From DKA to A-OK! Navigating the T1D Journey



Presented By:

Amy Morrill, BSN RN CPN

Lynn Lundgren, BSN RN DCES

Jennifer Schroeder, BSN RN DCES

Jackie Waldie, MS Ed

A Diagnosis That Changes Everything..

Imagine you're a parent whose child was perfectly healthy just a few weeks ago. Suddenly, you're sitting in the Pediatric ICU. Your child is in DKA, you've just heard the words Type 1 diabetes, and you're being told this is a lifelong diagnosis.

You're exhausted, you're scared, and you're wondering what life will look like when you leave the hospital.

And now we're going to teach you everything you need to know about managing diabetes.



Previous Education Barriers

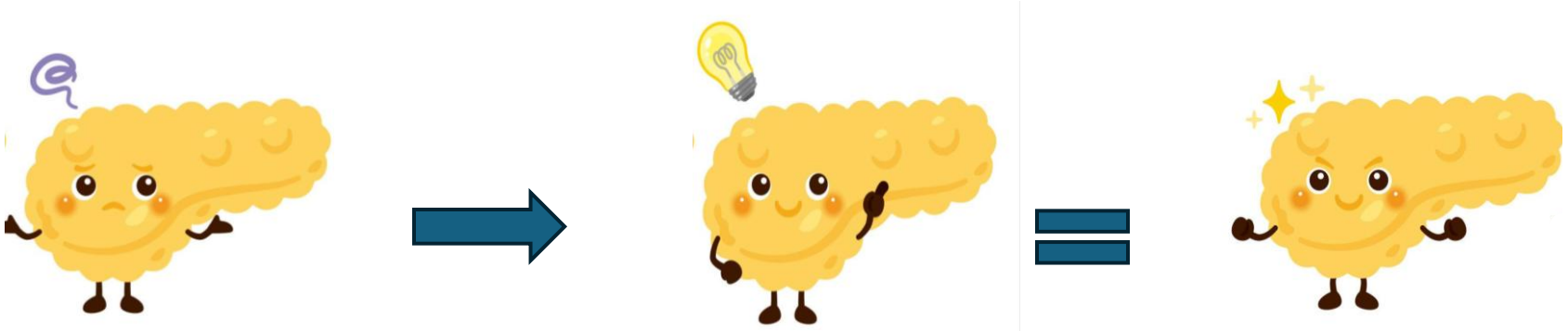
- Clinic Educator availability didn't always align with inpatient needs
- Weekend admissions created challenges with consistent education
- Inpatient nurses lacked a clearly defined, standardized education role.



The problem wasn't a lack of education or effort. It was an opportunity to create a more consistent, coordinated process.

=

New RN Diabetic Education Pathway



Children's
Monument Health

LIVING WELL
WITH
DIABETES
PEDIATRICS



An ideal 3-day education inpatient plan for families was created!

DIABETES SYMPOSIUM Children's

Educating for a Strong Foundation

- New Inpatient RN nursing education goal to teach what matters most
- Structured outline for required topics and expectation prior to discharge
- Understanding of Type 1 diagnosis, how to dose insulin for meals, testing for ketones



YOU'RE NOT ALONE: PEDIATRIC DIABETES BASICS

Day & Session	Educational Details
Day 1: Session 1 What is Diabetes? What Causes Diabetes	**Reading for patient/family: Chapters 2 - 4: Pages 7-14 (Ch 3 or 4, depending on patient need).** **After completion of this session, I will be able to:** 1. Describe the basic disease processes that result in type 1 diabetes. 2. Describe the basic disease processes that result in type 2 diabetes. **Type 1 Diabetes (English)** **Type 2 Diabetes (English)** **How Diabetes Affects the Body (English)**
Day 1: Session 2 High Blood Glucose (Hyperglycemia) & DKA	**Reading for patient/family: Chapter 15: Pages 57-60** **After completion of this session, I will be able to:** 1. Describe what diabetic ketoacidosis (DKA) is. 2. State the most common causes of DKA. 3. State the signs and symptoms of DKA. 4. Discuss the signs and symptoms of DKA that the patient experienced. 5. Discuss why DKA must be detected and treated urgently. 6. Discuss patient/guardian's action plan if they suspect DKA. **Diabetic Ketoacidosis (English)**

Inpatient Discharge Requirements

- Patient/Guardian is educated on survival skills to go home!
- Appropriately dose insulin for meals
- Identify hypoglycemia and treat accordingly
- Know when to call for help!



