

Diabetes Technology: Practical Tips for Supporting Students with Diabetes in School

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February 2024

PEDIATRIC DIABETES & ENDOCRINOLOGY



Baylor
College of
Medicine



2024 Virtual Diabetes Management Conference for School Nurses

Provided by Texas Children's Hospital

NURSING CONTINUING PROFESSIONAL DEVELOPMENT

Texas Children's Hospital is approved with distinction as a provider of nursing continuing professional development (NCPD) by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive contact hours for this nursing continuing professional development activity, the participant must:

- Register for the continuing professional development activity
- Attend at least one session of the professional development activity
- Complete the pre-conference survey
- Complete the post-conference survey online

Print your contact hour "Certificate of Successful Completion" once you have completed the post-conference survey online .

LEARNING OUTCOME

As a result of this professional development activity, 90 % of attendees will be able to name one concept learned on the post conference survey as it relates to care of the child with diabetes as well as attendees will demonstrate increased knowledge as evidenced by an increase in scores on the post conference survey when compared to the pre-conference survey.

RELEVANT FINANCIAL RELATIONSHIPS

Explanation: a relevant financial relationships occurs when an individual has an opportunity to affect or impact educational content with which he or she may have a relationship with an ineligible company or a potentially biasing relationship of a financial nature. All planners and presenters/authors/content reviewers must disclose the presence or absence of a relevant financial relationship relative to this activity. All potential relationships are mitigated prior to the planning, implementation, or evaluation of the continuing education activity. All activity planning committee members and presenters/authors/content reviewers have had their relevant financial relationships assessed, identified and mitigated by Activity Director & the nurse planner.

The activity's Nurse Planner has determined that no one who has the ability to control the content of this nursing continuing professional development activity – planning committee members and presenters/authors/content reviewers – has a relevant financial relationship.

MY DISCLOSURES

Funding sources:

Grants/research support	FDA Pediatric Device Consortium, NIH/NIDDK, National Science Foundation, Helmsley Charitable Trust, Insulet
Consulting/advisory board:	Dexcom, Insulet
Other/Patents:	D3 hypoglycemia prediction algorithm

OBJECTIVES:

Following the conclusion of this activity, participants will be better able to:

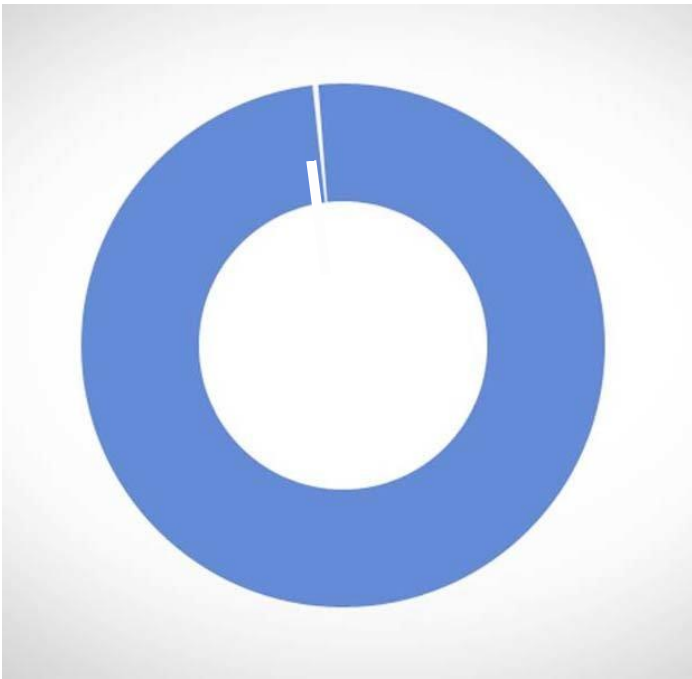
- Support students with diabetes who utilize CGM and/or insulin pump in school
- Identify and address barriers to diabetes technology in the school setting

MANAGING DIABETES IS CHALLENGING!

42

Factors That Affect BG

Food	Biological
<ul style="list-style-type: none"> ↑↑ 1. Carbohydrate quantity →↑ 2. Carbohydrate type →↑ 3. Fat →↑ 4. Protein →↑ 5. Caffeine ↓↑ 6. Alcohol ↓↑ 7. Meal timing ↑ 8. Dehydration ? 9. Personal microbiome 	<ul style="list-style-type: none"> ↑ 20. Insufficient sleep ↑ 21. Stress and illness ↓ 22. Recent hypoglycemia →↑ 23. During-sleep blood sugars ↑ 24. Dawn phenomenon ↑ 25. Infusion set issues ↑ 26. Scar tissue and lipodystrophy ↓↓ 27. Intramuscular insulin delivery ↑ 28. Allergies ↑ 29. A higher glucose level ↓↑ 30. Periods (menstruation) ↑↑ 31. Puberty ↓ 32. Celiac disease ↑ 33. Smoking
Medication	
<ul style="list-style-type: none"> →↓ 10. Medication dose ↑↑ 11. Medication timing ↓↑ 12. Medication interactions ↑↑ 13. Steroid administration ↑ 14. Niacin (Vitamin B3) 	
Activity	Environmental
<ul style="list-style-type: none"> →↓ 15. Light exercise ↓↑ 16. High-intensity and moderate exercise →↓ 17. Level of fitness/training ↓↑ 18. Time of day ↓↑ 19. Food and insulin timing 	<ul style="list-style-type: none"> ↑ 34. Expired insulin ↑ 35. Inaccurate BG reading ↓↑ 36. Outside temperature ↑ 37. Sunburn ? 38. Altitude
	Behavioral & Decision Making
	<ul style="list-style-type: none"> ↓ 39. Frequency of glucose checks ↓↑ 40. Default options and choices ↓↑ 41. Decision-making biases ↓↑ 42. Family relationships and social pressures



Credit: Adam Brown. *diatribe*, Feb 2018

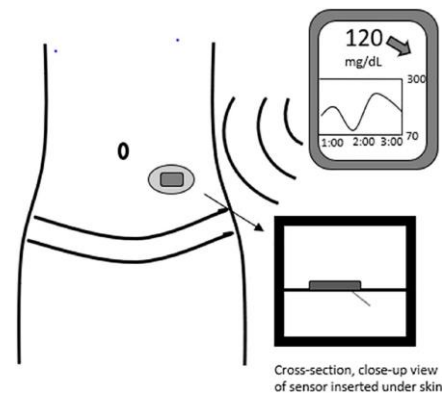
Hilliard et al. *Curr Diabetes Rep.* 2015

REVIEW OF GLUCOSE MONITORING

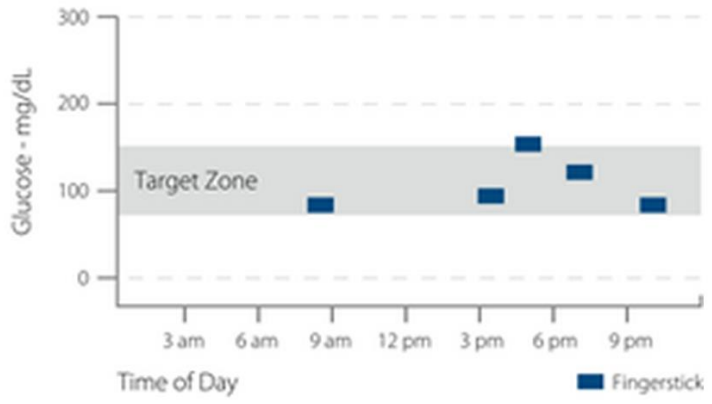
- Traditional “fingerstick” glucose testing



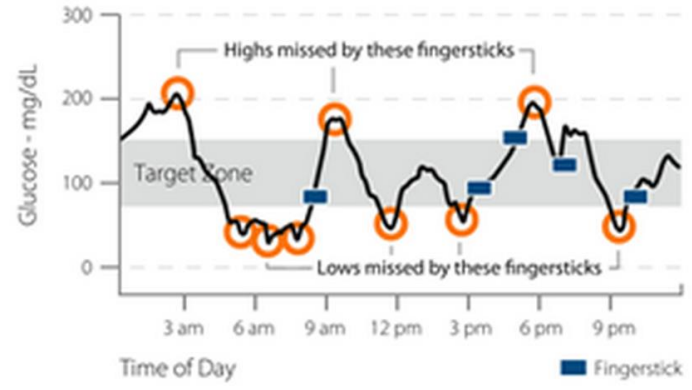
- Continuous glucose monitoring (CGM)



Fingersticks Alone



Continuous Glucose Monitoring



Ref: Berget C, et al. The Use of Technology in Managing Diabetes in Youth Part 1—Continuous Glucose Monitoring, *NASN Sch Nurse*. 2020

