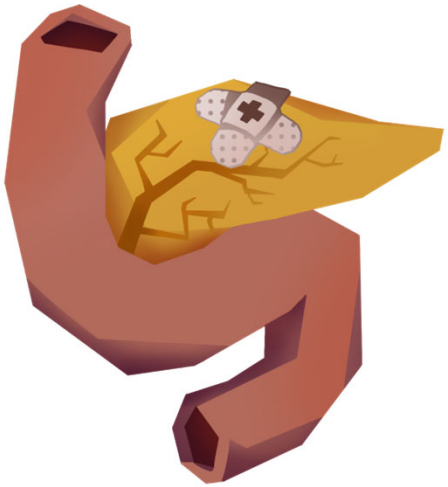


School-Based Nursing and Clinic Responsibilities (page 4)

Emergency Recognition

Student DMMP should detail when and how to treat

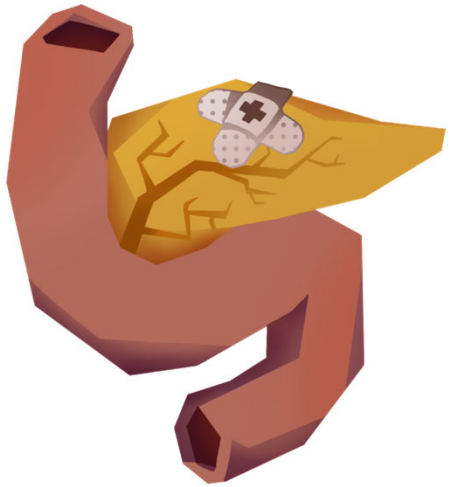
- Hypoglycemia (<70 mg/dL)
  - Signs: sweating, shakiness, confusion, irritability
  - Action: Give 15g fast-acting carbohydrate, recheck in 15 min
- Hyperglycemia (> 300 mg/dL despite insulin administration)
  - Signs: thirst, frequent urination, fatigue
  - Action: Check ketones, hydrate, contact parent/doctor if needed



School-Based Nursing and Clinic Responsibilities (page 5)

Educate and Collaborate

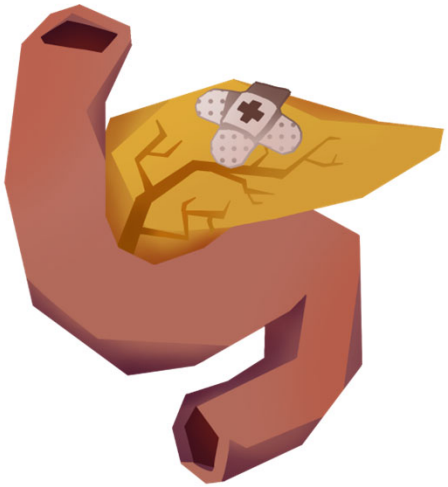
- Educate teachers and staff on diabetes basics and emergency response
- Coordinate with parents and healthcare providers for consistent care
- Promote a supportive environment to reduce stigma and anxiety



School-Based Nursing and Clinic Responsibilities (page 6)

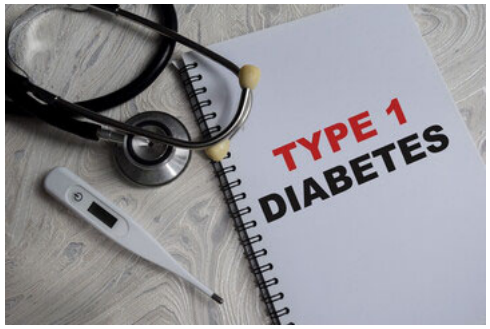
Legal & Ethical Considerations

- Follow Section 504 Plan and the American Diabetic Association (ADA) accommodations for students with diabetes
- Protect confidentiality under Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA)
- Advocate for safe access to care, snacks, and medication



Acute Illness & Blood Sugar Control

- Children with T1DM are more at risk of problems with blood sugar when sick
- This may occur at school if patient becomes ill
- Blood sugars can rise during acute illness because of inflammatory response from viral and/or bacterial infections, particularly respiratory illness
- School nurses may need to coach students and parents the need to check glucose frequently when not feeling well