What happens when a family leaves the hospital?

Immediately following discharge:

- Multi-day hospital stay
- ↑ emotions, ↑ stress
- ↓ rest, ↓ processing time
- Often leave the hospital and go straight to visit with Endocrinology and Diabetes Education
- Can be a 2+ hour visit
- Can be overwhelming!

Diabetes Education: Visit One

First visit: Survival skills!!

Ensure that the family:

- Has all their medications and refills ready
- Is trained on glucometer, emergency glucagon, and ketones
- Can safely administer insulin
- Knows how to treat lows and highs (and who/how to reach out for help)
- Can correctly carb count, can use the insulin scale correctly, and knows when to administer insulin
- Is logging insulin doses
- If possible, getting a CGM placed at this time, and training family on how to use it.

Diabetes Education: Visit Two

Sick Day:

- Which meds affect glucose
- Effects of illness on glucose
- Insulin and ketones
- How often to check glucose/ketones
- When to go to urgent care/ER
- What to keep at home

Exercise:

- Effects of insulin on glucose
  - How long exercise affects glucose
- Importance of exercise with diabetes
- When NOT to exercise
- Target glucose before exercise
- How often to check glucose when starting a new sport/activity
- Different exercises and glucose

Diabetes Education: Visit Three

Long-Term Complications:

- Effects of prolonged higher A1c on different areas of the body
  - Eyes, Kidneys, Nerves, Heart, GI
- What labs and tests we recommend

Insulin Pumps:

- Assessing family interest in a pump
- Explaining how pumps function
- Reviewing pumps available for peds/showing the demo pumps
  - Tandem T:Slim X2 & Mobi, Omnipod 5, iLet BetaBionic, MiniMed 780G & Flex
- Potential barriers: phone limitations, age, infusion set (tubing) preferences
  - Alternatives: InPen, NovoEcho
- Providing handouts to allow family time to review if family wants
  - When family is comfortable with a decision, placing the order and starting the process

Considerations

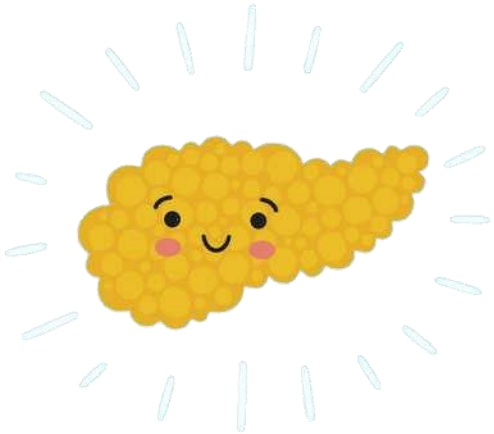
- Visits may be combined depending on the family and the pace at which they understand the material
- We're not only juggling parents' schedule, but school as well
- Other factors: age, ability to focus, ability to sit through longer (and for children, often uninteresting) topics, adjusting more frequently due to adolescence and rapid periods of growth

<u>Special visits:</u>

- Pump training: When a family wants to move to an insulin pump, or decides to switch pump systems, that is a separate visit dedicated solely to training
- New guardian: When custody/guardianship of a child changes, we do try and get training for the new guardian to get them up to speed.
- Transitioning to adulthood: Occasionally a 17-19 year old will want to have a 'refresher' coarse on their diabetes before going off to college or adulthood. This is usually one visit to just brush up on specific topics

Diabetes Medical Management Plan

- Purpose: Establishes a basis of what the student's medical needs are while in the school setting, and what is needed for the school to safely navigate the medical complexities of the disease
- Contains information on:
  - Student's most recent insulin regimen
  - recommendations for managing ketones, hypoglycemia, exercise, etc.
  - Special considerations (limitations based on age or ability, if the student is on an insulin pump, etc.)
- It is updated each school year and reviewed by provider and parents/guardians
- Recently reviewed and revised
  - Reflect changes in technology
  - Address voiced concerns over barriers
  - Outdated terminology
  - Formatting issues