CGM – CURRENTLY AVAILABLE SYSTEMS



Dexcom

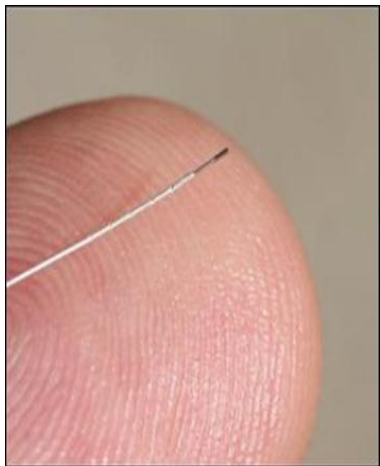


Medtronic
Gaurdian



FreeStyle Libre

DEXCOM G6



**Sensor +
Algorithm**

**Factory calibrated
10 Day Session
Acetaminophen blocking**



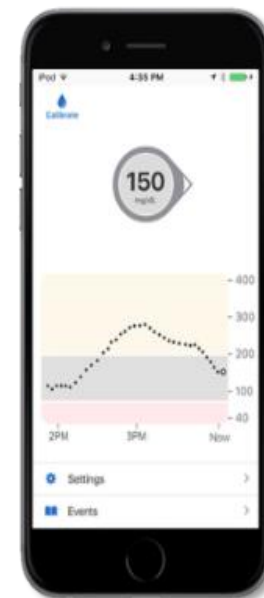
Applicator

**Push Button
Sensor Applicator**



Transmitter

**BLE - 20 Foot Range
3 Month Life**



Apps



**Dexcom G6 App
Urgent Low Soon Alert
Remote Monitoring
Clarity**

Ref: <https://www.dexcom.com>

DEXCOM G7



Applicator

Contains an all-in-one disposable wearable with three-step insertion¹



Sensor

Smaller sensor with integrated, single-use transmitter¹



Dexcom G7 App

New, intuitive app design with simplified onboarding with customizable options to make alarms discreet and actionable^{1,2,*}



Dexcom G7 Receiver

Redesigned optional receiver that is smaller with a more vibrant, easy-to-read display^{1,2}

Ref: <https://www.dexcom.com>

MEDTRONIC GUARDIAN 3, 4



780G Hybrid Automated Insulin Delivery System



- Guardian 3: 2 calibrations/day
- Guardian 4: factory calibrated

Ref: <https://www.medtronicdiabetes.com/products/guardian-connect-continuous-glucose-monitoring-system>

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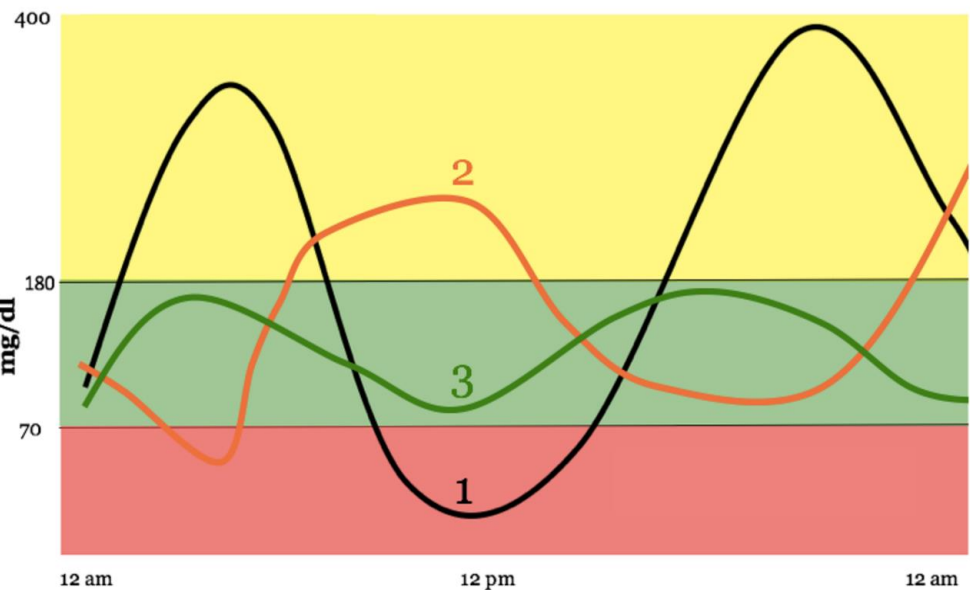
ABBOTT FREESTYLE LIBRE 1, 2, 3

- Libre: Flash Glucose Monitor (FGM) / Intermittently scan CGM (isCGM)
- Libre 2: isCGM w/ optional, real-time alarms
- Libre 3: real-time CGM



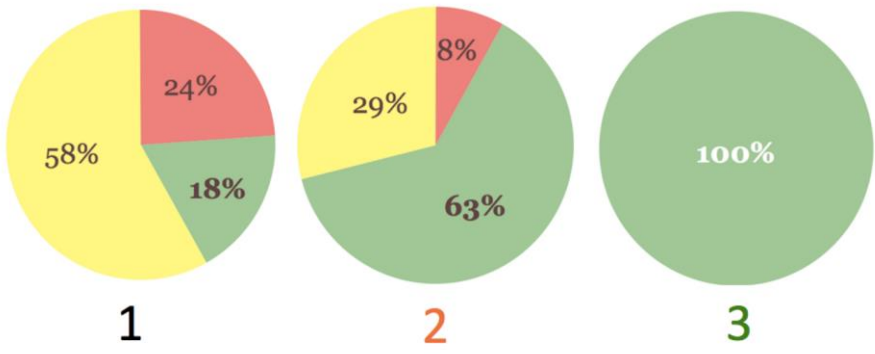
Ref: <https://www.freestyleprovider.abbott>

PERSONALIZING DIABETES CARE: GLYCEMIC OUTCOMES BEYOND A1C



The Many Faces of a 7% A1c

Time spent **HIGH** **IN RANGE** **LOW**



Credit: Adam Brown, diaTribe Foundation.

<https://diatribe.org/BeyondA1c>



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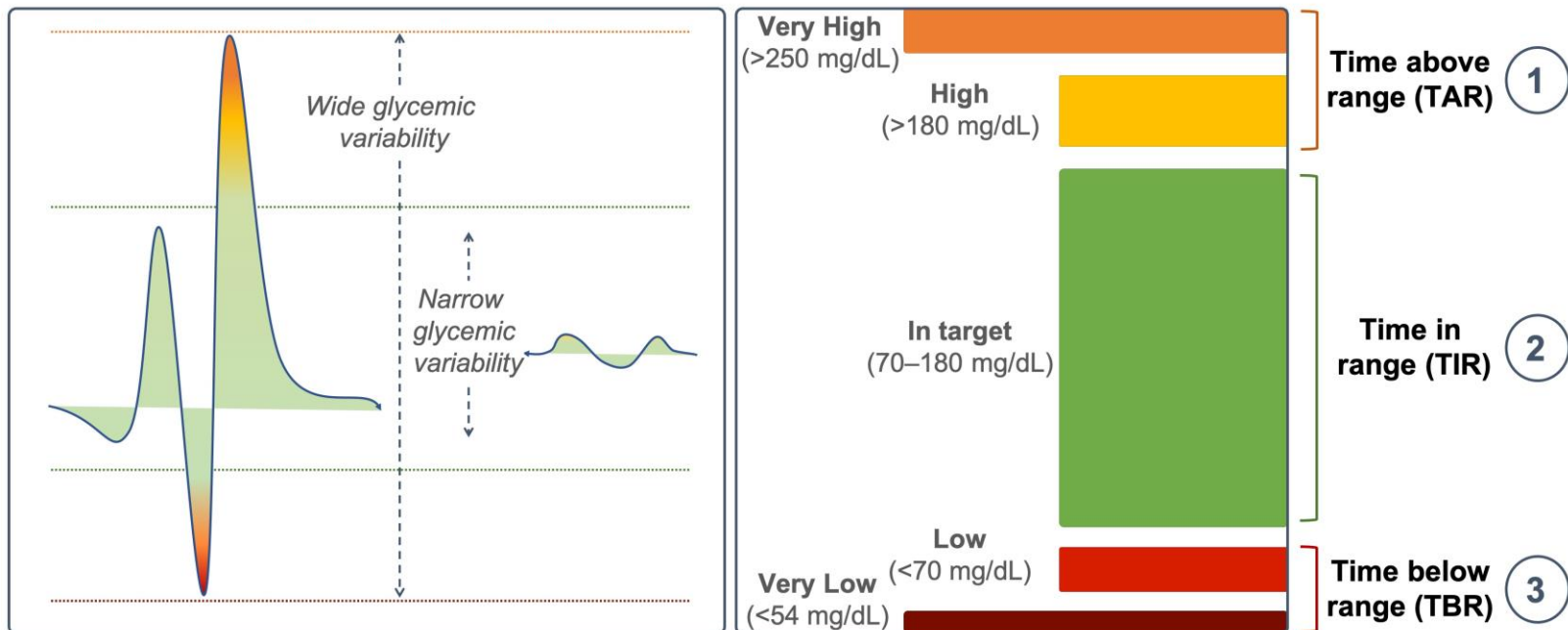


