

INFORMATION FOR THE SITTER OR GRANDPARENT

Our child, _____, has diabetes.

Children with diabetes are generally normal and healthy. In a child who has diabetes, sugar cannot be used by the body because the pancreas no longer makes the hormone insulin. Because of this, daily insulin injections or an insulin pump are needed. Diabetes is not contagious. Caring for a child with diabetes does require some extra knowledge.

LOW BLOOD SUGAR

The only emergency that could come on quickly is LOW BLOOD SUGAR (otherwise known as “hypoglycemia” or an “insulin reaction”). This can occur if the child gets more exercise than usual or does not eat as much as usual. *The warning signs of low blood sugar vary (see Chapter 6) but may include any of the following:*

1. Hunger
2. Paleness, sweating, shaking
3. Eyes appear glassy, dilated or “big” pupils
4. Pale or flushed face
5. Personality changes such as crying, being unreasonable or stubborn
6. Headaches
7. Inattention, drowsiness, sleepiness at an unusual time
8. Weakness, irritability, confusion
9. Speech and coordination changes
10. If not treated, loss of consciousness and/or seizure

The signs our child usually has are: _____

Blood Sugar: With hypoglycemia, it is ideal to check the blood sugar, if this is possible (even if the child has a continuous glucose monitor [CGM] device). It takes 10-15 minutes for the blood sugar to increase after taking liquids with sugar. Thus, the blood sugar can even be done after taking sugar. If it is not convenient to check the blood sugar, go ahead with treatment anyway.

Treatment: Give SUGAR (preferably in a liquid form) to help the blood sugar rise.

You may give any of the following:

1. One-half cup of soft drink that contains sugar – **NOT a diet soda pop**
2. Three or four glucose tablets, sugar packets or cubes
3. One-half cup of fruit juice
4. LIFE-SAVERS (FIVE or SIX pieces) or other candy that has a low choking risk
5. One-half tube of Insta-Glucose or cake decorating gel (see below)

We usually treat reactions with: _____

If the child is having a low blood sugar and he/she refuses to eat or has difficulty eating, give Insta-Glucose or cake decorating gel (1/2 tube). Put the Insta-Glucose or gel, a little bit at a time, between the cheeks (lips) and the gums and tell the child to swallow. If he/she can't swallow, lay the child down and turn the head to the side so the sugar (glucose) doesn't cause choking. You can help the sugar solution absorb by massaging the child's cheek. Intranasal glucagon (Baqsimi, 3 mg) can be used if gel is not available.

Severe reactions (unconscious, seizure) are rare. Glucagon can raise the blood sugar in 10 to 20 minutes. It can be given by intranasal spray (Baqsimi, 3 mg) or by injection (if you are trained to use the glucagon kit, inject ____ml). See Chapter 6 if more information is needed.

If a low blood sugar (insulin reaction) or other problems occur, please call:

1. Parent: _____ at: _____
2. _____ at: _____
3. _____ at: _____

MEALS, SNACKS AND INSULIN

The child must have meals and snacks on time. The schedule is as follows:

	Time	Food to Give	Insulin to Give
Breakfast	_____	_____	_____
Snack	_____	_____	_____
Lunch	_____	_____	_____
Snack	_____	_____	_____
Supper	_____	_____	_____
Snack	_____	_____	_____

Sometimes young children will not eat meals and snacks at exactly the time suggested. If this happens, DON'T PANIC! Set the food within the child's reach (in front of the TV set often works) and leave him/her alone. If the food hasn't been eaten in 10 minutes, give a friendly reminder. Allow about 30 minutes for meals.

BLOOD SUGARS

It may be necessary to check the blood sugar (Chapter 7) or ketones (Chapter 5).

The supplies we use are: _____

The supplies are kept: _____

Please record the results of any blood sugars or urine ketones.

Time: _____ Result: _____

INSULIN PUMPS

Many young children now receive their insulin via an insulin pump. The depth of knowledge about pumps will depend on the time of stay. At a minimum, you must be able to turn the pump off (or disconnect the tubing) with a low blood sugar and to turn it back on when the blood sugar rises. Also, if a very high blood sugar occurs (\pm ketones), a new infusion set may be needed (or a temporary shot of insulin). Parents often stay in close contact (when possible) to help advise.

If the stay is to be more than a few hours, it may be necessary to know how to approximate the amount of carbohydrates (carbs) to be eaten and to enter the value in the pump. If the blood sugar meter or CGM does not communicate automatically with the pump, the sugar value will also need to be entered. An insulin dose is then suggested by the pump and only needs to be accepted.

SIDE TRIPS

Please be sure that if the child is away from home, with you or with friends, extra snacks and a source of sugar are taken along, as well as a way to check blood sugar.

OTHER CONCERNS: *Concerns that we have are:*

[illegible]

If there are any questions or if our child does not feel well or vomits, please call us or the other people listed above. Thank you.