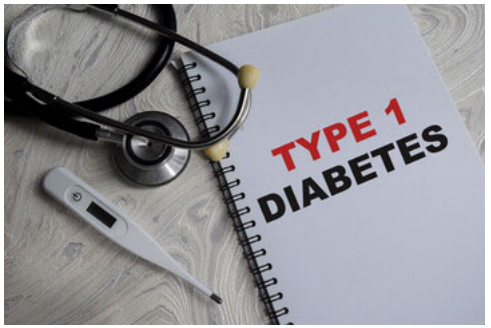
Acute Illness and Management

Management of acute symptoms

- School nurse may be involved with **communicating with parents** about the illness and next steps
- Finger stick glucose and urine ketones/glucose can help confirm hyperglycemia
- Illness requires close management of glucose

Follow-up with PCP if remains consistently elevated

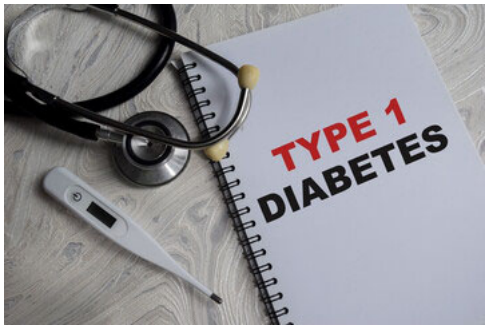
- If bacterial infection, antibiotics will be needed
- More important to prescribe for child who is experiencing hyperglycemia



Acute Illness and Management (page 2)

When to Use Urgent Care vs. ER

- **Urgent care:** Mild–moderate symptoms, short-term management, or no PCP availability
- **ER:** Severe symptoms or suspected diabetic ketoacidosis (DKA)
  - Polyuria, polydipsia, weight loss = prolonged hyperglycemia
  - Decreased skin turgor, dry oral mucosa, fruity smelling breath, tachycardia = volume depletion
  - Nausea, vomiting, abdominal pain, deep and rapid respirations (Kussmaul), lethargy = metabolic acidosis

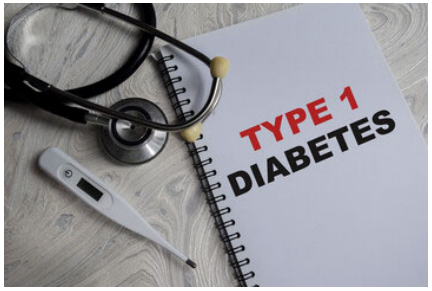


Diabetes Diagnosis and Urgent Care

Testing & Diagnosis

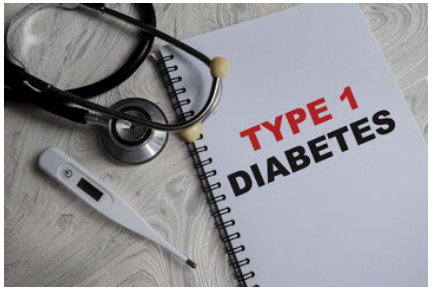
- **What Urgent care can do:**
  - Evaluate symptoms such as thirst, frequent urination and fatigue
  - Can check blood sugar (Accu-Chek finger stick or serum glucose) and run urinalysis looking for glucose and ketones
  - Provide short-term solutions such as prescribing insulin when a new prescription is needed
- **What Urgent Care can't do:**
  - Not equipped to perform A1C and renal function
  - Not able to administer insulin on site

  - **For uncontrolled hypo-or hyperglycemia, best to present directly to the Emergency Room**



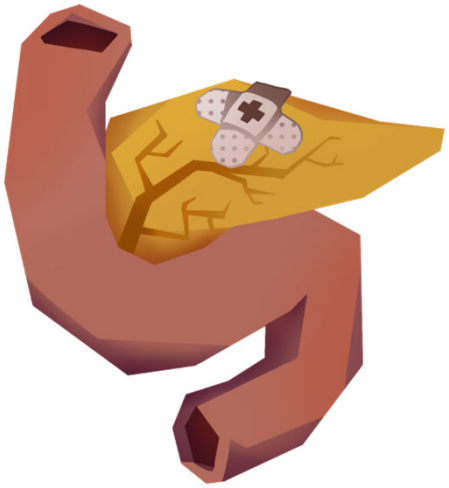
Summary

- Families of children with T1DM face a **heavy burden** that is unrelenting
- School nurses and school-based clinics have the potential to have a **big impact** supporting children/teens who have T1DM
- Children and families benefit from **peer support and ongoing coaching**
- Stressful events like the COVID Pandemic cause **additional stress** for families of children with T1M
- Children with T1DM are **at risk during acute illness**



Audience Question:

Were there any new things that you learned from this presentation that will impact your work going forward?