Beyond A1C: A Practical Approach to Interpreting and Optimizing Continuous Glucose Data in Youth

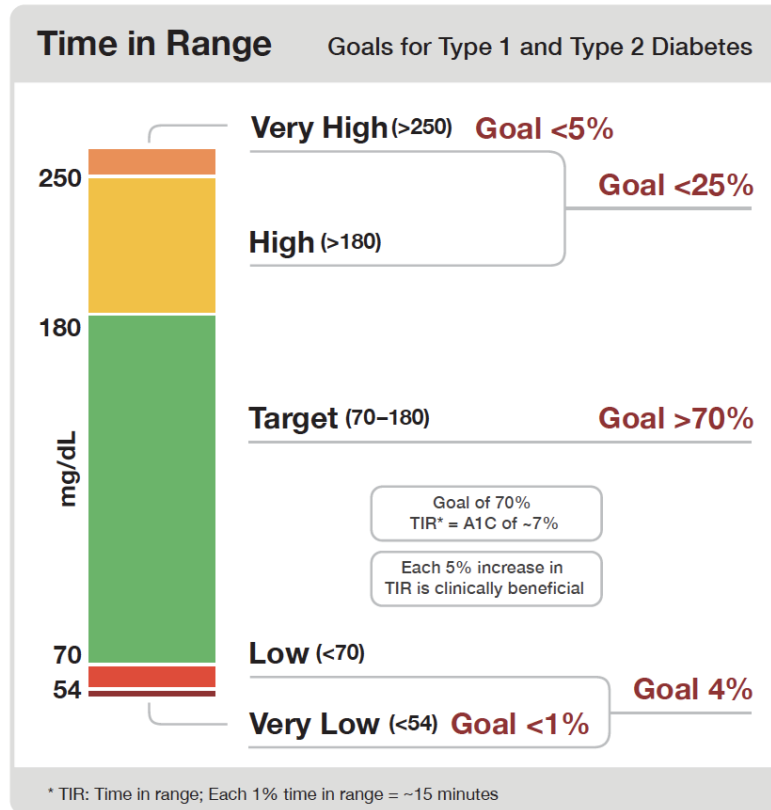
Iman Al-Gadi,* Sruthi Menon,* Sarah K. Lyons, and Daniel J. DeSalvo

Department of Pediatrics, Section of Diabetes and Endocrinology, Baylor College of Medicine and Texas Children's Hospital, Houston, TX

Despite significant pharmacological and technological advances in the treatment of type 1 diabetes, the majority of youth in the United States do not meet the American Diabetes Association's recommended A1C goal. Understanding and managing glycemic variability is important in children and adolescents. Because A1C provides an incomplete picture of day-to-day glycemic fluctuations, continuous glucose monitoring (CGM)-derived metrics are a promising addition to address glycemic management challenges in youth with diabetes. In this article, we discuss how to develop practical strategies to optimize the use of CGM in the pediatric population, interpret the valuable data it provides, and develop personalized and actionable treatment goals.



Standard Continuous Glucose Monitoring (CGM) Report



Patient Data

Days Worn: _____ Recommend 14 days

Time CGM Active: 70% of data from 14 days

Glucose Metrics

Average Glucose..... Goal <154 mg/dL

Glucose Management.....Goal <7%
Indicator (GMI)

Glucose Variability..... Goal ≤36%
Defined as percent coefficient of variation

Safe at School®: Guidance for the Use of Continuous Glucose Monitoring in the School Setting

- DMMP is key!
- Low / high alerts
- Meal bolus, activity
- *Remote Monitoring: school nurse, trained staff, and/or parents (requires clear communication plan)



**The school nurse and 504 team, including the parent/guardian, should discuss each student's needs and determine if remote monitoring is necessary based on the DMMP/provider's orders.*

Ref: www.diabetes.org/safeatschool

TREND ARROWS (DMMP)

“Goal should be to manage diabetes needs while also promoting student well-being and minimizing interruptions in the school day.”

TREATMENT OF HYPOGLYCEMIA UTILIZING CGM: SCHOOL AGE

CGM SYMBOLS		<70	70-100	101-120	121-150	
	→	FOLLOW RULE OF 15	OBSERVE	OBSERVE	OBSERVE	→
	↘		Check BG Give 5 GM	OBSERVE	OBSERVE	↘
	↓		Check BG Give 5 GM	Check BG Give 5 GM	OBSERVE	↓
	↓↓		Check BG Give 10 GM	Check BG Give 10 GM	Check BG Give 5 GM	↓↓

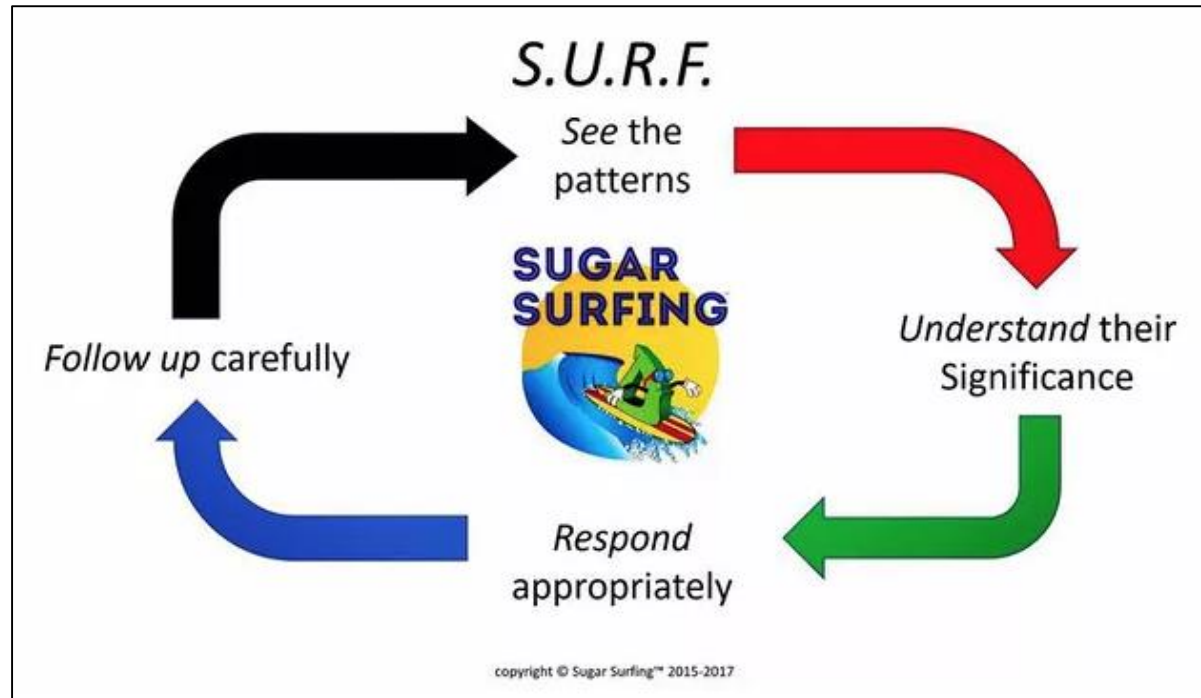
*BG = BLOOD GLUCOSE (BLOOD SUGAR)

*GM = GRAMS

Ref: www.diabetes.org/safeatschool

SUPPORTING STUDENTS ON CGM

- Avoid overreacting to highs and lows
- CGM as learning tool



Ref: Stephen Ponder, MD. *Sugar Surfing: How to manage type 1 diabetes in a modern world.* 2015

CGM SUPPLIES IN SCHOOL

- If CGM falls off, school nurse can help place the pieces in sealable plastic bag to be sent home
- Use back-up meter as needed
- Student's DMMP may allow student to replace a new sensor

Type 1 Diabetes
Rescue Boxes for
Back to School




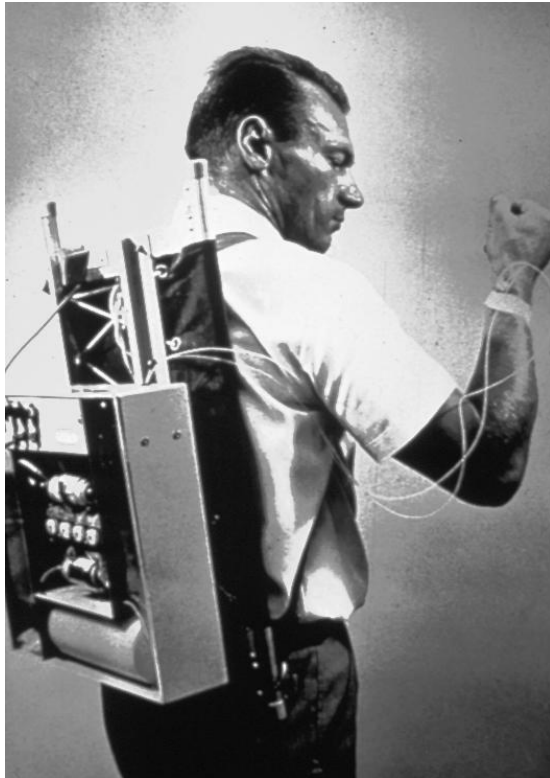
Tips and Tricks from Parents

Ref: www.diabetes.org/safeatschool

Ref: <https://something2offer.com/type-1-diabetes-rescue-boxes-for-back-to-school/>

