



ST. MARY'S *Catholic High School, Dubai*

DIABETES CARE MANAGEMENT AND GLUCAGON ADMINISTRATION POLICY

2026-2027

POLICY ON DIABETES CARE MANAGEMENT AND GLUCAGON ADMINISTRATION



General:

Diabetes Mellitus

Commonly known as diabetes, this is a metabolic disease that causes high blood sugar. The hormone insulin moves sugar from the blood into your cells to be stored or used for energy. With diabetes, your body either does not make enough insulin or cannot effectively use the insulin it does make.



Type - 1 Diabetes

Previously known as insulin-dependent, juvenile or childhood-onset; this is characterized by deficient insulin production and requires daily administration of insulin.

Symptoms include excessive excretion of urine (polyuria), thirst (polydipsia), constant hunger, weight loss, vision changes and fatigue. These symptoms may occur suddenly.

Type - 2 Diabetes

Previously called non-insulin-dependent or adult-onset; this results from the body's ineffective use of insulin. Type - 2 diabetes comprises 90% of people with diabetes around the world and is largely the result of excess body weight and physical inactivity.

Symptoms may be similar to those of Type - 1 diabetes but are often less marked. As a result, the disease may be diagnosed several years after onset, once complications have already arisen. Until recently, this type of diabetes was seen only in adults, but it is now also occurring in children.

Normal Blood Sugar:

Following are considered as normal blood sugar level

- Pre-meal (pre-prandial) blood sugar level of 72- 126mg/dl.
- 2 hours post meal (post-prandial) blood sugar level of 162mg/dl or less.

Hypoglycaemia

Blood sugar level of less than 72mg/dl.

Hyper glycaemia

Anything above the patient's normal blood sugar range would be classified as hyperglycemia.

(above mentioned blood sugar levels are general values only. Individual target values as per treating physicians instructions, will be documented in individual health plan (IHP) and follow up accordingly).

BLOOD GLUCOSE LEVELS



Hypoglycemia



Normal Level



Hyperglycemia

Clinical monitoring of Blood Sugar:

- School health staff to use organizational agreed blood glucose monitors and corresponding test strips for on the spot monitoring.
- Monitors should be tested in accordance with manufacturer advice for Quality Control Testing.

Low Blood Glucose level (Hypoglycaemia)

Severe hypoglycaemia is defined as a blood glucose level of less than 40mg/dl. Mild hypoglycaemia is defined as blood sugars of less than 70mg/dl.

- Hypoglycaemia, also called “low blood glucose” or “low blood sugar,” is one of the most frequent complications of diabetes and can happen very suddenly.
- Hypoglycaemia occurs when a student’s blood glucose level falls below the student’s target blood glucose range.
- Hypoglycaemia usually can be treated easily and effectively. If it is not treated promptly, however, hypoglycaemia can lead to unconsciousness and convulsions and can be life threatening.
- Early recognition of its symptoms and prompt treatment, in accordance with the physician’s written orders for the student, are necessary for preventing severe symptoms that may place the student in danger.

Causes of Hypoglycaemia:

Hypoglycaemia usually occurs as a result of;

- administering too much insulin,
- skipping or delaying meals or snacks,
- exercising too long or too intensely,
- a combination of two or more of these factors.

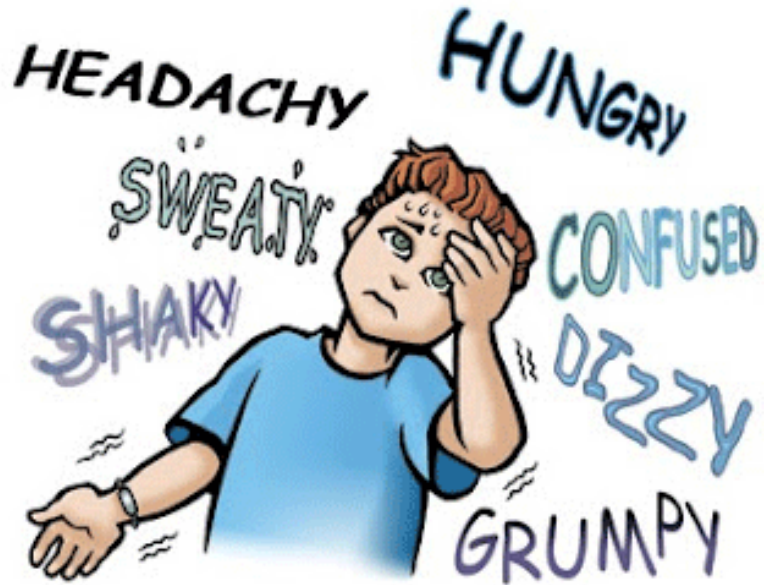
Hypoglycaemia is more likely to occur before lunch, at the end of the school day, or during or after physical education classes.



