This is general information and not specific medical advice for you, your child, or loved one. Always consult your doctor or other healthcare provider if you have any questions or concerns. Call 911 or go to the nearest emergency department in case of an urgent concern or emergency.

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Diabetes Education Train the Trainer Series: The Diabetes Medical Management Plan

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Reflection

As you go through this video, please pause to review the content and think about how you would apply this information to your school setting.



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Introduction

This education video focuses on the Diabetes Medical Management Plan (DMMP) that is used by students in the school setting.

This video is intended for:

- Georgia School nurses who provide care for students with Type 1 or Type 2 Diabetes
- Parents and guardians of children with Type 1 or Type 2 Diabetes



Diabetes Management

Effective Diabetes Management is crucial:



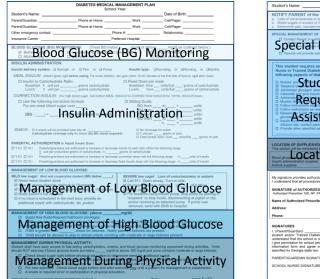
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Diabetes Medical Management Plan

| DIABETES MEDICAL MANAGEMENT PLAN School Year: | Student's Name: Date of Birth: |
|---|---|
| Student's Name: Date of Brith: Perent/Gundant: Proce at Home Work Cell/Pager: Perent/Gundant: Phone at Home Work Cell/Pager: Other stemports unitat Phone at Home at Home Relationable Relationable Bettor mediation Phone at Home a | NOTIFY PARENT of the following conditions: (If wakes to reack parent, call diabets provider affice.) 4. Bit of upon a rease of 20 orgon; that bit datases cannot be upon a rease of 20 orgon; the bit bit of a second secon |
| Mid-afternoon Mid-afternoon Mid-afternoon Before dismissal MSULIN ADMINISTRATION Insulin before voten: D Pen or D Pen Insulin teters: D+tension or D+tension or D+tension | This student requires assistance by the School This student may independently perform the |
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| MANAGEMENT OF LOW BLOOD GLUCOSE: MILD low sugar: Alert and cooperative student (BG below) SEVERE low sugar: Loss of consciousness or seizure | My signature provides authorization for the above Diabetes Melitus Medical Management Plan. |
| El Never Sixe etadoret alorie Gio eta 5 gran guisse, relevels in 15 minutes El Cal 811. Open anivey. Turn to sole. El 66 minutes alories creates in 15 minutes El 66 minutes basico eta 20 minutes alories al | I understand that all procedures must be implemented within table sees and regulations. This authorization is <u>valid for one user</u> BioMATURE of AUTHORIZE PRESENTER: Authorized Presenter 100 /r PA Name of Authorized Presenter: Address: |
| MANAGENEET OF Hold BLOOD GULCOSE: (allowmeptit) Scape-the full-deficient barrieron privilges. If BG is greater than 300 all is learn 2 hours nice laid doe, giveHALFPULL correction formula noted above. If BG is greater than where the hours nice laid doe great FULL correction formula noted above. If BG is greater than where the hours nice laid doe great full-does are present. Child should bardwent barg in should cristens writing struct findenze are present. | Biology B |
| MAAGEMENT DURING PHYSICAL ACTIVITY: Student shall have asay access to fast-acting carbohydrates, snacks, and blood glucose monitoring equipment during activities. Child should NOT exercise if blood glucose levels are below migd or above 300 mg/dt and urine contains moderate or large ketones. | understand that the school is not responsible for damage, loss of organizent, or expenses utilized in these treatments and procedures. I give permittations for school precedence of the school and the school and school an |
| Deck blood sugar right before physical education to determine need for additional struck. If BG is less thanmodil, edit 14-54 gama calcularyisate before, depending on intensity and length of exercise. Discularit may descreed insuin parts for 1 hour or detrease basis rise by Discularit may descreed insuin parts for 1 hour or detrease basis rise by Discularit may descreed insuin parts for 1 hour or detrease basis rise by Discularit may descreed insuin parts for 1 hour or detrease basis rise by Discularit may descreed insuin parts for 1 hour or detrease basis rise by Discularit may descreed insuin parts for 1 hour or detrease basis rise by Discularity and the parts for the parts restriction of the parts r | PARENTGUARDAN SIGNATURE DATE SOHOOLNURBE SIGNATURE DATE |
| SIGNATURE of AUTHORIZED PRESCRIBER (MD, NP, PA): Date: Date: page 1 of 2 | |