PEDIATRIC DIABETES & ENDOCRINOLOGY

INSULIN PUMP TECHNOLOGY LANDSCAPE



Medtronic



Tandem



Omnipod



Beta Bionics

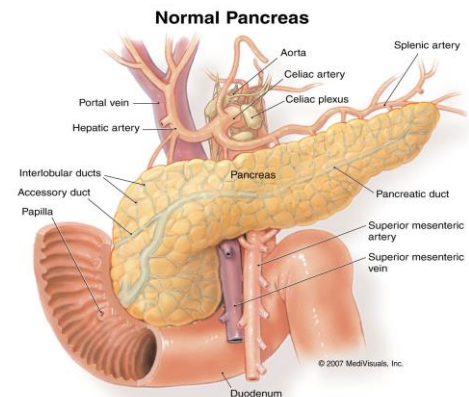
Ref: Kadish. *Am J Med Electronics*. 1964

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INSULIN REGIMEN – ACT LIKE A PANCREAS

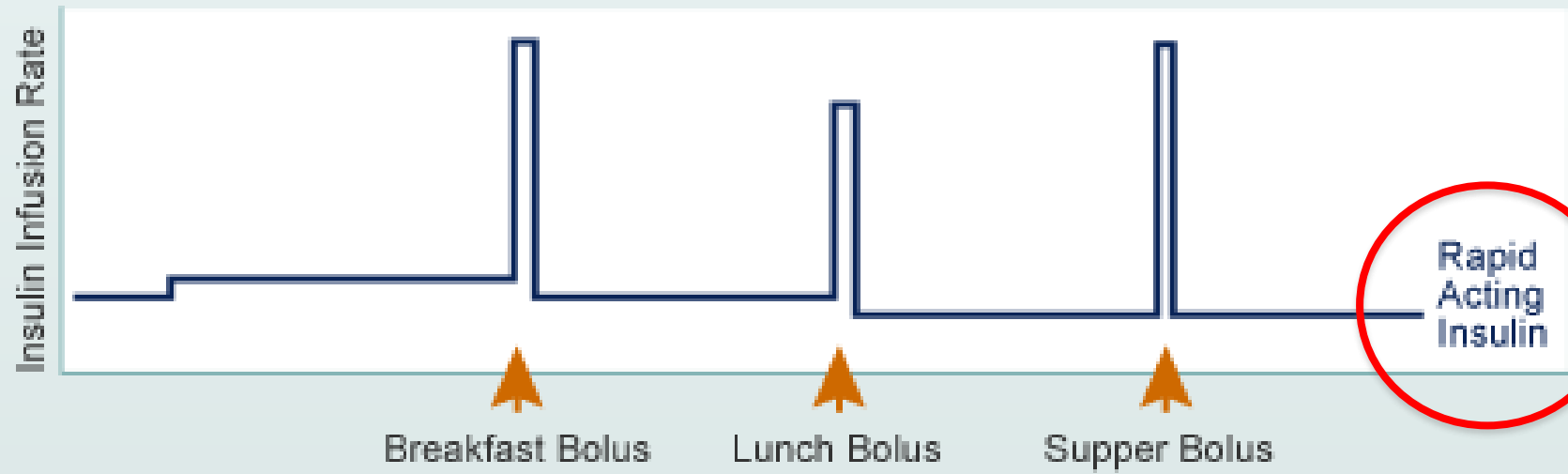
GOAL: mimic the function of the pancreas with basal and bolus insulin

- Basal: insulin required in fasting in order to cover glucose released by liver
- Bolus: insulin required to cover carbohydrates or to correct a high blood glucose
- Goal range: 70-180 mg/dl

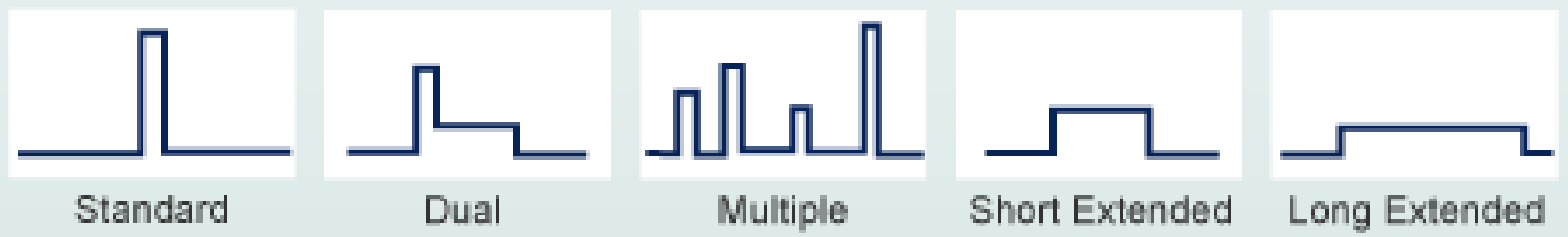


INSULIN REGIMEN WITH PUMP

Insulin Regimen with an Insulin Pump (CSII)



Examples of different meal bolus profiles with an insulin pump



BOLUS CALCULATOR

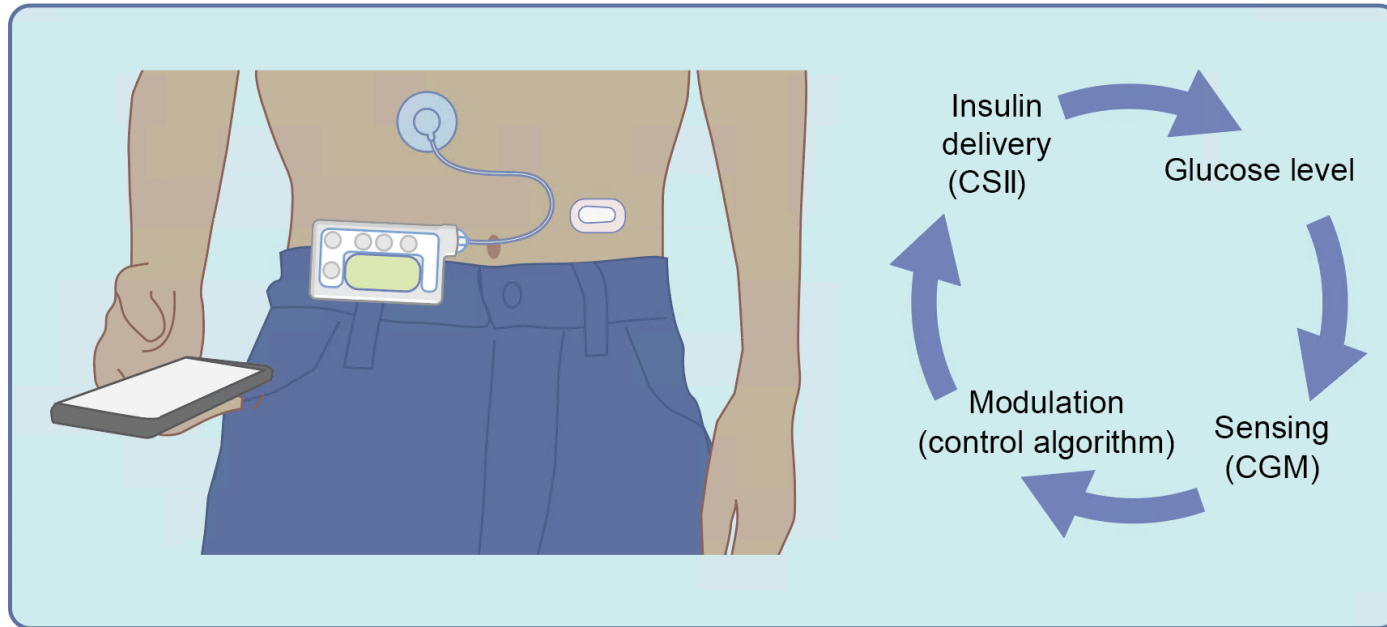
- Enter carbs (grams) and/or glucose level and pump will calculate bolus dose
 - Keeps track of insulin onboard (IOB)



Image credit: www.tandemdiabetes.com

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CLOSED-LOOP, AUTOMATED INSULIN DELIVERY (AID)

