



Macleod House
10 Parkway
London NW1 7AA

Tel 020 7424 1000
Fax 020 7424 1001

Email info@diabetes.org.uk
Website www.diabetes.org.uk

Information

When a child with diabetes comes to visit

Updated October 2008

Page 1 of 8

This leaflet is designed to offer you guidance and information on looking after a friend or relative's child with diabetes. It does not cover all aspects of diabetes, but it does cover some basic facts that you need to know if a child comes to stay for an evening, a day or a night or two.

It is important that you discuss the contents of the leaflet with the child's parents/carers. You will find sections for the parents/carers to fill in the personal details of their child on pages 4 to 6. If you have any concerns about any issues raised in this information sheet, you should discuss it with the child's parents/carers before they come to stay. Most importantly, a child with diabetes is no different from any other child. With the information from this leaflet we hope you all have a great time together.

What is diabetes?

Diabetes mellitus is a condition in which the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. Glucose comes from the digestion of starchy foods such as bread, rice, potatoes, chapatis, yams and plantain, from sugar and other sweet foods, and from the liver, which makes glucose.

Insulin is vital for life. It is a hormone produced by the pancreas, which helps the glucose to enter the cells where it is used as fuel by the body.

The main symptoms of untreated diabetes are increased thirst, going to the loo all the time to urinate – especially at night, extreme tiredness, weight loss, genital itching or regular episodes of thrush, and blurred vision.

The charity for people with diabetes

Diabetes UK is the operating name of the **British Diabetic Association**
Company limited by guarantee. Registered office: Macleod House, 10 Parkway, London NW1 7AA
A charity registered in England and Wales (no. 215199) and in Scotland (no. SC039136)

Type 1 diabetes develops if the body is unable to produce any insulin. This is the type of diabetes usually found in children. It is treated with a healthy balanced diet, and regular physical activity and by taking insulin using an injection or a pump. This leaflet particularly focuses on children with Type 1.

Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). In most cases this is linked with being overweight. This type of diabetes usually appears in people over the age of 40, though in South Asian and African-Caribbean people it often appears after the age of 25. However, recently, more children are being diagnosed with the condition, some as young as seven. Type 2 diabetes is treated with lifestyle changes such as a healthier diet, weight loss and increased physical activity. Tablets and/or insulin may also be required to achieve normal blood glucose levels.

The main aim of treatment of both types of diabetes is to achieve blood glucose, blood pressure and blood fat levels as near to normal as possible. This, together with a healthy lifestyle, will help to improve wellbeing and protect against long-term complications of diabetes such as damage to the eyes, kidneys, nerves, heart and major arteries.

Food

When a child with diabetes comes to visit, there is no need to worry that you need to give him or her special food. The diet recommended for children with diabetes is based on the healthy, balanced diet recommended for everyone. Choose foods that are low in fat (especially saturated fat), salt and sugar and include plenty of fruit and vegetables in the menu. Regular meals containing starchy carbohydrates (such as bread, yam, potatoes, cereals, rice, chapatis and pasta) are important to help control diabetes. The child may have been advised to eat a certain amount or portion of carbohydrate foods at each meal. S/he may know how much should be eaten but it is advisable to check this with the parents/carers.

Children with Type 1 diabetes will also need to take insulin by an injection or a pump. It works together with the food to help keep blood glucose levels near normal. An injection may have to be taken a short time before eating or soon after food. Extra insulin via the pump is usually given straight after eating. Make sure you have the information you need about timing and quantities from the chart on page 4. The timing of meals is important to make sure that the insulin balances with the carbohydrate eaten. If food is delayed for too long, this could cause low blood glucose levels – hypoglycaemia (hypos) (see pages 5 – 6).

Some children will also need snacks in between meals and at bedtime. Some examples of these are:

- a piece of fruit
- a cereal bar
- toast
- a bowl of cereal
- plain biscuits (eg, hobnobs, flapjacks, digestives, garibaldis)
- malt loaf, scone, crumpet, toasted teacake
- a packet of low-fat crisps or homemade popcorn.