Diabetes Management



| Special Managen | need of insulin Pump |
|--|--|
| This submer requires assistance by the School Strategies of Tame School Strategies and School School Strategies and School Strategie | The backgroups, of a backgroups and a ba |
| CATION OF SUPPLIES/EQUIPMENT: (Parent will provide and a section will be completed by school personnel and parent | Manage CGM retrox all supplies, snacks and low blood sugar treatment supplies.) Define / E or triansm on there |
| In the second se | enter de la lagelles, sinder and the total lagelle trademet augelles.) |
| determinique a a a a a a a a a a a a a a a a a a a | enter de la lagelles, sinder and the total lagelle trademet augelles.) |
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Blood Glucose (BG) Monitoring

The first key area addressed is Blood Sugar Monitoring.



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7

Insulin Administration

| nsulin delivery | v system: Syringe or Pen or Pump | Insulin type: Humalog or Novolog or Apidra |
|-----------------|---|--|
| MEAL INSUL | IN: (Best if given right before eating. For small children, car | n give within 15-30 minutes of the first bite of food-or right after meal) |
| Breakfa | o Carbohydrate Ratio: ast: 1 unit per grams carbohydrate 1 unit per grams carbohydrate | □ Fixed Dose per meal: Breakfast: Give units/Eat grams of carbohydrate Lunch: Give units/Eat grams of carbohydrate |
| CORRECTIO | ON INSULIN: (For high blood sugar. Add before MEAL INS | ULIN to CORRECTION INSULIN for TOTAL INSULIN dose.) |
| For pre- | following correction formula -meal blood sugar over) + = extra units insulin to provide | □ Sliding Scale: BG from to = units BG from to = units BG from to = units BG from to = units > = units |
| | A snack will be provided each day at: rbohydrate coverage only for snack (No BG check required | ☐ No coverage for snack d): ☐ 1 unit per grams of carb ☐ Fixed snack dose: Give units/Eat grams of carb |
| PARENTAL AU | THORIZATION to Adjust Insulin Dose: | |
| 🗆 YES 🗖 NO | Parents/guardians are authorized to increase or decrease in <u>1</u> unit per prescribed grams of carbohydrate, +/ | |
| 🗆 YES 🗖 NO | Parents/guardians are authorized to increase or decrease c | orrection dose with the following range: +/units of insulin |
| 🗆 YES 🗖 NO | Parents/guardians are authorized to increase or decrease fi | xed insulin dose with the following range: +/units of insulin |

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Insulin Administration

Basal

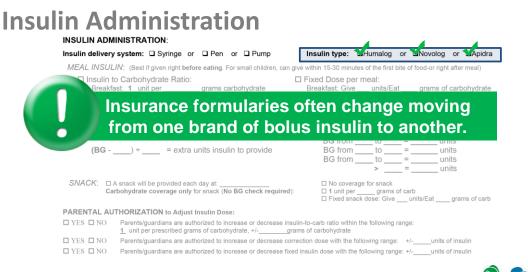
- Long or intermediate acting
- Once or twice a day
- Control BS levels overnight and between meals

Bolus

- Rapid acting
- Cover the carbohydrate in a meal or snack
- Lower BS levels that are above target

Have they been getting their What basal insulin is the child taking? basal insulin at home?





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Insulin Administration

Meal Insulin

INSULIN ADMINISTRATION:

| Insulin delivery | y system: 🛛 Syringe 🤉 | or Pen or Pump | Inc | ulin type: 🛛 | Humalog | or DN | lovolog or | □Apidra |
|------------------|---|--|-------------|--|----------------|-------------|--------------------------------|------------|
| MEAL INSUL | LIN: (Best if given right be | fore eating. For small children, car | n give with | in 15-30 minutes | of the first l | oite of foo | d-or right after | meal) |
| | | grams carbohydrate grams carbohydrate | Bre | ed Dose per r eakfast: Give _ nch: Give _ | units/Ea | | rams of carbo grams of carb | |
| CORRECTIO | ON INSULIN: (For high | blood sugar. Add before MEAL INS | SULIN to C | ORRECTION IN | SULIN for T | OTAL INS | SULIN dose.) | |
| For pre | e following correction f -meal blood sugar ove) + = extra | | □ Sli | ding Scale: BG from BG from BG from BG from | toto | | units units | |
| | A snack will be provided ea arbohydrate coverage only | ich day at: y for snack (No BG check require d | d): | No coverage 1 unit per Fixed snack | grams | | /Eat gram | ns of carb |
| PARENTAL AU | JTHORIZATION to Adjus | t Insulin Dose: | | | | | | |
| 🗆 YES 🗖 NO | | uthorized to increase or decrease in ams of carbohydrate, +/ | | | e following | range: | | |
| 🗆 YES 🗖 NO | Parents/guardians are a | uthorized to increase or decrease c | orrection | dose with the folle | owing range | +/ | units of insu | lin |
| □ YES □ NO | YES NO Parents/guardians are authorized to increase or decrease fixed insulin dose with the following range: +/- units of insulin | | | | | | | |