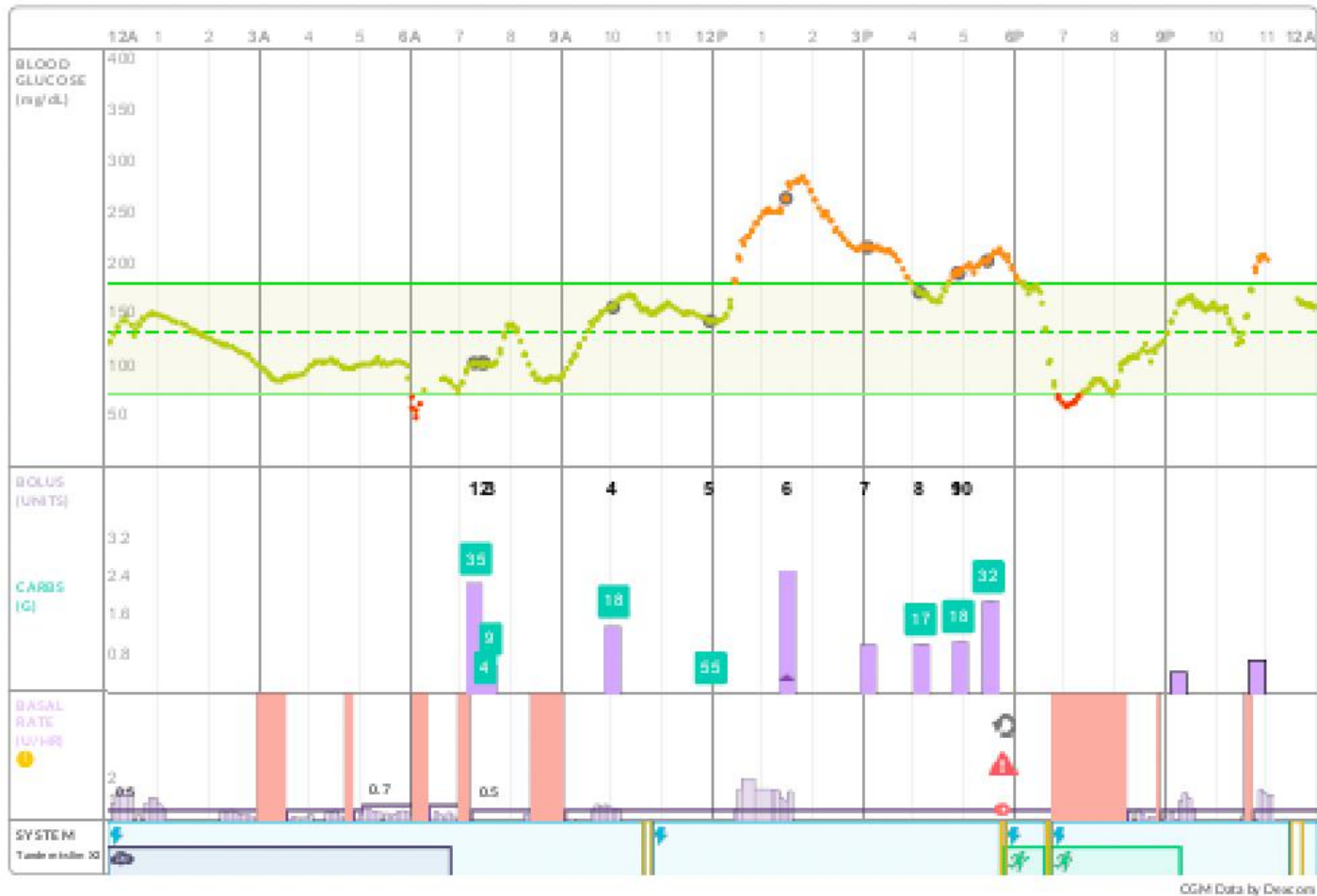


- AID systems sense changes in glucose (via CGM) and adjust insulin delivery in pump via control algorithm
 - Still need to enter carbs to bolus before eating

Ref: Boughton C and Hovorka R. *Diabetologia*, 2021

AID SYSTEM IN ACTION

Sep 2, 2021



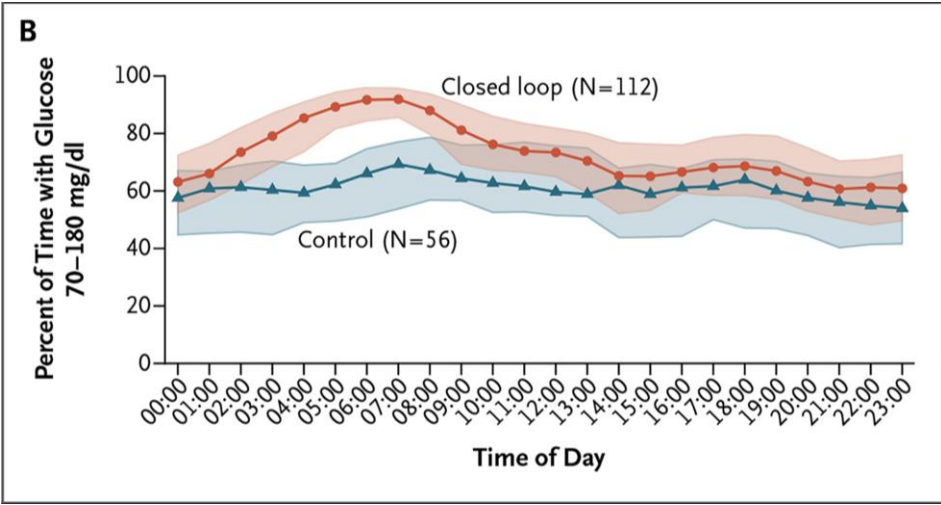
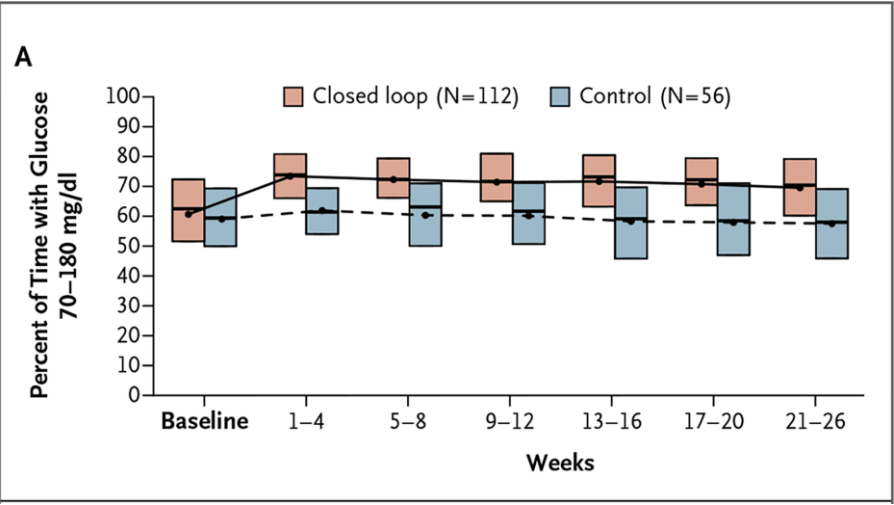
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AID SYSTEMS → INCREASE TIME-IN-RANGE

Control-IQ Pivotal Trial Data (N=168, age 14-71y with T1D)



Trifecta w/ HCL: 1) lower A1c, 2) more TIR, 3) less hypoglycemia

Ref: Brown SA et al. *N Engl J Med.* 2019

GREAT WAY TO START THE DAY!



Image: Omnipod 5 Pivotal trial participant

5-020-001 0.00 U →	ACR 121 mg/dL CGM 07:09 AM
5-020-002 0.00 U →	LAG 119 mg/dL CGM 07:16 AM
5-020-003 0.00 U →	GRH 104 mg/dL CGM 07:13 AM
5-020-004 0.00 U →	AGH 104 mg/dL CGM 07:10 AM
5-020-005 0.00 U →	KMD 97 mg/dL CGM 07:16 AM
5-020-006 0.00 U →	TDB 108 mg/dL CGM 07:12 AM

5-020-007 0.00 U →	JJB 113 mg/dL CGM 07:14 AM
5-020-008 0.00 U →	LWM 101 mg/dL CGM 07:13 AM
5-020-009 3.59 U →	MCS 119 mg/dL CGM 07:13 AM
5-020-010 0.21 U →	ARH 99 mg/dL CGM 07:11 AM
5-020-012 0.00 U ↗	IMM 106 mg/dL CGM 07:16 AM

IMPACT OF AID SYSTEMS TO CHILDREN AND CAREGIVERS

Pros

- Burden of care lifted to large degree
- Improved control (↓A1c, ↑TIR, ↓hypo)
- Less nighttime worry
- Great start to the day

Cons

- Not a cure
- Still have to wear devices
- Not yet fully automated
- Cost, coverage, and access issues

C|A|R|E|S Framework

standardizes and streamlines key points for clinicians.



C | Calculate

How does the algorithm **calculate** insulin delivery?

Which components of insulin delivery are automated (e.g. basal suspensions, basal modulation, high glucose corrections, food boluses, etc.)?

A | Adjust

Which pump settings can be **adjusted** when using AID*?

Which parameters can be adjusted to influence insulin delivery during automation (e.g. carbohydrate ratios, insulin action time, basal rates, sensitivity factors)?