Revisions

Timeline

- 2/27/26: first meeting where bulk of changes were gone over
- 3/28/26: first draft was sent back with formatting changes. Reviewed with providers.
- 4/3/26: second draft. Minor changes made and reviewed with providers.
- 4/6/26: third draft. Minor changes made and reviewed with providers.
- 4/7/26: fourth draft. Minor changes made and reviewed with school nurses.
- 4/8/26: fifth and final draft was sent over to Legal to review.
- 4/24/26: final draft was approved by Legal and Forms Committee and was uploaded to the Forms SharePoint.

Key Changes and Rationale

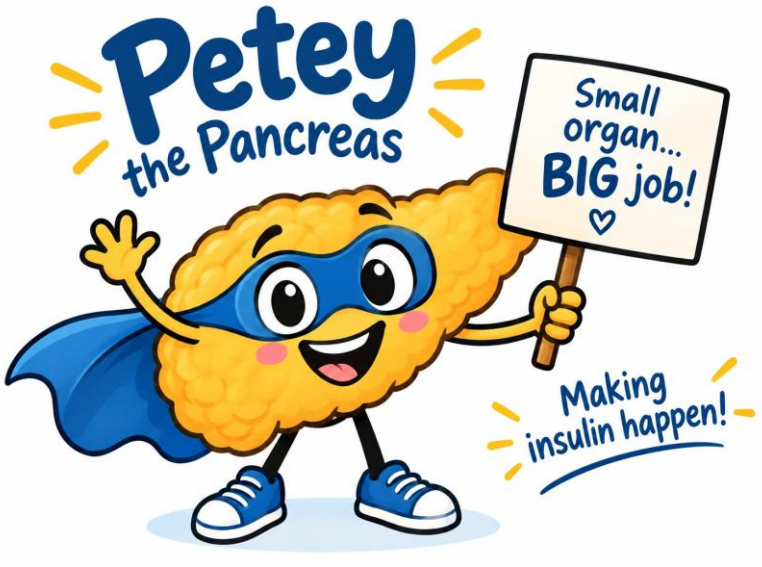
- Updated language:
- Closed/open-loop
- Updated technology
- Technology statement
- Glucose monitoring options
- Insulin dosing (simplified options)
- Updated formatting
- Uniform and simplified for easier readability

T1D: New diagnosis experience

Non-Attorney Special Education
Advocate
Specializing in Section 504 and IEP's

Parent of two children
Both have auto-immune diseases.

I am a wife, a mother, and advocate, a teacher, and a T1D parent.



T1D: New diagnosis experience

Concerns, Emergency, Diagnosis…

GUILT: How did I miss this?

FEAR: Could my child die?

STRESS: What does life look like now?



How can YOU support the family?



By remembering it's our year of firsts!

We feel like we are drowning.

We worry all the time.

We get over-protective.

We panic with each high and low.

We put on a brave face for our children.

We deal with unsolicited advice and food shame.

Children's
Monument Health

Everything becomes harder

Lack of Sleep
Feeling Different
Trusting Others
Making Mistakes
The Needles
Attendance
Blame
Lack of Understanding

We need community.
We need support.

What do you need to do as a care provider?



Reassure

Follow-up

Mental Health

Dietary Health

Letter and supplies for:
school, travel, activities

Medic Alert Bracelets

504 Plan: The nuts and bolts

Schools often suggest a health plan. This is not enough.
Section 504 guarantees equal access under the ADA.
It levels the playing field for our T1D students.
Parents will need all supporting documents.

A letter can explain:

How will blood sugar affects things like muscles, mood, and the brain?
How will a high or low blood sugar impact the student's ability to learn?
How will T1D affect attendance?
How will access to technology affect their day?
Why are frequent doctors' appointments necessary?
What are the potential problems if a 504 plan is not implemented?

I offer two hours of FREE advocacy via a grant.



DIABETES SYMPOSIUM Children's Monument Health

Thank you for your time!

Questions?