Correction Insulin

INSULIN ADMINISTRATION:

 Insulin delivery system:
 Syringe
 or
 Pen
 or
 Pump
 Insulin type:
 Humalog
 or
 Novolog
 or
 Appidra

 MEAL INSULIN:
 (Best if given right before eating. For small children, can give within 15-30 minutes of the first bite of food-or right after meal)
 Insulin to Carbohydrate Ratio:
 If kixed Does per meal:
 Breakfast: 1
 units/Eat
 grams of carbohydrate

 Lunch:
 1
 unit per
 grams carbohydrate
 Lunch:
 Give
 units/Eat
 grams of carbohydrate

| Earlon: 1 and por grano ourbonyarato | Earlon. One anno Ear gramo or carbonyarate |
|--|---|
| CORRECTION INSULIN: (For high blood sugar. Add before MEAL INS | SULIN to CORRECTION INSULIN for TOTAL INSULIN dose.) |
| □ Use the following correction formula For pre-meal blood sugar over (BG) + = extra units insulin to provide | □ Sliding Scale: BG from to = units BG from to = units BG from to = units BG from to = units > = units |
| SNACK: ☐ A snack will be provided each day at: Carbohydrate coverage only for snack (No BG check require | ☐ No coverage for snack ed): ☐ 1 unit per grams of carb ☐ Fixed snack dose: Give units/Eat grams of carb |

PARENTAL AUTHORIZATION to Adjust Insulin Dose:

□ YES □ NO Parents/guardians are authorized to increase or decrease insulin-to-carb ratio within the following range:

 1
 unit per prescribed grams of carbohydrate, +/-____grams of carbohydrate

 □ YES
 □ NO

 Parents/guardians are authorized to increase or decrease correction dose with the following range: +/-____units of insulin

 □ YES
 □ NO

 Parents/guardians are authorized to increase or decrease fixed insulin dose with the following range: +/-____units of insulin

 □ YES
 □ NO

 Parents/guardians are authorized to increase or decrease fixed insulin dose with the following range: +/-____units of insulin

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Insulin Administration

Carbohydrate Counting = Total Meal Dose 7.5 Units insulin = Round to the nearest whole **Diabetes Train the Trainer Series** number after total **Diabetes 101** 8 Units insulin ☑ **Carbohydrate Counting Physical Activity The Diabetes Medical Management Plan Taking Type 1 Diabetes to School**



Snack

INSULIN ADMINISTRATION:

| Insulin deliver | y system: □ Syringe or □ Pen or □ Pump | Insulin type: | Humalog o | r 🗆 Novolog | or 🛛 Apidra |
|---|--|-----------------------------|---|------------------|---------------|
| MEAL INSUL | LIN: (Best if given right before eating. For small children, ca | an give within 15-30 minut | es of the first bite | of food-or right | after meal) |
| Breakf | to Carbohydrate Ratio: fast: 1 unit per grams carbohydrate : 1 unit per grams carbohydrate | | units/Eat | | |
| CORRECTIO | ON INSULIN: (For high blood sugar. Add before MEAL IN | SULIN to CORRECTION | INSULIN for TOT | AL INSULIN dos | e.) |
| For pre | e following correction formula -meal blood sugar over) * = extra units insulin to provide | BG from BG from | to to to to | = unit = unit | ts |
| | | De nom | > | = uni | |
| | a snack will be provided each day at: arbohydrate coverage only for snack (No BG check require | | ge for snack grams of o ck dose: Give | | grams of carb |
| PARENTAL AU | JTHORIZATION to Adjust Insulin Dose: | | | | |
| 🗆 YES 🗖 NO | Parents/guardians are authorized to increase or decrease <u>1</u> unit per prescribed grams of carbohydrate, +/ | | the following ran | ige: | |
| 🗆 YES 🗆 NO | Parents/guardians are authorized to increase or decrease | correction dose with the fo | ollowing range: | +/units of | insulin |
| YES NO Parents/guardians are authorized to increase or decrease fixed insulin dose with the following range: +/units of insulin | | | | | |