Signs and symptoms of Hypoglycaemia:

When a hypoglycaemia happens, the person often experiences 'warning signs' which occur as the body tries to raise the blood glucose level. These 'warning signs' vary from person to person but often include;

- Feeling Shaky
- Fast heartbeat/heart pounding
- Sweating
- Anxious
- Hungry
- Weakness/Fatigue
- Headache
- Blurry vision
- Irritable/Grouchy
- Tingling in the lips
- Pale
- Headache
- Sleepy
- Dizzy
- Confused
- Disoriented
- Uncoordinated
- Irritable or nervous
- Changed personality/behavior
- Inability to concentrate
- Feeling weak
- Lethargic



In severe cases;

- Inability to swallow
- Having a seizure or convulsions
- Unconscious

Hypoglycaemia is not always completely preventable. Therefore, school staff should be familiar with the symptoms so that an urgent problem can be handled appropriately.

Hypoglycaemia can impair thinking abilities and sometimes can be mistaken for misbehavior.

If a student with diabetes has a sudden change in behavior, becomes lethargic, combative, or unconscious, or is having a seizure or convulsion, presume that the student has hypoglycaemia.

*****If you suspect low blood glucose, check blood glucose!**

Management of Hypoglycaemia:

1. Contact the parent/guardian any time blood glucose is less than normal.
2. Give 15g of fast acting Carbohydrates by mouth (eg: 2 teaspoons of sugar, glucose, cola 100ml, sugar added fruit juice) followed by a snack (eg: sandwich, biscuits, milk, fruit).
3. The treating physician's written orders for the student may provide more specific direction on what Carbohydrate source should be used.
4. Recheck blood glucose in 15 minutes.
5. If it's still below 70mg/dL or below his or her target range, offer another 15g of fast acting Carbohydrate and check again in 15 minutes.
6. When the child's blood glucose is over 70mg/dl, provide 15g of Carbohydrate as a snack or the next meal if it is due. Do not administer Insulin with this meal (if Insulin is prescribed by child's treating physicians).
7. The student may need to be seen by his or her healthcare provider.

If the child is unconscious, having a seizure (convulsion) or unable to swallow in severe Hypoglycaemia

Severe hypoglycaemia is rare at school and generally can be prevented with prompt treatment when the early signs of low blood glucose are recognized.

Glucagon is used to treat severe Hypoglycaemia.

Glucagon should be given according to the physician's written statement when a student with diabetes is unresponsive or unconscious, if the student is having a seizure or convulsions, or if the student cannot safely eat, drink, or swallow. Severe hypoglycaemia can cause brain damage or death.



Although it may cause nausea and vomiting when the student regains consciousness, glucagon is a life-saving treatment that will not harm the student.

In case of unconscious severe hypoglycaemia:

1. Call 998, contact the Parents/guardian.
2. Administer glucagon - Inject into a muscle (IM).
3. Turn the child on side as vomiting may occur.

Dose (1 unit of glucagon = 1mg of glucagon)

2-17 yrs (Body Weight up to 25kg)	500 micrograms
2-17 yrs (Body Weight 25kg or more)	1mg
Adults	1 mg

4. Always refer to treating physicians instructions before administering Glucagon. But, **DO NOT** delay administering glucagon.
5. Never attempt to give a student suffering from severe hypo glycemia food or a drink or to put anything in the mouth because it could cause choking.

Steps to be followed in case of administering Glucagon injection:

1. Remove the cap from the glass vial containing dry powder.
2. Remove cap from syringe and insert the needle into the vial through the rubber stopper.
3. Inject all the fluid in syringe into the bottle containing the dry powder.
4. Shake gently or roll to mix until all powder is dissolved, and solution is clear.
5. Inspect the vial. The solution should be clear and colorless. Do not administer if discolored or does not dissolve well.
6. Hold the vial upside down in one hand.
7. Insert the syringe into the vial.
8. Draw the prescribed amount of solution into the syringe (refer to physician's written orders for the student).
9. Clean the site, if possible. The best sites for injection are buttocks, thighs, and upper arms.
10. Inject the glucagon Intramuscular (at 90° angle) into the tissue under cleansed area.
11. Push syringe plunger all the way down.
12. Count to five.
13. Remove needle from skin and dispose of syringe safely into a sharps container.
14. Dispose of any unused portion of the mixed glucagon.
15. Confirm that 998 has been called.
16. Stay with the student, keeping him/her on their side until they regain consciousness or emergency personnel have arrived. It may take 15-20 minutes for the student to regain consciousness. It is likely that emergency personnel will have arrived on the scene and will have taken responsibility for treatment by then.
17. If they have not arrived;
 - Check blood glucose.
 - Give sips of fruit juice or regular soda once the student is awake and able to eat or drink.
 - Follow the physician's written orders for the student.
 - Record the glucagon administration in the student's health record and on the medication log.
18. Do not be surprised if;
 - The student does not remember being unconscious.
 - has a headache.
 - Blood glucose becomes very high (over 200).
 - Nausea or vomiting occur.

If no response within 10 minutes, Intravenous Glucose must be given.

Follow up procedures when Glucagon is used:

Any school personnel who administer glucagon must notify the credentialed school nurse assigned to the school district by DHA.

Reference:

1. <https://www.diabetes.org/sites/default/files/2019-06/ADA%20Childcare%20DMMP.pdf>
2. <https://www.suffolkcommunityhealthcare.co.uk/Portals/2/Diabetes%20Policy.pdf>
3. American Diabetes Association
4. <http://www.diabetes.org>
5. National Diabetes Education Program <http://www.ndep.nih.gov/index.htm>

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