A bedtime snack will help in keeping blood glucose levels stable during the night. If bedtime is later than usual, the child may need another snack.

Diet, sugar-free, no-added sugar or low sugar squashes and fizzy drinks should be available rather than ordinary sugary varieties as these cause blood glucose levels to rise quickly, and therefore are only offered to treat hypos (pages 5 – 6). Intense (artificial) sweeteners can be used in drinks and on cereals.

As with children without diabetes, ordinary sweets and chocolates may occasionally be offered. Similarly, puddings or cake, such as birthday cake, will not do any harm as part of a healthy balanced diet.

It is so important that children with diabetes feel included on occasions such as parties. They should be able to enjoy the same games, eat the same party food and take home the same goodie bags as everyone else. Blood glucose levels will be unpredictable because of all the excitement and activity as well as the different foods.

Key points to remember if you are organising a children's party:

- Sugar-free and low-sugar drinks must be available.
- Starchy carbohydrate foods, such as sandwiches, crisps, chips or potato wedges must be available, and the child with diabetes encouraged to eat some of these.
- You must know how to recognise and treat a hypo (See page 5).
- The parent/carer of the child with diabetes can be contacted if necessary.

'Diabetic' sweets, cakes and chocolate are not recommended as they have no special benefit over ordinary products. They are just as high in fat and calories, can still raise blood glucose levels and can have a laxative effect, especially in children.

Insulin

The child should either be confident to do his/her injections and blood testing or an adult must be trained to do it. Here is a chart to help you keep a record:

Insulin injections for (name of child) _____ are as follows:

(to be completed by the parents/carers)

	Insulin type	Amount (units)
Breakfast dosage		
Lunch dosage		
Dinner dosage		
Bedtime dosage		

Blood testing may be done at various times throughout the day. It is important that the levels are checked before going to bed to make sure that the blood glucose is not too low. The child may also need to test on waking in the morning. It is important to liaise carefully with the child’s parents/carers about blood testing and when it should be done. Some children will need help doing their blood test. The parents/carers will be able to tell you about the normal blood glucose level for their child and the child may also have a good knowledge of this.

Insulin pumps

Insulin pumps deliver a steady flow of insulin around the clock through a fine tube attached to a small cannula that is inserted under the skin. The cannula remains in place for two to three days. Extra insulin is given manually through the pump when the child eats. They may be able to programme the pump to give this extra insulin themselves, but they may need help. It is important to discuss with the child’s parents/carers exactly what help the child will need and who to contact if there is any problem with the pump.

Hypoglycaemia

If the dose of insulin injected does not balance with the amount of carbohydrate eaten, the blood glucose level might fall too low. This may cause a hypoglycaemic episode or 'hypo'. Symptoms may include shakiness, sweating and dizziness. The child may be aware that s/he is going hypo and may be able to take appropriate action. If not, they will need help. Typical symptoms for this child are:

(to be completed by the parents/carers)

However, a child's symptoms can change so do a blood test if there is any doubt.

Treating a hypo

Some form of glucose (sugar) should be given as soon as symptoms occur to raise the blood glucose level quickly. This could be a glass of ordinary or non-diet fizzy drink/squash; three or more glucose tablets or even a spoon of honey will do the same. Some children will carry a form of glucose called GlucoGel (formerly known as HypoStop). This immediate treatment should be followed by some longer-acting carbohydrate to prevent the blood glucose dropping again. This could be, for example, a slice of bread, toast, a bowl of cereal or a glass of milk with a couple of plain biscuits. For this child give:

(to be completed by the parents/carers)

Immediately:

Followed by:

Occasionally a child may not be able to swallow or may become unconscious during a hypo. Should this occur, **no food or fluid should be given by mouth**. Place the child in the recovery position (on their side with the chin tilted back) and call an ambulance immediately. But you can be reassured that if a child does lose consciousness, she or he will come round eventually and should not come to any immediate harm.