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Insulin Administration

Parental Authorization

INSULIN ADMINISTRATION:

- Insulin delivery system: Syringe or Pen or Pump
 - MEAL INSULIN: (Best if given right before eating. For small children, can give within 15-30 minutes of the first bite of food-or right after meal)

Insulin to Carbohydrate Ratio:

Breakfast: 1 unit per _____ grams carbohydrate Lunch: 1 unit per _____ grams carbohydrate

Insulin type: □Humalog or □Novolog or □Apidra

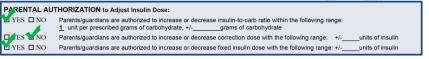
Fixed Dose per meal:

Breakfast: Give ____units/Eat _____grams of carbohydrate Lunch: Give ____units/Eat _____grams of carbohydrate

Any permanent changes to dosing orders, an updated DMMP signed by the provider, must be obtained.

SNACK: A snack will be provided each day at: ______ Carbohydrate coverage only for snack (No BG check required):

□ 1 unit per _____ grams of carb □ Fixed snack dose: Give un





Low Blood Glucose

Low blood glucose or hypoglycemia





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Low Blood Glucose

Low blood sugar or hypoglycemia

MANAGEMENT OF LOW BLOOD GLUCOSE:

- MILD low sugar: Alert and cooperative student (BG below
- ☑ Never leave student alone
- Give 15 grams glucose; recheck in 15 minutes
- ☑ If BG remains below 70, retreat and recheck in 15 minutes ☑ Notify parent if not resolved
- ☑ Notify parent if not resolved
- □ If no meal is scheduled in the next hour, provide an additional snack with carbohydrate, fat, protein.

Never give insulin for carbohydrates taken to treat hypoglycemia.

- Sweating
- Shakiness
- > Hunger
- > Anxiety
- > Fatigue
- > Pale skin color
- > Yawning
- > Irritability



Low Blood Glucose

For more detailed information on hypoglycemia

Diabetes Train the Trainer Series

Diabetes 101

Carbohydrate Counting

- Physical Activity
 - **The Diabetes Medical Management Plan**
- **Taking Type 1 Diabetes to School**

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High Blood Glucose

Treatment for hyperglycemia (high blood sugar)

MANAGEMENT OF HIGH BLOOD GLUCOSE: (above ____

- Sugar-free fluids/frequent bathroom privileges.
- □ If BG is greater than 300 and it's been 2 hours since last dese, give □ HALF □ FULL correction formula noted above.

_mg/dl)

- □ If BG is greater than 300 and it's been 4 hours since last dose, give **FULL** correction formula noted above.
- □ If BG is greater than _____, check for ketones. Notify parent if ketones are present.
- □ Child should be allowed to stay in school unless vomiting with moderate or large ketones present.



Remember the insulin action time of the Bolus insulin.



It is recommended that the student with moderate or large ketones or with symptoms of illness be released from school to be monitored closely by parent or guardian.



Physical Activity

We all should exercise daily.

It makes everything in our body work better including insulin.

MANAGEMENT DURING PHYSICAL ACTIVITY:

Student shall have easy access to fast-acting carbohydrates, snacks, and blood glucose monitoring equipment during activities. Child should NOT exercise if blood glucose levels are below mg/dl or above 300 mg/dl and urine contains moderate or large ketones.

- Check blood sugar right before physical education to determine need for additional snack.
- If BG is less than ____ mg/dl, eat 15-45 grams carbohydrate before, depending on intensity and length of exercise.
 Student may disconnect insulin pump for 1 hour or decrease basal rate by _____.
- ☑ For new activities: Check blood sugar before and after exercise only until a pattern for management is established.
- A snack is required prior to participation in physical education.







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Emergency Notification

Notify parents of the following conditions:



NOTIFY PARENT of the following conditions: (f unable to reach parent, call diabetes provider office.)

