

Dealing with diabetes: day to day

Levels: 1, 2 and 3

Subject: Outings and camping

TEACHER

STUDENTS

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Everyone knows that outings and camping trips are among the school calendar's most exciting events.

As travel date nears, students can get nervous or feel antsy; all of which makes it essential that a sense of normality be maintained.

These trips are, essentially, highly enriching experiences, that strengthen ties among classmates. The children get to know each other better; they learn to become more independent; etc.

It's an experience that affords teachers a unique opportunity to get to know their students more in depth, away from the regular academic environment, and allows one and all to reassess the image others may have formed of them, over time.

In an attempt at keeping up with all the different scenarios they are bound to encounter, teachers are obliged to stay abreast of all the latest developments, within each student's personal context. For instance, there's: bed-wetting, asthma, first time overnighting away from home, allergies to specific foodstuffs, taking medication, diabetes...

The existence of any one of these factors, or others of a similar kind, should never prevent students from partaking in an activity, provided that parents and medical staff authorize the child's involvement and give the teacher all the necessary guidelines and instructions regarding what to do if, and when, confronted with each child's respective condition.

If you've been on one of these outings then you'll, probably, already have felt the burden of responsibility. Constantly alert, you get very little sleep and there are few moments to relax. But, then, you've - probably - also felt it was well worth the effort, just to see your students and - why not? - even yourself having fun!

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In the case of children with diabetes, it is likely that the family will, already, have consulted the child's diabetologists, to ask about potential contingencies and how best to deal with them. It is quite standard that variations in a child's daily routine should need to be matched by some form of therapeutic adjustment: insulin dose, glucose-check frequency, etc.

REMEMBER

The degree of concern you feel at the thought of travelling with a student with diabetes is inversely proportional to your degree of knowledge on diabetes and what measures you need to take.

SOME SUGGESTIONS

A few days before the trip, ask the child's parents to supply you with a written list of instructions, on what to do in each potential scenario; ask them to make the list as short and clear as possible.

Parents' instructions might read as follows:

- Telephone numbers: parents, nurse, nearest health center.
- A dose equivalency table, showing different glucose readings and how many units of insulin each reading would require. It could be something like this:

This is just an example. Remember: treatments differ on a per-child basis.

ANY TIME, THROUGHOUT THE DAY

Under 65	Fruit juice or sugar cubes
Over 260	Inject 2 (two) units of insulin and call 01 234 56789
Any other reading	Do nothing

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AT MEALTIMES (INCLUDES SNACK TIME)

Between 81 and 125	Inject 2 (two) units
Between 126 and 200	Inject 3 (three) units
Between 201 and 300	Inject 4 (four) units
Over 300	Inject 5 (five) units of insulin and call 01 234 56789

- As much information regarding mealtime habits, types of food, exercise, etc., as the parents can think of supplying
- Ask them for a backup insulin pen, for you to have with you.
- And a glucagon kit, as a regular part of first aid (See section: "What is glucagon?")

WHAT TO DO DURING OUTDOOR ACTIVITIES

- Always, keep an eye on the child's glucose levels, both before meals and prior to engaging in particularly physical activities.
- Check to see that the child is having his insulin shots, exactly as it says in the dose equivalency table.
- Check to see that the child is carrying a full 'diabetes kit'. This should include: a glucometer, disposable strips, an insulin pen fitted with a microneedle, sugar cubes and/or a fruit juice.
- Have another 'diabetes kit' on you; a backup, just in case!

This has all been about what to expect, in a normal case scenario.

WHAT IS GLUCAGON?

Glucagon is a hormone that raises the level of glucose in the blood, as opposed to insulin, which lowers it. Whenever the body requires a higher level of sugar in the blood, the pancreatic alpha-cells generate glucagon, which stimulates the liver's glucose reserves, which are stored in the form of glycogen.

(Source: wikipedia.com)