Reducing the risk of a hypo

An increase in the child's activity level may bring on a hypo unless extra carbohydrate is given prior to this. Be aware that exercise lowers the blood glucose levels and that this can last for some time after the exercise. Therefore extra carbohydrate in the form of a cereal bar or sandwich before the activity may be needed to keep the blood glucose levels stable. The child may also need to have a snack or sports drink during the activity. Check with the parents or carer how they usually manage physical activity. It is also important to monitor blood glucose levels after the activity, when another snack may be required. The child may also have a hypo if she or he is particularly excited or if the weather is very hot or very cold. If the child is having a particularly active day, she or he may need extra carbohydrate at all meal and snack times. (If you have children of your own, offer them snacks at the same time).

In the event of an emergency, contact**Name (carer/ parent):**

Tel:

Diabetes nurse / doctor:

Tel:

Remember, some children with diabetes can recognise and treat hypoglycaemia themselves.

Diabetic ketoacidosis (DKA)

Sometimes blood glucose levels can also go too high and this can also lead to problems. This is known as diabetic ketoacidosis (DKA), and occurs as a result of high blood glucose levels and too little insulin.

Increased thirst, increased urination, vomiting, a feeling of being unwell and excessive drowsiness are the main features of DKA. If you find these symptoms occurring in a child who is staying with you, then you need to seek medical attention immediately as the symptoms can progress to unconsciousness if untreated. The child will need insulin and fluids to correct the problem. If detected early, increasing the insulin dosage can prevent matters worsening and bring

the blood glucose back to normal levels. However do not alter the dosage without discussing it first with the child's parents or carers and a healthcare professional. DKA can happen quickly, often over a matter of hours with young children. If the child's blood glucose is high (normally over 15 mmol/l) or if s/he has any of the symptoms of ketoacidosis, test their urine or blood for ketones if possible. If a test is positive you should seek medical help immediately for advice on the action you need to take.

Further information

Diabetes UK Careline

Diabetes UK Careline offers help and support on all aspects of diabetes. We provide a confidential service, which takes general enquiries from people with diabetes, their carers and from healthcare professionals. Our trained staff can give you the latest information on topics such as care of diabetes, blood glucose levels, diet, illness, pregnancy, insurance, driving, welfare benefits and employment. BT calls from landlines cost no more than 4p per minute, calls from other providers and mobiles may vary.

Telephone 0845 120 2960 (operates language line)

Email careline@diabetes.org.uk

Textphone 020 7424 1031

Diabetes UK publications

The Diabetes UK *Catalogue* describes our full range of books and leaflets. For copies of this and other leaflets, please call Diabetes UK Distribution:

Telephone 0800 585 088 or visit our **website** at www.diabetes.org.uk/shop

Diabetes UK offices

Central Office

Telephone 020 7424 1000

Email info@diabetes.org.uk

Diabetes UK Cymru

Telephone 029 2066 8276

Email wales@diabetes.org.uk

Diabetes UK Northern Ireland

Telephone 028 9066 6646

Email n.ireland@diabetes.org.uk

Diabetes UK Scotland

Telephone 0141 245 6380

Email scotland@diabetes.org.uk

Diabetes UK Eastern

Telephone 01376 501 390

Email eastern@diabetes.org.uk

Diabetes UK East Midlands

Telephone 0115 950 7147

Email east.midlands@diabetes.org.uk

Diabetes UK London

Telephone 020 7424 1116

Email london@diabetes.org.uk

Diabetes UK Northern & Yorkshire

Telephone 01325 488606

Email north&yorks@diabetes.org.uk

Diabetes UK North West

Telephone 01925 653281

Email n.west@diabetes.org.uk

Diabetes UK South East

Telephone 01372 720 148

Email south.east@diabetes.org.uk

Diabetes UK South West

Telephone 01823 324007

Email south.west@diabetes.org.uk

Diabetes UK West Midlands

Telephone 01922 614500

Email w.midlands@diabetes.org.uk

Useful contacts

Become a member

Telephone 0800 138 560

Customer Services

Telephone 0845 123 2399

Diabetes UK Careline

Telephone 0845 120 2960

(or if hearing impaired)

Textphone 020 7424 1031

Publications orderline

Telephone 0800 585 088

Visit www.diabetes.org.uk for further information