Supporting Students with Type 1 Diabetes in School

Case Scenarios and Nursing Interventions

Case #1:Transition in High School

Hi, I am Crystal, the mom of an 8th grader named Emily who was diagnosed with type 1 diabetes at age 6. Over the past several years, Emily has had the same school nurse at her elementary school, and middle school and they have built a very strong and trusting relationship. Emily feels comfortable going to the health office, and the nurse knows her blood sugar patterns, recognizes when something is off, and helps her problem-solve when needed.

Next year, Emily will be transitioning to high school. The health office is farther away, and there will be new staff who are not familiar with her needs.

Emily has started to express anxiety about this transition. Sheis worried about what will happen if she has a low blood sugar and cannot get help quickly. She is also nervous about leaving class, advocating for herself, and managing her diabetes in a new environment.

As her parents, we share these concerns. We are worried about her safety, her confidence, and whether the new school staff will be prepared to support her. We want to make sure she has a smooth and safe transition while also helping her build independence.

Case #2:Forgetting Snacks in High School

Hi, my name is Vanessa and I am a sophomore in high school with type 1 diabetes. My school is really large, and I move between multiple classes throughout the day. I try to stay on top of my diabetes, but I often forget to bring snacks with me or leave them in my locker.

Recently, I have had a few low blood sugars during class and once during marching band practice because I didn't have anything with me to treat it right away. When this happens my sensor beeps and it is really embarrassing. It makes me anxious because I don't want to interrupt class or draw attention to myself, but I also know it is not safe to wait.

I want to manage my diabetes on my own, but I have a hard time staying organized and planning ahead.

Case #3: Sports Participation

Hi, I'm Tola, and I am a high school volleyball player with type 1 diabetes. I want to fully participate in games, including away games, but my mom cannot always attend so then I can't go. I tend to have low blood sugars during and after exercise, and sometimes overnight as well.

I worry about what will happen if I have a low during a game or on the bus ride home if I don't ride with my mom. I also don't always feel comfortable speaking up in front of teammates or coaches because I just want to be a normal kid. I want to play sports and feel safe managing my diabetes on my own.

Case #4:Family Caregiver Imbalance

Hi, I am Kim, a school nurse working with a family where the mom manages nearly all aspects of their child's diabetes care. She handles blood sugar checks, insulin administration, nighttime monitoring, appointments, and communication with the school.

The dad reports that he is not confident in managing diabetes and feels limited by his work schedule. The mom appears overwhelmed and has expressed that she feels like she never gets a break.

I am concerned about her stress level and the long-term sustainability of this situation.

Case #5: Single Parent Burnout

Hi, I am Victoria, a single parent of a 4-year-old boy, Donato with type 1 diabetes. I am responsible for all aspects of my child's care, including nighttime blood sugar checks. I also have another child at home, Dustin, and limited support.

I feel constantly worried, exhausted, and overwhelmed. I want to provide the best care for Donato, but I feel like I am reaching my limit.

Case #6:Eating Out Challenges

Hi, I'm Sabrina, a foster mom caring for my nephew who has type 1 diabetes. Before the diagnosis, we used to go out to eat every Friday night at a local Mexican restaurant. Now I avoid it because I don’t know how to calculate carbohydrates or insulin doses without nutrition information.

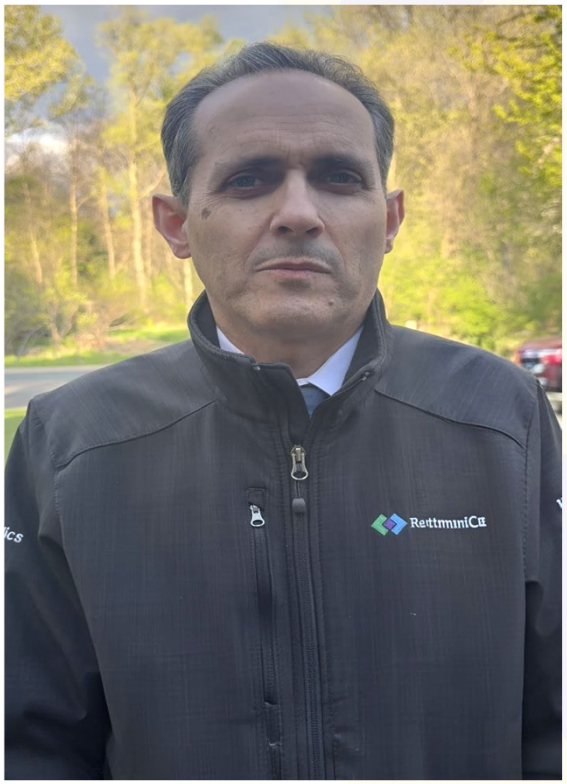
I am afraid of making a mistake and causing harm, so we have stopped going out. I feel like we have lost an important part of our family life, and it is hard to get a break and have fun.

