



Tennessee Department of Children's Services **Protocol for Serving Youth with Diabetes**

All staff working with clients with diabetes should take the "**Working with Children who have Diabetes**" Computer Based Training. The training can be accessed here:

<https://stateoftennessee.formstack.com/forms/diabetes>

Diabetes (diabetes mellitus) is classed as a metabolism disorder. Metabolism refers to the way our bodies use digested food for energy and growth. Most of what we eat is broken down into glucose, which is a form of sugar in the blood and is the principal source of fuel for our bodies. Three main types of diabetes are **type 1, type 2, and gestational diabetes**.

A person with untreated or controlled diabetes has a condition in which the quantity of glucose in the blood is too high (hyperglycemia). This happens because the body does not produce enough insulin, produces no insulin (Type 1 diabetes), or has cells that do not respond properly to the insulin the pancreas produces (type 2 diabetes). Insulin at the right time and the right amount is needed to maintain a normal glucose level (neither too high or too low) and also to allow the cells to use glucose for energy. Most children who have diabetes have type 1 diabetes. Everyone who has type 1 diabetes needs insulin given by injections or an insulin pump. If injections are missed or are delayed, a life-threatening condition can result from very high blood sugar and lack of insulin. Some people with type 2 diabetes also take insulin, but some may be able to be managed with pills. Too much glucose building up in the blood causes symptoms as noted below. Some of this excess blood glucose eventually passes out of the body in urine.

For further information, refer to the [Overview of Diabetes Mellitus](#) provided by Vanderbilt.

Signs and symptoms of high blood sugar:

- being very thirsty
- urinating often
- feeling very hungry
- feeling very tired
- losing weight without trying
- sores that heal slowly
- dry, itchy skin
- blurry eyesight

Some people with diabetes don't have any of these signs or symptoms. The only way to know if you have diabetes is to have your doctor do a blood test.

Effective Date: 07/17

Supersedes: None

Supplemental to:

RDA SW22

Subject: Protocol for Serving Youth with Diabetes

1. Diabetic Youth in Custody

a) Within twenty-four (24) hours, the Family Service Worker (FSW) Juvenile Service Worker (JSW):

- Notify DCS Regional Nurse and Placement Unit immediately upon knowing the youth will be entering custody.
- Call youth's endocrinology clinic to notify them that the youth is entering custody. (Refer to the [Statewide and Regional Resources for Diabetic Youth](#).)
- If the youth changes schools due to placement, an up-to-date individual medical plan will need to be provided to the school, sent by the endocrinology clinic, for specific care of the diabetic youth during the school day. Let the DCS Regional Nurse and youth's endocrinology clinic know as soon as it is known what school the youth will be attending.
- Even though the youth is placed out of home, the parents should participate in ALL endocrinology appointments (unless there is no-contact order or reasons that the parent may not be physically around the youth.)

NOTE: The DCS Regional nurse should be contacted prior to all changes in placement for diabetic children.

b) Instructions/Expectations for Foster Caregivers:

- Foster parents must attend ALL endocrinology appointments for the diabetic youth. (Transporters, FSW/JSWs, and provider-agency caseworkers are not acceptable to be the only responsible adult in attendance)
- Foster parents should be prepared to come to the Endocrine/Diabetes Clinic for training within 2448 hours of accepting the youth.
- Youth with diabetes need to come to clinic at least every three (3) months. You may have to come to the clinic more frequently if the youth's blood glucose is poorly controlled or you need to learn a new device. Clinic appointments can last from 1-3 hours.
- Caregivers are expected to directly observe and/or supervise the youth's insulin administration and carbohydrates consumed and keep appropriate records and logs (Refer to DCS Policy [20.15, Medication Administration, Storage and Disposal](#)). Please bring these records and the youth's meter or meters with you at each visit, along with a list of any other medications the youth may be taking and the names and numbers of any prescribing physicians.
- Maintain regular phone contact with the Endocrinology/Diabetes Clinic to report blood glucose readings between visits as directed for dose adjustments to keep blood glucose regulated between visits. Phone contact is essential, especially if the youth is getting sick.
- Maintain frequent communication with the youth's school nurse regarding the youth's care at school and provide them with a copy of school orders if the youth's dose or plan is changed. The school will require current school orders (individual medical plan) before the youth can be enrolled in school. The Endocrinology/Diabetes Clinic can fax/email these to you and the school.
- You may also need to arrange for or participate in a 504 meeting with the youth's FSW/JSW to discuss care requirements at school.
- Be prepared for the youth's biological parents to attend clinic and/or education visits to learn or stay current with the youth's care needs if the permanency plan goal is re-unification. The biological parents will also need to know up-to-date care information if they are having visitations.

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2. Diabetic Youth-Non-Custody

- a) Determine the last endocrinology appointment and obtain all future appointments from caregiver. Obtain a list of all medications, insulins and drug name/dosage/dosage instructions.
- b) Determine how many times per day the youth is supposed to check blood sugar.
- c) Determine if and why any appointments have been missed.
- d) Caregivers should have reliable transportation to come to the clinic for regular appointments. If any appointments have been missed due to transportation problems, please note that caregivers can use TennCare transportation for medical appointments, but they will need to be contacted at least 3 days prior to the appointment. To schedule TennCare transportation, call 866-473-7565.
- e) Look at blood glucose check history in the youth's glucose machine. If you are unsure how, contact the DCS Regional Nurse.
- f) Write down blood glucose history (date/time/result) utilizing form [CS-0851, Diabetic Record](#)
- g) Talk with the school nurse about the youth (concerns/compliance/eating). The school nurse is a valuable source of information about what is going on with the youth.
- h) If the youth changes schools due to placement with another relative/caregiver, an up-to-date individual medical plan needs to be provided to the school for specific care of the diabetic youth during the school day. Let the DCS Regional Nurse and youth's endocrinology clinic know as soon as it is known what school the youth will be going to.
- i) Make contact with the youth's endocrinology clinic to get individual medical plan information provided to the new school. Have school contact information available when endocrinology clinic is contacted.

3. Congregate Placements

- a) Collaborate with the DCS Regional Nurse and placement unit to ensure the placement is medically safe for the youth.
- b) Contact with the DCS Regional Nurse should take place prior to the move.
- c) The facility nurses should receive education specific to the youth.
- d) This child-specific instruction can begin initially by phone, and further instruction will be determined by the Endocrinology/Diabetes Clinic.
- e) Verify that a consistent caregiver (or nurse) is available at the placement at all times that can visually watch the youth, check blood glucose, administer insulin and count carbohydrates.
- f) Communicate to congregate placement that using a transporter is not acceptable to transport this youth to medical appointments and education appointments. The FSW/JSW, foster parent, parent/guardian or contract provider agency staff who is familiar with the child's health must accompany the child/youth to the appointment. Transportation personnel that are not familiar with the child's health cannot be used.
- g) Verify that the placement can individualize meals/snacks to meet the diabetic youth's needs.

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