

HOW TO HANDLE DIABETES (JUVENILE) IN CLASSROOM?

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Abstract

Juvenile diabetes or Type 1 diabetes is one of the most dreadful chronic diseases in children. In juvenile diabetes β -cells of the pancreas are destroyed due to autoimmune mechanism, which seriously hampers the insulin production. Currently, there is no known cure for diabetes.

Keywords: Juvenile diabetes, role of school teachers.

1. INTRODUCTION

Juvenile diabetes is a major chronic disease with an incidence ranging from 64/100000 to 0.1/100000 per year in different countries. (Craig ME 1999). It is now more commonly called type 1 diabetes. It is a syndrome with disorder metabolism and inappropriately high glucose level due to deficiency of insulin secretion in pancreas.

Normally, the pancreas produces right amounts of insulin to accommodate the quantity of sugar. However in diabetes child, pancreas produces little or no insulin. Glucose levels increases in blood, overflow into the urine and pass from the body unused. Diabetes is associated with major complications involving many organs including heart, eyes, kidneys and nerves if the blood sugar is poorly controlled over a long period of time. High blood sugar can permanently damage nephrons which can cause the kidneys to fail (Beaser 1995). Consistent high blood sugar has adverse effects on nerves (Neuropathy). This problem is delayed by keeping blood glucose under strict control (Milchovich and amp: Dunn- Long, 1999)

The exact causes of Juvenile diabetes is still unclear however, it is believed that it results from an infection or toxins to person whose immune system genetically predisposed to develop an aggressive autoimmune response. It is not caused by obesity or eating excessive sugar. It is symptomized by frequent urination, extreme hunger, unexplained weightless, fatigue and weakness, numbness in the hands and feet, lethargy, fruity odour on breath.

2. Importance of teacher in juvenile diabetes management

Classroom teacher have responsibilities far more than just 'teaching the subject'. Teacher is the only person in the classroom for hours each day and is responsible for welfare of students. So, when a student is diagnosed or when a diabetic child enrolls in the school, it is the parents' or guardians' responsibility to let school authorities know of the condition and what needs to be done to help the child from running blood glucose too low or too high. Teachers also play an important part in ensuring the safety of student with diabetes not only in the classroom but on the playground, on school trip and in sports activities. Following are a few guidelines which should be followed by teachers in different situations:

- **Hypoglycemia and hyperglycemia:** Children with low blood sugar behave erratically sometimes, act sleepy, feels hungry and shaky. Teacher should get training about these situations. This condition must be treated immediately by giving child foods with simple sugars. Child should get proper attention because the child can lose consciousness. Never send such child to clinic alone in hyperglycemic situation. Child should be allowed free access to water and washroom.
- **Behavioral changes in diabetic child:** Sometimes children with diabetes pretend to feel low or high to get out of the classroom for activity. Such problems should be discussed with their parents.
- **Insulin injections:** Children should be permitted to check their blood glucose whenever and wherever they want. Child who inject insulin before lunch might need a little extra time before lunch to accommodate their injections. Many kids now use insulin pump. Class teacher should have idea about the doses, time and frequency of insulin. They should be well informed by the parents.
- **Meal planning:** Parents should provide instructions to teacher about meal plan and about what foods must be allowed and avoided. Teachers must allow kids with diabetes to eat snacks when prescribed by their doctor.
- **Exercise:** Physical education teachers and athletic coaches should consider keeping a supply of emergency glucose on hand to treat hypoglycemia. Parent can provide glucose tablets.

REFERENCES

- [1] Sue K Milchovich And amp; Barbara Dunn – Long (1999) Diabetes Mellitus –A practical handbook Palo Alto :Bull Publishing Company.
- [2] Criag M ,Hattersley A, Donaghue K, Definition,Epidemiology and classification Global IDF /ISPAD Guidelines for diabetes in childhood and Adolescence 2011:8-16, ispad ;2011
- [3] Richard SBeaser (1995)The joslin Guide to diabetes –Program for managing your treatment New York simon and amp ;Schuster.



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