- a. Loss of consciousness or seizure (convulsion) immediately after calling 911 and administering glucagon
- Blood sugars in excess of 300 mg/dl, when ketones present. b
- c. Abdominal pain, nausea/vomiting, fever, diarrhea, altered breathing, altered level of consciousness.









Insulin Pump

Special Management

SPECIAL MANAGEMENT OF INSULIN PUMP:

- Contact Parent in event of: Pump alarms or malfunctions Detachment of dressing / infusion set out of place Leakage of insulin
 Student must give insulin injection Student has to change site Soreness or redness at site
 Corrective measures do not return blood glucose to target range within _____ hrs.
- D Parents will provide extra supplies including infusion sets, reservoirs, batteries, pump insulin, and syringes.

Management issues regarding the insulin pump:

- The computerized, bolus wizard or bolus calculator features in the pump should be used for insulin boluses.
- The pump settings should be reviewed for accuracy against the prescribed dosing noted in the student's diabetes management plan.
- At minimum, you must be able to turn the pump off or know how to disconnect with a low blood sugar.



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Insulin Pump

You need to know:

- How to bolus
- How to suspend
- How to check status of the pump and site
- How to review the history and confirm a bolus
- How to change batteries
 - How to disconnect in case of severe low.

If a pump infusion set is no longer functional, and the student is unable to re-insert their own infusion set or pod, **a parent or guardian will be contacted** to come to school to re-insert the infusion set.

Keep the Insulin pump guide (it is online for download) and toll free number with the diabetes supplies.

Remember to request extra pump supplies for school.





Insulin Pump

The KISS protocol for hyperglycemia Ketones must be checked anytime sugar is > 250 Inject insulin with a syringe Set and Site change Sugar checks and ketone checks **Diabetes Train the Trainer Series** Diabetes 101 M **Carbohydrate Counting Physical Activity The Diabetes Medical Management** Taking Type 1 Diabetes to School

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Continuous Glucose Monitor (CGM)

What is a CGM?

A CGM is a wearable device that tracks your blood sugar 24 hours a day and notifies you of highs and lows.

Three Part System:

- The Sensor is inserted underneath the skin
- The Transmitter fits onto the sensor and sends data wirelessly to a display device
- And The display device is where you can actually see the glucose activity. This could be a separate monitor, a cell phone or an insulin pump



Continuous Glucose Monitor (CGM)

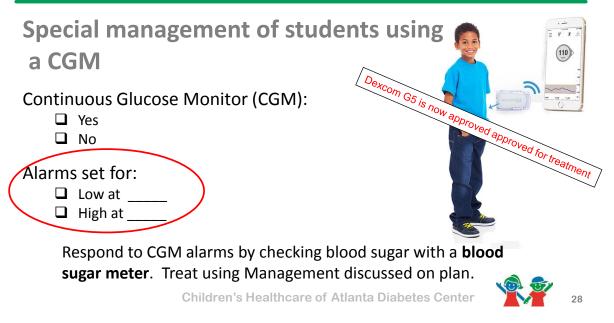
Does CGM replace finger stick testing?

- Calibration is required daily
 - Typically two blood sugar checks are needed
- There is a sensor approved for dosing but many sensors continue to require a traditional finger stick
- Use your blood sugar meter if symptoms do not match the sensor reading





Continuous Glucose Monitor (CGM)



Assistance

This student requires assistance by the School Nurse or Trained Diabetes Personnel with the following aspects of diabetes management:

- Monitor and record blood glucose levels
- Respond to elevated or low blood glucose levels
- ☑ Administer glucagon when required
- Calculate and give insulin Injections
- Administer oral medication
- Monitor blood or urine ketones
- Follow instructions regarding meals and snacks
- Follow instructions as related to physical activity
- □ Respond to CGM alarms by checking blood glucose with glucose meter. Treat using Management plan on page 1.
- Insulin pump management: administer insulin, inspect infusion site, contact parent for problems
- Provide other specified assistance:



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Self-Care Management

This student may independently perform the following aspects of diabetes management:

Monitor blood alucose:

- □ in the classroom
 - □ in the designated clinic office
 - □ in any area of school and at any school related event
- Monitor urine or blood ketones
- Calculate and give own injections
- Calculate and give own injections with supervision
- Treat hypoglycemia (low blood sugar)
- Treat hyperglycemia (elevated blood sugar)
- Carry supplies for blood glucose monitoring
- Carry supplies for insulin administration
- Determine own snack/meal content
- Manage insulin pump
- Replace insulin pump infusion set
- Manage CGM

The specific tasks that a student has been authorized to perform independently will be addressed in this part of the management plan.

