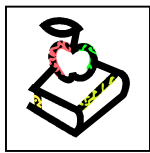


# APPENDIX C



## Dear Teacher:

**One of your students has been diagnosed with Type 2 diabetes** (formerly called adult-onset or non-insulin dependent diabetes mellitus).

Diabetes is a disease that affects the way the body uses food. It is not a communicable illness: no one can catch it from anyone else, and it is manageable.

Normally, food that is eaten is turned into simple sugar (glucose) that can be used by the body's cells for energy. Insulin is a chemical released from the pancreas and works like a key, opening cells up so the sugar can enter.

Type 2 diabetes is different from Type 1 (which used to be called juvenile or insulin dependent diabetes). Children and adolescents with Type 2 diabetes may make some insulin in their bodies but they are unable to use it properly. Body cells are unable to use the blood sugar for fuel. The cells resist the insulin's action to allow sugar inside them. Instead, sugar stays in the blood. High blood sugar can damage the heart, eyes, kidneys, and nerves. It can lead to serious health problems.

As a teacher, you should know that a child with Type 2 diabetes:

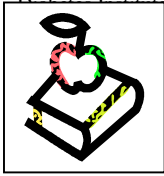
1. can do everything other children can do; and
2. may be on medications and have other special needs to ensure his/her diabetes is under control.

Children with Type 2 diabetes may experience hyperglycemia (high blood sugar). Too much food/wrong type of food, illness, infection, stress, decrease in usual activity, and a student's omission of diabetes medication are all possible causes. Hyperglycemia causes a person to urinate more frequently and need to drink more fluids. **These children should have unrestricted access to water and the bathroom.** However, if this is a chronic problem, it indicates poor control of the diabetes and school health personnel should be alerted.

Sometimes the diabetes medications that they are taking, too little food or food eaten too late, or an unusual amount of exercise can cause hypoglycemia (low blood sugar). Symptoms of hypoglycemia (also called insulin reaction) are **RARE in Type 2**. These include:

Sweating	Blurred vision	Clammy skin	Weakness
Dizziness	Hunger	Irritability, crying	Poor coordination
Sleepiness	Confusion	Rapid pulse	Irritability
Headache	Shaking	Personality changes	Pale appearance

This is a very serious condition. **Hypoglycemia must be treated immediately with some form of sugar.** It is so serious that, when in doubt, it's best to treat as if an insulin reaction is taking place rather than ignoring questionable symptoms. If you suspect hypoglycemia in a student, give the student "quick acting sugar" such as 4-6 ounces of a regular soda, 4 ounces of juice, 3-4 sugar cubes or hard candy. Immediately send the student, accompanied by another person, to the office.



## DEAR PRINCIPAL:

**Today's children have a lot of things to worry about.  
Diabetes shouldn't be one of them.**

Once considered an “adult” disease, there is striking evidence that Type 2 diabetes is on the rise among children and adolescents, particularly in the Hispanic population. Undiagnosed and uncontrolled, Type 2 diabetes can lead to serious, costly complications and premature death. There are several **risk factors for Type 2 diabetes** including being **overweight or obese**.

- 25 to 30% of prepubertal children are obese
- 18 to 25% of adolescents are obese
- the prevalence of seriously overweight youths has more than doubled since the late 1970's

### Why Are More Kids Overweight and Obese?

Physical inactivity and poor dietary habits among youth and their families have contributed to an epidemic of overweight and obesity. Daily physical education classes dropped from 42% in 1991 to 27% in 1997. Only about 1/3 of kids consume meals that meet the U.S. dietary guidelines.

### What Can You Do as Principal?

- 1) Enlist parents, teachers, school health, and food service personnel to help promote healthy dietary habits and physical activity during school and in after-school programs.
- 2) Ensure that the students in your school participate in a physical education program that emphasizes motor skill development, provides sustained vigorous activity, and focuses on movement fundamentals and fitness.
- 3) Ensure that your school food service offers kid-friendly meals that meet the dietary guidelines for Americans and national nutritional standards for school meals. If you must use vending machines, include healthier options such as bottled water and lowfat snack choices.

### What Resources Are Available?

**Information on free programs you can use in your school** is included in a comprehensive manual on Type 2 diabetes that can be downloaded from The University of Texas Health Science Center at San Antonio/Department of Pediatrics/Division of Pediatric Endocrinology website at <http://www.pediatrics.uthscsa.edu/divisions.html>. Use it to support your school health personnel in their efforts to help children and their families at risk or affected by Type 2 diabetes.

The good news is that youth and their families can take action to reduce the risk for Type 2 diabetes. And, those who have been diagnosed with diabetes can prevent the onset of diabetes complications. Together, we can turn the tide on this important threat to the health of our children, our future.

## EATING/FEEDING EVALUATION: CHILDREN WITH SPECIAL NEEDS

Student's Name: \_\_\_\_\_

District Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Student's Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Classroom: \_\_\_\_\_

Does the student have a disability?  Yes  No

If yes, describe the major life activities affected by the disability: \_\_\_\_\_

If yes, does the student have special nutritional or feeding needs?  Yes  No

*If yes, complete this form and have it signed by a physician.*

If the student is not disabled, does he/she have special nutritional or feeding needs?  Yes

No

*If yes, complete this form and have it signed by the appropriate medical authority.*

If the student does not require special meal considerations and is able to eat a regular diet, the parent can sign at the bottom and return the form to the school food service.

List any dietary restrictions or special diet: \_\_\_\_\_

List foods to be substituted: \_\_\_\_\_

List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All."

Cut up or chopped in bite size pieces \_\_\_\_\_

Finely ground \_\_\_\_\_

Pureed \_\_\_\_\_

List special equipment or utensils needed: \_\_\_\_\_

Indicate any other comments regarding the student's eating or feeding patterns: \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

Source: Region XX Education Service Center/Child Nutrition Services. May be reproduced or adapted for use in schools.

## Suggestions for Providing Information to Primary Care Providers

For a variety of reasons, school nurses may find the need to share information on Type 2 diabetes mellitus in children and adolescents with their students' primary care providers. While each situation for sharing information is unique, it is suggested that the following components be assembled in a packet for primary care providers:

- 1) **Appendix A: Criteria for Testing For Type 2 Diabetes in Children and Adolescents**
- 2) **Section IV. D. Evaluation in the Clinician's Office**
- 3) **Appendix A: Blood Pressure Tables**
- 4) **Section IV. B. 1. Obesity and Overweight**
- 5) **Section V. G. 2. Blood Lipids**
- 6) **Appendix B: Your Child Has Acanthosis Nigricans**

Governmental agencies at local, state, and national levels are trying to understand the extent of Type 2 diabetes in the pediatric population. At the same time, pediatric diabetes specialists are trying to learn how best to medically manage the disease. Pilot studies are currently underway in different areas of Texas to help find these answers. Such studies could involve your students and, consequently, their primary care providers.

While there is no central clearinghouse on these pilot studies, the Texas Diabetes Institute is a link to information on diabetes research and to the pediatric endocrinologists who serve many of the region's children and adolescents diagnosed with Type 2 diabetes.

**Primary care providers interested in obtaining more information should contact the Children's Center at the Texas Diabetes Institute at (210)358-7588.**