Case #6:Puberty and Independence

Hi, I am Sarah, the parent of a 13-year-old girl named Caroline with type 1 diabetes. Since entering puberty, her blood sugars have become more unpredictable, and her A1C has increased.

I find myself constantly reminding and monitoring Caroline, but she is becoming frustrated and wants more independence. This has caused tension in our relationship. How do I keep her safe while also helping her learn to be independent?

Case #8: Substitute Teacher Incident



Hi, I am Chris, a parent of a child named Diego with type 1 diabetes. During a class with a substitute teacher, Diego's glucose monitor started beeping. The teacher did not understand what it was and took it away, delaying treatment of a low blood sugar.

This situation was unsafe and very concerning. What should I do to help my child to be safe? I didn't know there would be a sub that day.

er

Case #9: Embarrassment at School

Hi, I'm Anton. I go to high school right now. I’m a sophomore and I have type 1 diabetes. My glucose monitor sometimes beeps during class, and I feel really embarrassed when other people notice because they don’t know what it was.

I don’t like leaving class to go to the nurse because it makes me feel a lot different than other people. Sometimes I wait a lot longer than I should to treat my blood sugar.

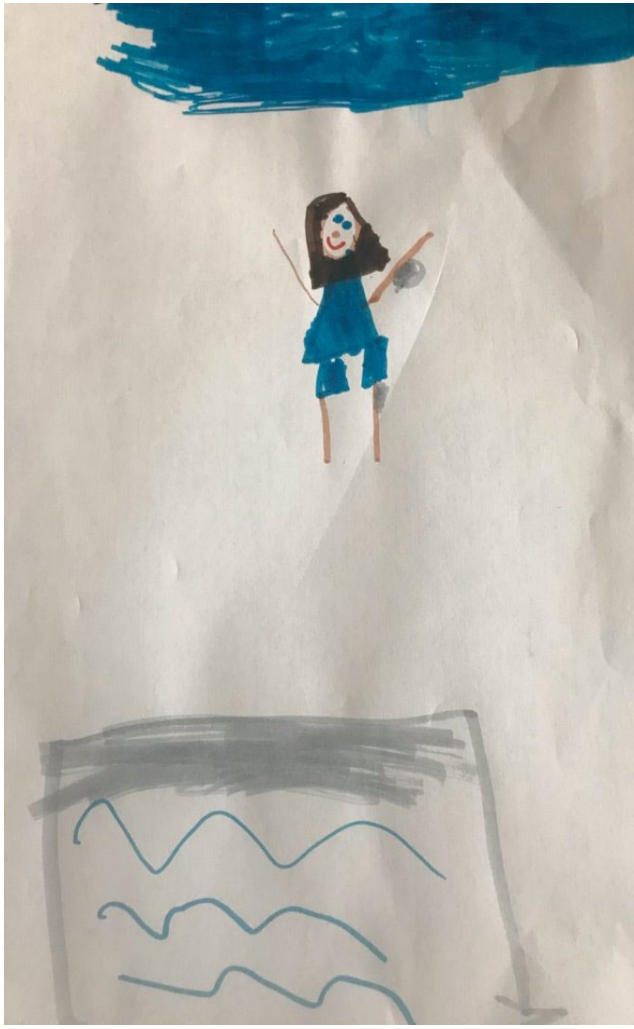
Case #10: Building Independence

Hi, I am Sophie, a school nurse working with a 5th grade student named Isabel who relies heavily on her parents for diabetes management. Her parents frequently guide decisions during the school day, calling the nurse's office several times during the day. Isabel lacks confidence in managing her care independently.

Isabel is going to middle school next year and she needs to develop these skills to be safe in a larger school environment with less support.

Thank you for listening!

Questions?



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