Self-care management is the goal.

Self-care must be authorized by the DMMP.

Self-Care Management

Georgia Department of Education guidelines

"A student with diabetes shall be permitted to perform blood glucose checks, administer insulin through the insulin delivery system the student uses, treat hypoglycemia and hyperglycemia, and otherwise attend to the monitoring and treatment of his or her diabetes in the classroom, in any area of the school or school grounds, and at any school related activity, and he or she shall be permitted to possess on his or her person at all times all necessary supplies and equipment to perform such monitoring and treatment functions."

Georgia Department of Education



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Location of Supplies

Supplies and Equipment

LOCATION OF SUPPLIES/EQUIPMENT: (Parent will provide and restock all supplies, snacks and low blood sugar treatment supplies.) This section will be completed by school personnel and parent:

| Blood glucose equipment Insulin administration supplies Ketone supplies | Clinic room | With student | Glucagon kit Glucose gel Juice /low blood glucose snack | | nic room | With student |
|---|-------------|--------------|---|----|----------|--------------|
| Retorie supplies | | | Juice now blood glucose shack | (5 | | |

All school support staff are responsible for knowing locations of supplies!



Signatures

| SIGNATURES I, (Parent/Guardian)understand that all treatments and procedures may be performed by the student and/or Trained Diabetes Personnel within the school, or by EMS in the event of loss of consciousness or seizure. I also understand that the school is not responsible for damage, loss of equipment, or expenses utilized in these treatments and procedures. I give permission of Schubelsonnel to contact my child's diabetes provider for guidance and recommendations. I have reviewed this information form and agree with the indicated information. This document serves as the Diabetes Medical Management Plan as specified by Georgia state law. |
|---|
| PARENT/GUARDIAN SIGNATURE: Mrs. Amber Browdate: |
| This form is a PHYSICIAN ORDER. |
| My signature provides authorization for the above Diabetes Mellitus Medical Management Plan. I understand that all procedures must be implemented within state laws and regulations. This authorization is valid for one year. SIGNATURE of AUTHORIZED PRESCRIBER: |
| Name of Authorized Prescriber: today |
| Address: Phone: |

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Summary

A Diabetes Medical Management Plan (DMMP)

- Outlines dosage, delivery system, and schedule for blood glucose monitoring
- Insulin and medication administration, glucagon administration, ketone monitoring
- Meals and snacks
- Physical activity
- Student's usual symptoms of hypoglycemia and hyperglycemia, and their recognition and treatment
- Emergency contact information
- Addresses the student's level of self-care and management
- Submitted to the school annually



Diabetes Train the Trainer Series

For more information visit: www.choa.org/medical-services/diabetes

- **Diabetes 101**
- Carbohydrate Counting
- Physical Activity
- The Diabetes Medical Management Plan
- Taking Type 1 Diabetes to School

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Resources

- American Diabetes Association <u>http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/school-staff-trainings/diabetes-care-tasks.html</u>
- Back to School Parent Webinar <u>http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/</u>
- Children with Diabetes <u>http://www.childrenwithdiabetes.com/d_0q_000.htm</u>
- College Board <u>http://www.collegeboard.com/ssd/student/eligible.html</u>
- College Diabetes Network <u>https://collegediabetesnetwork.org/</u>
- Guidelines for the Care Needed for Students with Diabetes (PDF) <u>http://www.gadoe.org/External-Affairs-and-</u> <u>Policy/Policy/Documents/Guidelines%20for%20the%20Care%20Needed%20for%20Students%20</u> <u>with%20Diabetes.pdf</u>
- Helping the Student with Diabetes Succeed: A Guide for School Personnel (NIH publication) <u>http://ndep.nih.gov/publications/PublicationDetail.aspx?Publd=97#main</u>
- School Advisory Toolkit (JDRF) <u>http://www.jdrf.org/wp-</u> <u>content/docs/JDRF_School_Advisory_Toolkit.pdf</u> Children's Healthcare of Atlanta Diabetes Center



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For more information on any of the Trainer the Trainer topics:

- Visit us at: <u>www.choa.org</u>
- Call us at: (404) 785-KIDS