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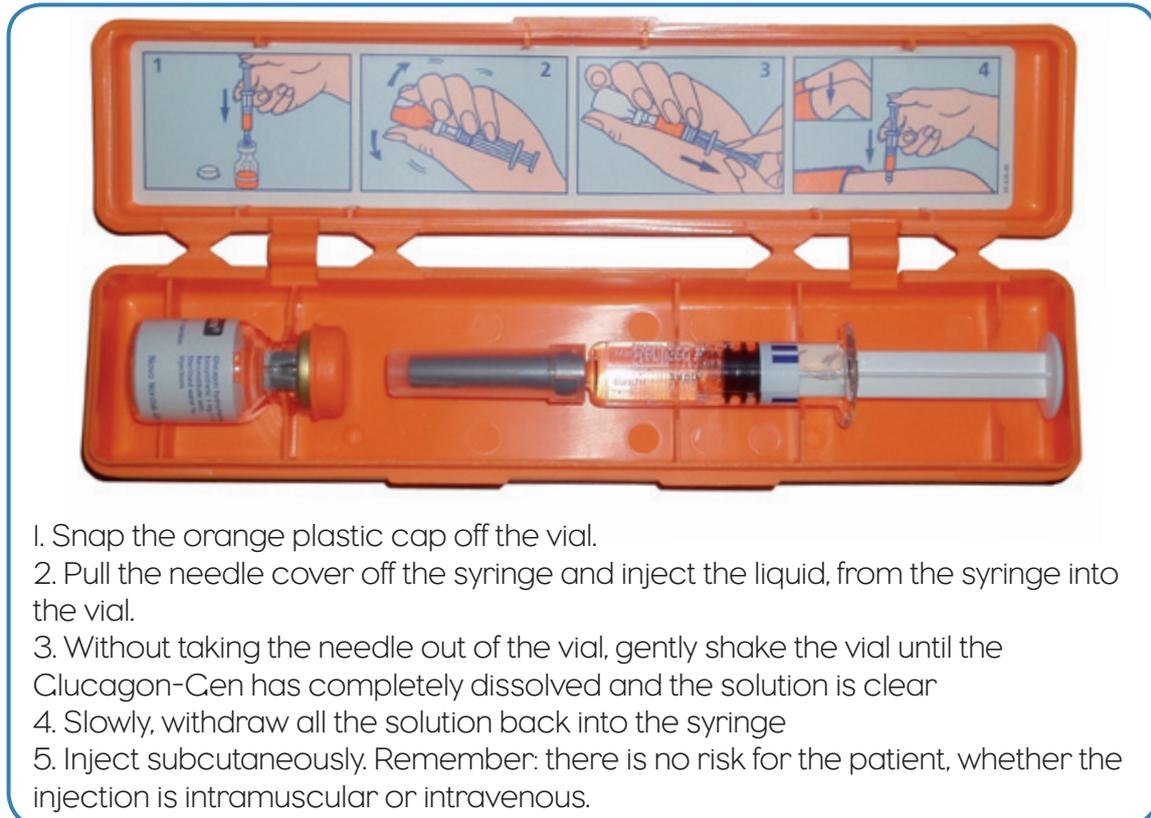
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It is marketed and administered as a drug for the emergency treatment of people with diabetes whose blood sugar levels have become dangerously low and who cannot ingest sugar orally.



1. Snap the orange plastic cap off the vial.
2. Pull the needle cover off the syringe and inject the liquid, from the syringe into the vial.
3. Without taking the needle out of the vial, gently shake the vial until the Glucagon-Gen has completely dissolved and the solution is clear
4. Slowly, withdraw all the solution back into the syringe
5. Inject subcutaneously. Remember: there is no risk for the patient, whether the injection is intramuscular or intravenous.

If you feel really uneasy about travelling with a child who's got diabetes, then, by all means, read the following section; if it's not something that bugs you, then, feel free to skip it!

ABOUT GLUCAGON (BUT, ONLY IF YOU'RE REALLY CONCERNED!)

Glucagon is used in the **highly unlikely** case that a child falls into a diabetic coma.

Despite such an event being highly improbable, the fear that it might happen can be a major source of anxiety among teachers; probably, due to a major misconception.

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Consider the following:

Though you may have something, in your first-aid kit, to help splint a broken leg, that doesn't mean you're expecting a student to break a leg. And, though a student breaking a leg **is a possibility, it is - by no means - a probability.**

The reason a broken leg is, at all, possible, would be that you're trekking up a mountain; the reason it's unlikely to happen is that you're watching to see no-one goes anywhere dangerous, that they tread carefully, and so on.

The exact same 'law' applies in the case of diabetic comas. They can happen, but you're there, to ensure that the student's glucose levels never drop so far that they even get close to the danger zone. How? By carrying out regular blood-glucose checks and by giving the child fruit juice and sugar cubes!

In any case, administering glucagon is a very simple process. If it makes you feel better, you could ask the child's parents to supply you with a glucagon kit that's beyond expiry date, so that you can inspect the contents and practice using it; you'll see it's, really, quite simple!

Another example, worth considering, has to do with air travel:

Before takeoff, flight attendants give us a practical run through on how to use life vests, oxygen masks and other safety apparel.

It's an instructional display, that'll have a negative impact only on people with an irrational fear of flying, who could interpret it as a foreboding of "an accident to come".

Most air travelers, however, probably do much like I do. You pay close attention, the first few times - watching every last move the flight attendants make and dwelling on every word they say. Then, once you know how it goes, you read the paper! I've never, once, had to implement any of the airline safety procedures I've been shown - Touch wood! I hope I'll never have to! However, should the day come when I need to resort to them, I like to think I'll know what to do. In the meantime, logically, I'll continue to travel by plane.

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To deny diabetic students the thrill of going camping – simply because of some excessive or irrational fear, on the part of the teacher – would, in addition to being unfair, bear down negatively both on the students' self-esteem and on the impression we're looking for them to form, regarding their condition, while potentially, even, fostering discriminatory behavior on the part of their peers.

RELATED ACTIVITIES

TITLE	DESCRIPTION	LEVEL	REF.
Things Carol needs	Understanding diabetes better	1	09
Things Carol should have with her, at all times	Understanding diabetes better	1	23