Student Name: _____ Student ID: _____ Date of Birth: _____ Emergency Care Plan? Y N

Type 1 Diabetes (Please delete or add any nursing diagnosis, interventions or outcomes that you feel are appropriate for your student).

Nursing Diagnosis *Include those that apply based on the nursing assessment*	**Nursing Interventions** *Include those that are achievable in your school district*	**Client Outcomes** *Include those that are tangible goals for the student in question*
1) Risk for unstable glucose Level Risk Factors→ deficient knowledge of diabetes management; dietary intake; inadequate blood glucose monitoring; lack of acceptance of diagnosis; medication management; mental health status; physical activity level; physical health status; rapid growth periods; stress; weight fluctuation	• Monitor blood glucose levels before and after meals as ordered • Consider continuous glucose monitoring (CGM) for students on intensive insulin regiments • Request A1C level for glucose control over previous 2-3 months from physician if appropriate • Monitor for signs and symptoms of hypoglycemia and hyperglycemia • Evaluate client's medication regimen for medications that can alter blood glucose • Recommend to parent to consult a dietician for carbohydrate counting, weight loss counseling, and diet and exercise counseling, as appropriate	Student will maintain outpatient pre-prandial blood glucose between 70 and 130 mg/dL; will maintain outpatient post-prandial blood glucose between <180mg/dL; demonstrate how to accurately test blood glucose; identify self-care actions to take to maintain target blood glucose levels; identify self-care actions to take if blood glucose level is too low or too high; demonstrate correct administration of prescribed medications

2) Acute confusion related to insufficient blood glucose to the brain
Definition: Abrupt onset of reversible disturbances of consciousness attention, cognition, and perception that develop over a short period of time.
	• Asses the student's behavior and cognition, as appropriate
	• Recognize that there are 3 distinct types of delirium
	  ○ Hyper alert: hyperactive delirium with symptoms of agitation
	  ○ Hyper vigilant: uncooperative, paranoia; disorientation; delusions; hallucinations
	  ○ Hypo alert-Hypoactive: delirium with symptoms of withdrawn apathetic behavior; reduced alertness; confusion; slowed psychomotor function
	• Assess for a report physiological alterations
	• Encourage a consistent sleep-wake cycle
	• Conduct a medication review
	• Provide a reality orientation and a calm environment as needed
	• Use gentle, caring communication with the student
		Student will demonstrate restoration of cognition systematically and continually throughout the day and night; oriented to time, place, and person; demonstrate appropriate motor behavior; maintain functional capacity

3) Ineffective health maintenance Risk factors→ parental/child deficient knowledge regarding dietary management, medication administration, physical activity, and interaction between the three; daily changes in diet, medications, illness, stress, activity, associated with child's growth spurts and needs; need to instruct other caregivers and teachers regarding signs and symptoms of hypoglycemia or hyperglycemia and treatment	• Assess the student's feelings, values, and reasons for not following the prescribed plan of care • Assess for family patterns, economic issues, and cultural patterns that influence compliance with a given medical regimen • Assist the student in reducing stress • Help the student determine how to manage complex medication schedules • Refer the student/family to appropriate services as needed	Student will discuss fear of or blocks to implementing health regimen; follow mutually agreed on health care maintenance plan; meet goals for healthcare maintenance
4) Acute pain Risk Factors→ insulin injections- peripheral blood glucose testing	• Determine if the student is experiencing pain at the time of the initial interview. If pain is present then conduct and document a comprehensive pain assessment and implement a pain management interventions to achieve comfort. • Assess pain level in a student using a valid and reliable self-report pain tool • Assess the student for pain presence routinely at frequent intervals, often at the same times vital signs are taken, and during activity and rest. • Ask student to describe prior experiences with pain, effectiveness of pain management interventions, responses to analgesic mediation including occurrence of adverse effects and concern about pain and its treatment and informational needs.	Student will report that pain management regimen achieves comfort-function goal without adverse effects,; describe non-pharmacological methods that can be used to help achieve comfort-function goal; perform activities of recovery or ADLs easily; Describe how unrelieved pain will be managed; state ability to obtain sufficient amounts of rest and sleep;

	• Ask the student to identify a comfort-function goal, a pain level, on a self-report pain tool, that will allow the client to perform necessary or desired activities easily. • Determine the student's current medication use • Ask the student to describe appetite, bowel elimination, and the ability to rest and sleep.	notify member of the health care team promptly for pain level greater than the comfort function goal, or occurrence of adverse effects.
5) Noncompliance Risk factors→ disturbed body image, impaired adjustment attributable to adolescent maturational crises, ineffective self-health management	• Establish a collaborative partnership with the student/family for purposes of meeting health-related goals • Listen the student's story about his or her illness self-management • Explore the meaning of the student's illness experience and identify uncertainties and needs through open-ended questions • Help the student identify the "self" in self-management; show respect for the student's self-determination • Help the student enhance self-efficacy or confidence in his or her own ability to manage the illness • Involve family members in knowledge development, planning for self-management, and shared decision making • Use various formats to provide information about the therapeutic regimen • Help the student and identify and modify barriers to effective self-management. • Help the student self-manage his or her own health through teaching about strategies for changing habits such as overeating, sedentary lifestyle, and smoking. • Help the student maintain consistency in therapeutic regimen management for optimal results • Review how to contact health providers as needed to address issues and concerns regarding self-management •	
6) Imbalanced nutrition: less than body requirements Definition: inability of body to adequately	• Utilize nutritional screening tool to determine the possibility of malnutrition • Weight the student at regular intervals • Observe the student's relationship to food. Attempt to separate physical from psychological causes for eating difficulty.	Student will progressively gain weight toward desired goal; weight within normal range for height and weight; recognize factors

metabolize and use glucose and nutrients, increased caloric needs of child to promote growth and physical activity participation with peers		contributing to underweight; identify nutritional requirements; consume adequate nourishment; be free of signs of malnutrition
7) Disturbed body image Definition: imposed deviations from biophysical and psychosocial norm, perceived differences from peers	• Incorporate psychosocial questions related to body image as part of nursing assessment to identify students at risk for body image disturbance • If student is at risk for body image disturbance, consider using a tool such as the Body Image Quality of Life Inventory, or Body Area Satisfaction Scale which quantify both the positive and negative effects of body image on one's psychosocial quality of life. • Assess for possibility of muscle dysmorphia and make appropriate referrals • If nursing assessment reveals body image concerns related to a disfiguring condition, assist student in voicing his/her concerns if appropriate, coaching the student how to respond to questions from other social situations • Acknowledge denial, anger, or depression as normal feelings when adjusting to change in body and lifestyle. Allow students to share emotions as ready • Explore opportunities to assist the student to develop a realistic perception of his or her body image • Help student describe ideal self, identify self-criticisms, and suggestions to support acceptance of self • Encourage student to verbalize treatment preferences and play a role in treatment decisions. • Encourage student to participate in regular aerobic exercise when feasible • Provide the student/family with a list of appropriate community resources	Student will demonstrate adaptation to changes in physical appearance or body function as evidenced by adjustment to lifestyle change; identify and change irrational beliefs and expectations regarding body size or function; verbalize congruence between body reality and body perception; describe, touch, or observe affected body part; demonstrate social involvement rather than avoidance and utilize adaptive coping and/or social skills; utilize cognitive strategies or other coping skills to improve perception of body image and enhance functioning; utilize strategies to enhance appearance