Which parameters are fixed?

R | Revert

When will the system **revert** from AID* to Manual Mode / no automation?

E | Educate

What are the key **education** points for the advanced diabetes device (e.g. essential training, tips & tricks, best practices, etc.)?

How does the user optimize time using the automated features?

Where can users and clinicians find additional education?

S | Sensor/ Share

What are relevant **sensor** characteristics for each device (e.g. calibration and therapeutic blood glucose requirements, duration of sensor wear, etc.)?

What are the system capabilities for remote monitoring and cloud-based data **sharing**?







Ref: Messer et al. *Diabetes Technol Ther.* 2019

www.pantherprogram.org

TANDEM T:SLIM X2 W/ CONTROL-IQ

- Tandem t:slim X2 pump
- Control-IQ algorithm
- CGM options:
 - Dexcom G6, G7
 - Libre 2 Plus

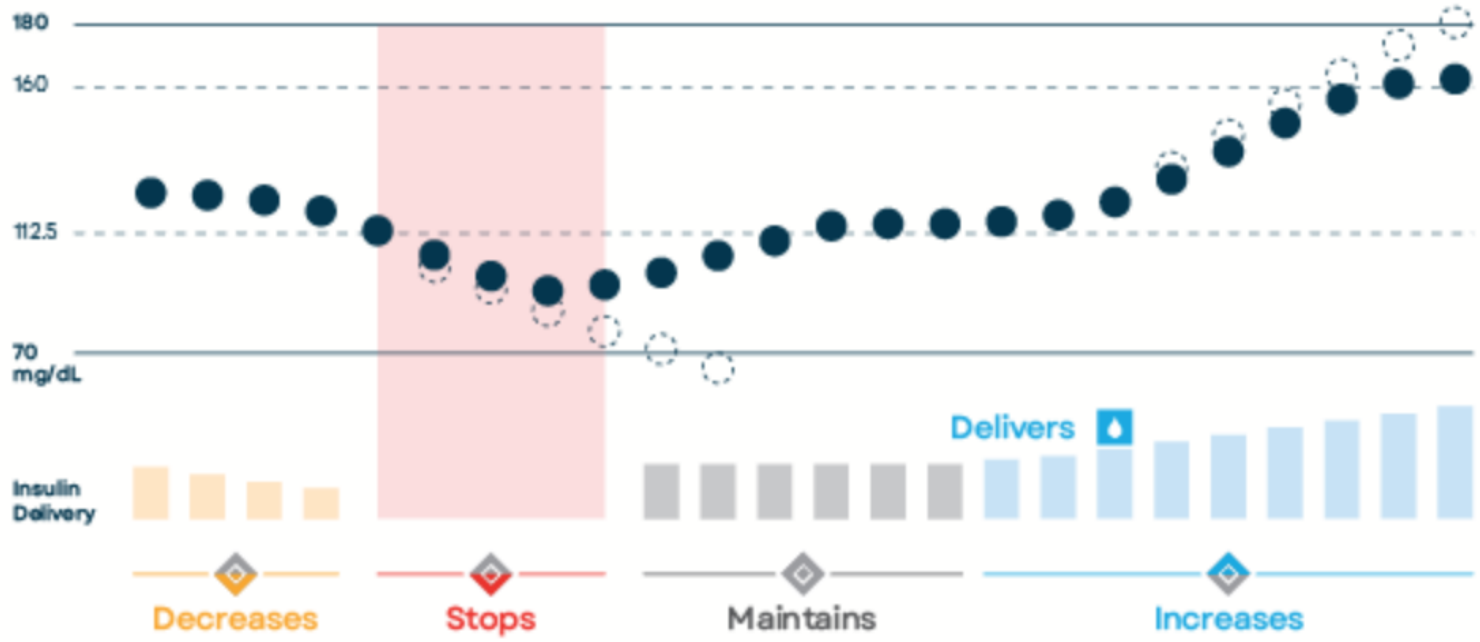


180	  Delivers	Delivers an automatic correction bolus if sensor glucose is predicted to be above 180 mg/dL
160	 B Increases	Increases basal insulin delivery if sensor glucose is predicted to be above 160 mg/dL
112.5	 B Maintains	Maintains active Personal Profile settings
70 mg/dL	 B Decreases	Decreases basal insulin delivery if sensor glucose is predicted to be below 112.5 mg/dL
	 0 Stops	Stops basal insulin delivery if sensor glucose is predicted to be below 70 mg/dL


Ref: www.tandemdiabetes.com

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CONTROL-IQ ALGORITHM



Helps Prevent Lows
Decreases or stops basal insulin if sensor glucose is predicted to be low.

Helps Prevent Highs
Increases basal insulin and delivers automatic correction boluses* () if sensor glucose is predicted to be high.

 Predicted Glucose Levels

Image credit: www.tandemdiabetes.com

MEDTRONIC MINIMED 780G

MiniMed 780G pump with Guardian 4 CGM with *SmartGaurd* algorithm

- Flexible target 100, 120, or 150
- Meal detection technology w/ auto bolus
- 7-day extended infusion set



Ref: <https://www.medtronicdiabetes.com>

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MINIMED 780G SMARTGUARD TECHNOLOGY

SmartGuard™ technology helps prevent highs and lows^{1,2}

Helps prevent highs^{1,2}
Gives you more insulin if you're trending high*

Helps prevent lows^{1,2}
Gives you less insulin if you're trending low*



Auto corrects highs early, before they occur^{1,2}
Adjusted, small auto correction dosing up to every 5 minutes*

Ref: <https://www.medtronicdiabetes.com>

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OMNIPOD

- Tubeless, waterproof POD holds up to 200 units
- PDM: controller for commanding bolus, temp basal, changing settings

OMNIPOD EROS/CLASSIC



OMNIPOD DASH



Ref: <https://www.omnipod.com/hcp>

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OMNIPOD 5 AID SYSTEM

Tubeless Pod w/ integrated control algorithm



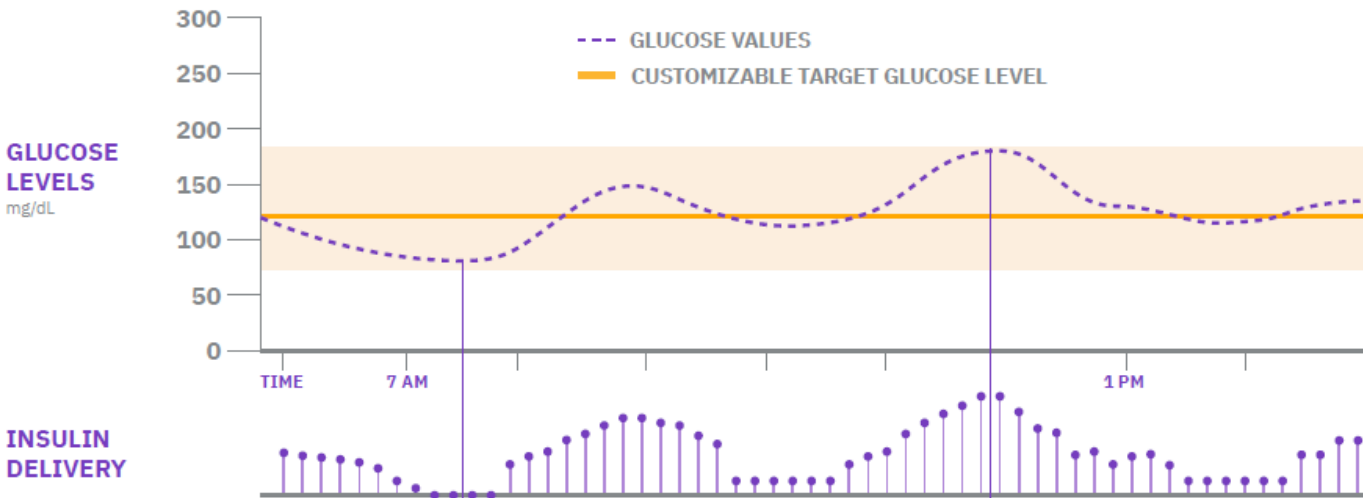
- + **Wearable** – tubeless, insulin-filled Pod communicates directly with Dexcom G6 sensor (continuous glucose monitor)
- + **Algorithm is built into the Pod** – automated insulin delivery can continue without the handheld controller nearby
- + **Omnipod 5 App** is used to start and stop Automated Mode, deliver boluses, view data, and change settings
- + **Customizable glucose targets** from 110-150 mg/dL in 10 mg/dL increments, adjustable by time of day
- + **Activity** feature for times of reduced insulin needs, such as exercise

Ref: <https://www.omnipod.com/hcp>

PEDIATRIC DIABETES & ENDOCRINOLOGY

OMNIPOD 5 AUTOMATED MODE

HOW IT WORKS



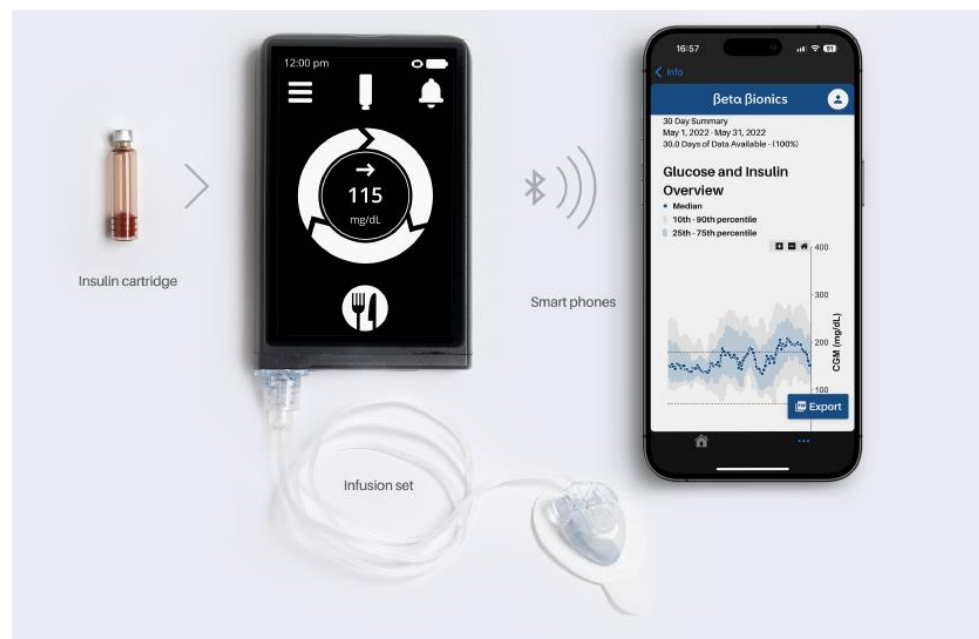
HELPS PROTECT AGAINST LOWS*
When your levels are dropping, SmartAdjust™ technology automatically decreases or pauses insulin delivery.

HELPS PROTECT AGAINST HIGHS*
When your levels are rising, SmartAdjust™ technology automatically increases insulin delivery.

Ref: <https://www.omnipod.com/hcp>

BETA BIONICS - ILET BIONIC PANCREAS

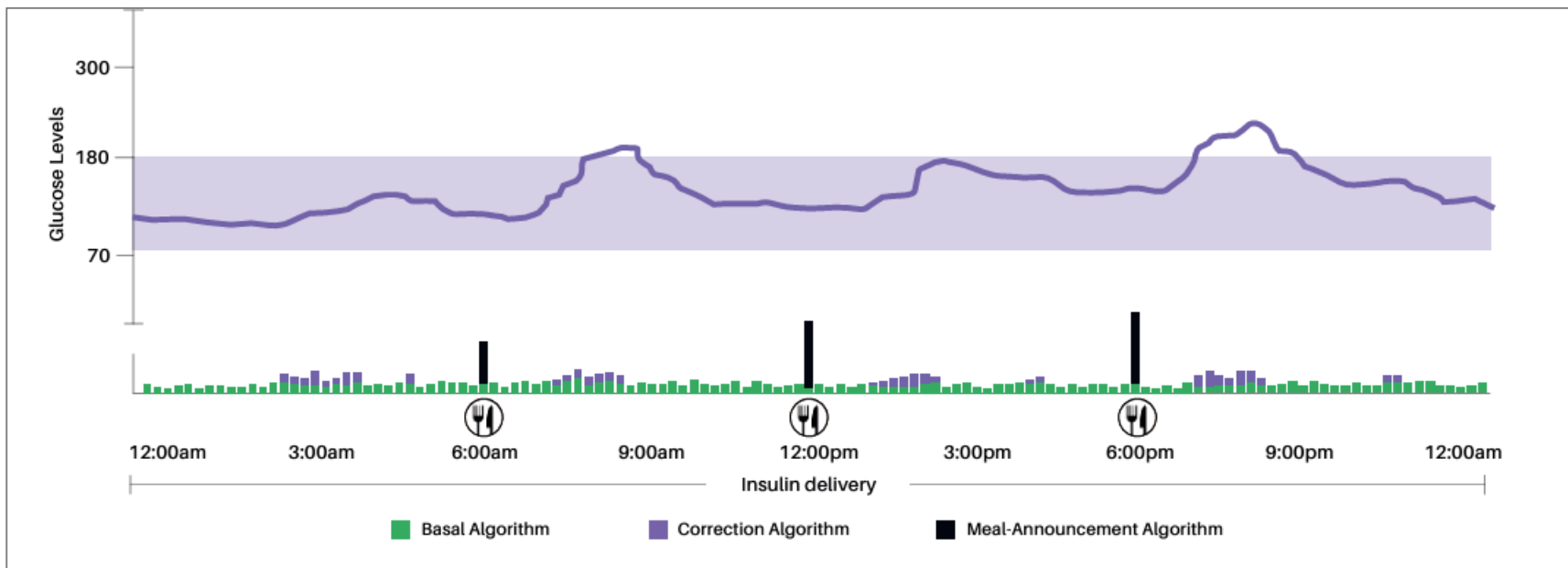
- Only parameter required is weight (kg)
- No bolus or basal settings
- 3 target options: usual, lower, higher
 - Sleep target
- Meal announcement: “usual”, “more than usual”, “less than usual”



Ref: <https://www.betabionics.com/hcp>

ILET ALGORITHM

- Basal modulation
- Auto correction
- Meal-announcement

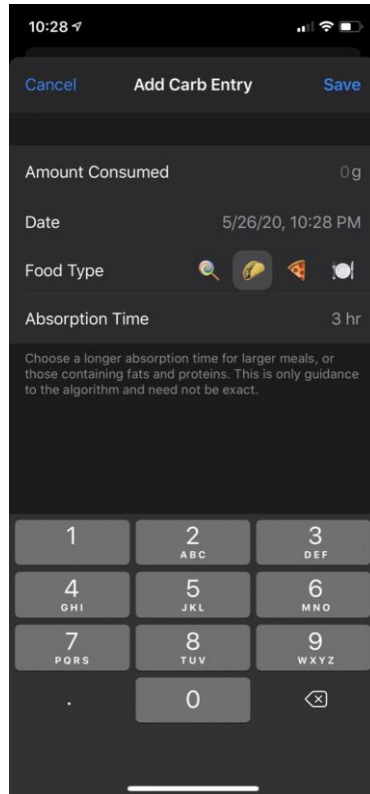


Ref: <https://www.betabionics.com/hcp>

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DIY LOOP

The Loop app is an open-source DIY iPhone app with AID algorithm



Ref: <https://loopkit.github.io/loopdocs/>

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TIDEPPOOL LOOP

TIDEPPOOL

Product

News and Announcements

Tidepool Loop

Tidepool Loop has received FDA Clearance!

3 minute read min read



Written by Howard Look on January 24, 2023



Tidepool Loop is not cleared for use in the US or outside of the US. Displayed is a conceptual rendering of a product in development.

Ref: <https://www.tidepool.org/tidepool-loop>

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INSULIN PUMP IN THE SCHOOL SETTING

- School nurse and/or designated staff should be trained on pump
- Ensure pump supplies are available
- Back-up plan for “pump failure” in DMMP



School Nurse Pump Training Skills Checklist

This checklist was designed for school nurses who provide care for students with diabetes on insulin pumps. The school nurse and/or designated school employees should be trained to perform the skills listed below. As always, diabetes management needs should be individualized according to each student's Diabetes Medical Management Plan (diabetes.org/dmmp) or provider orders.

- How to give a food bolus
- How to give a correction bolus
- How to give a combined food + correction bolus
- How to review the bolus history
- How to do a temporary basal
- How to suspend pump
- How to change a battery or charge a pump
- The number for technical support: _____
- The number for medical support: _____
- When to check for ketones
- When to call for medical intervention
- Plan for pump or site failure

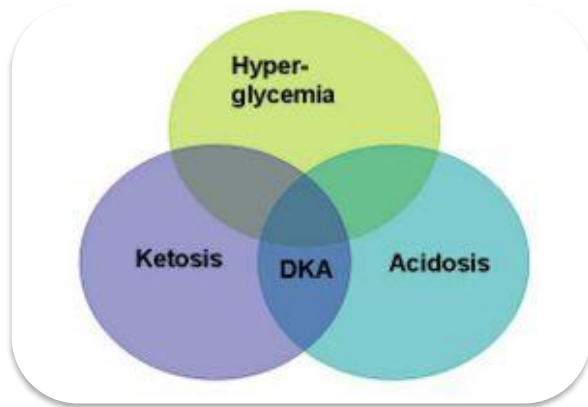
Optional features that may need reviewed if being utilized:

- How to use the remote meter
- How to lock and unlock the device
- How to calibrate with sensor integration



Ref: www.diabetes.org/safeatschool

PRECAUTIONARY AREAS WITH INSULIN PUMPS



“Pump failure” resulting in hyperglycemia, ketosis and/or DKA if insulin infusion is interrupted

*Occlusion/infusion set failure



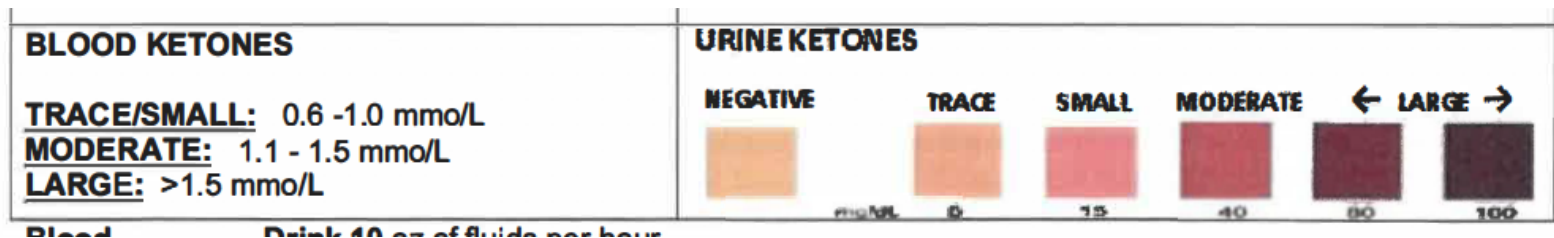
Lipohypertrophy if infusion sites are not properly rotated



Infusion site reactions (rash/skin irritation) or infections

TREATING “PUMP FAILURE”

- Use the mnemonic **KISS**.
- **K** – Check for **Ketones** for unexplained, prolonged hyperglycemia
- I** – Give insulin by **Injection** (using an insulin pen or syringe – not through the pump)
- S** – Change the infusion **Set**
- S** – Follow blood **Sugar** closely



PUMP & CGM WITH PHYSICAL ACTIVITY

CGMs and insulin pumps can help students with T1D participate safely in PE, sports, and school sponsored events

Table 1. Quick Tips for Using CGM/Pumps With Physical Activity

Have a plan for monitoring sensor glucose levels preexercise, during exercise, and postexercise
Set CGM predictive alerts
Have diabetes supplies including fast acting sugar, blood glucose meter, tape to reinforce CGM sensor/pump infusion site
Adjust basal insulin on pump per DMMP (usually preexercise)
If student disconnects from pump during exercise, keep pump safe and available. Will need to reconnect in at least 2 hours.
Maintain hydration (support CGM sensor reading)
If student's symptoms do not match CGM readings or the glucose levels are rapidly changing—check blood glucose levels by finger stick.
Continue to monitor glucose levels postexercise, up to 24hrs depending on degree of exercise

Note. CGM = continuous glucose monitoring; DMMP = Diabetes Medical Management Plan.

Ref: Wycoff L, et al. The Use of Technology in Managing Diabetes in Youth Part 3—*Integration Into the School Setting*, *NASN Sch Nurse*. 2020

Modern diabetes devices in the school setting: Perspectives from school nurses

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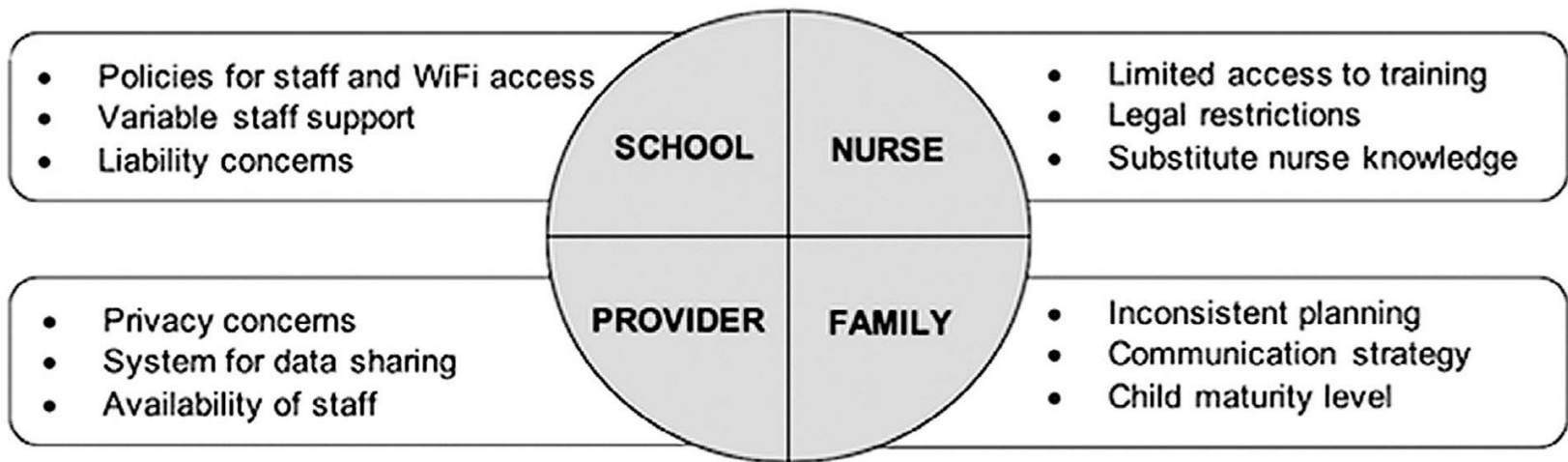
Interviews with 40 school nurses (elementary and middle schools) revealed 4 major themes:

1. School nurses desire more training on diabetes devices
2. Enthusiastic about devices but concerns about implementation
3. Collaboration between school nurses and clinicians varies widely
4. Barriers to integrating devices into school setting

Ref: March CA et al. *Pediatric Diabetes*. 2020

BARRIERS TO DIABETES TECH IN SCHOOL

School nurses perceived barriers to integrating diabetes tech in the school setting:



Ref: March CA et al. *Pediatric Diabetes*. 2020

INSULIN PUMP RESOURCES FOR SCHOOL NURSES

Seek out training to update your skills and gain knowledge about diabetes technology

Table 2. Insulin Pump Resources for School Nurses

Helping the student with diabetes succeed: A guide for school personnel: https://www.niddk.nih.gov/health-information/professionals/clinical-tools-patient-management/diabetes/helping-student-diabetes-succeed-guide-school-personnel
ADA school nurse pump training skills checklist (https://www.diabetes.org/sites/default/files/2019-11/school-nurse-pump-training.pdf)
The Minimed 670G system school nurse guide (https://s3.amazonaws.com/medtronic-hcp/MiniMed-670G-System-School-Nurse-Guide.pdf)
Medtronic 670G: Information for school nurses (1-page guide; http://www.coloradokidswithdiabetes.org/wp-content/uploads/2013/07/Medtronic-670G-School-RN-Final.pdf)
T: Slim X2 Insulin Pump: Information for School Nurses (1-page guide comparing Basal IQ and Control IQ; http://www.coloradokidswithdiabetes.org/nurse-files/)
Insulet Omnipod Education Resources (https://www.myomnipod.com/podder-support/resources-troubleshooting/caregiver-guide)
Tandem Control IQ: Link to Control-IQ online training for healthcare professionals (https://cloud.scorm.com/sc/InvitationConfirmEmail?publicInvitationId=78da4159-4546-4152a53e494d203c86e2&mkt_tok=eyJpIjoiWkRGaU1tVTBpV1kwVWdFMylsInQiOiJFSkhGaUx0VFVxV0h5NUNxvTFLbTUyWfo3S3d3b1FpTm10WjFik3F3Z3hNT21rYnJ2enZVXC9zSWRqQ0NFXC9DQWtBVXVYRHdlbjdCWUNTMGZ5N3QxdWI5WUgraWpXZmRoeTVsZlg1NEErTUhqRzdvdK1I4ZTI2M2IIMG1sekw4WEICln0%3D)

Ref: Berget C, et al. The Use of Technology in Managing Diabetes in Youth Part 2—Insulin Pump Technologies, *NASN Sch Nurse*. 2020

ADDITIONAL REFERENCES

- ADA Training Resources for Schools: <https://diabetes.org/advocacy/safe-at-school-state-laws/training-resources-school-staff>
- ADA Safe At School's *Helping the Student with Diabetes Succeed: A Guide for School Personnel*, 2020.
- ADA Safe At School's *Recommendations for use of continuous glucose monitoring in the school setting*, Sep 2023.
- Berget C and Wykoff L. Use of Technology in Managing Diabetes in Youth, *NASN School Nurse*, March 2020.
 - Part 1 – Continuous Glucose Monitoring: Information and Tips for the School Nurse
 - Part 2– Insulin Pump Technologies: Information and Tips for the School Nurse
 - Part 3– Special Considerations: Integration Into the School Setting
- March CA, et al. Modern diabetes devices in the school setting: Perspectives from school nurses. *Pediatric Diabetes*, August 2020.



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COMMENTS/QUESTIONS?