



SUPPORT Team

Clinic: _____

Phone number: _____

Hours: _____

After hours and holidays/weekends: _____

My child's doctor: _____

Patient name: _____



FOLLOW-UP Appointments

Family DIABETES EDUCATION class:

Date: _____ Time: _____

Location: _____

My child's next DOCTOR visit:

Date: _____ Time: _____

Phone number: _____

Location: _____

OTHER APPOINTMENT:

Date: _____ Time: _____

Phone number: _____

Location: _____



When to CALL for HELP

Call your doctor if:

- Your child is sick (vomiting and/or has ketones)
- Your child has 1 or more low blood glucose readings in a 2 to 3 day period (under _____.)

Call 911 and give Glucagon / GlucaGen if:

- Your child is unconscious
- Your child has a seizure



DIABETES HELP online

primarychildrens.org/diabetes

Examples of what you will find on the website:

- **INJECTION** instructions
- **SICK DAY CARE** instructions
- Tips for **MANAGING BLOOD GLUCOSE**
- **VIDEOS**
- **STORIES** about **FAMILIES** and **PATIENTS** with diabetes
- **CARB COUNTING** instructions
- Electronic **NUTRITION** education (as seen in the hospital), and more
- **INSULIN DOSING** cards

Ask your provider to help you get set up on Intermountain's MyHealth portal.





Daily TASKS

- Test and track my child's blood glucose
- Give insulin as prescribed
- Make sure my child doesn't skip meals or insulin doses
- Contact my provider/diabetes educator every 2 to 3 days



Blood glucose goals

Daytime: _____

Bedtime: _____



Within the First 3 DAYS after going home

- Contact your child's **SCHOOL OR DAYCARE** and talk about a care plan for your child.
- Meet face-to-face with your child's teachers and/or administrators, school district nurse, coaches, and activity coordinators. Teach them about **LOW BLOOD GLUCOSE** (hypoglycemia), snacking, and when to **CALL FOR HELP**. Make sure they have a copy of your child's **EMERGENCY CARE ACTION PLAN**. Include contact numbers for **ALL** parents and legal guardians. Write the numbers in the spaces below as a reminder.

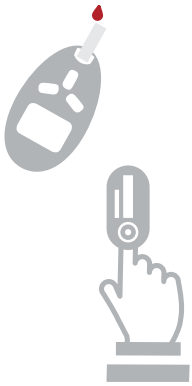
- Pack a **CARE KIT** for your child that includes testing supplies, insulin and delivery supplies, snacks, and a Glucagon or Glucogen kit.
- Call your **INSURANCE** provider. Ask if they have a diabetes patient advocate or care manager that you can work with. Find out what you can expect to pay for insulin and supplies and which ones they cover.
- Make a **PLAN** to cover your child's needs during upcoming school holidays, sports events or other events outside of school, or when traveling.



WHAT to do at bedtime:

Check blood glucose and give carbs accordingly:

- Blood glucose under 80: **non-optional** 30-gram carbohydrate snack without insulin
- Blood glucose 80 to 100: **non-optional** 15-gram carbohydrate snack without insulin (If treating blood glucose under 100, recheck blood glucose within 2 hours to make sure it's over 100.)
- Blood glucose over 100: no bedtime snack required
 - If you want a snack, give insulin for carbs plus a high blood glucose correction dose **if needed** (according to the correction dose card).
 - If your child does not want a snack, give a high blood glucose correction dose **only if needed** (according to the correction dose card).



Watch for Low Blood Glucose

Low blood glucose (hypoglycemia) in type 1 diabetes is a dangerous condition. It usually happens when a child doesn't finish a meal or snack, or during and after exercise. **KNOW THE SYMPTOMS** of low blood glucose:

- Pale skin color
- Hunger
- Headache
- Sweating
- Shakiness or dizziness
- Tingling around the mouth
- Difficulty paying attention or confusion
- Clumsy or jerky movements
- Child is moody, nervous, irritable, or cries easily
- Fainting or seizure

Remember the 15/15 rule:

Treat low blood glucose with 15 grams of fast-acting carbohydrate. Check blood glucose in 15 minutes. If it's still below 80 mg/dL, give another snack with 15 grams of carbohydrate. Check blood glucose levels again after 15 minutes. Repeat until blood glucose is above 80. **If your child is unconscious or having a seizure, use Glucagon / GlucaGen as prescribed.**



WHAT to TELL my family, friends, and caregivers

What is type 1 diabetes?

Our child has type 1 diabetes. With type 1 diabetes, the pancreas doesn't make enough insulin. The cells in the human body need insulin to turn glucose (sugar) into energy. Glucose comes from carbohydrates. Carbohydrates are found in fruit, vegetables, breads, milk, and anything with added sugar. Because our child's body doesn't make insulin, or doesn't have enough insulin, glucose stays in the blood instead of going into the cells. This is what makes our child sick.

What is the treatment?

Children with type 1 diabetes **MUST** have insulin injections with every meal, and sometimes with snacks, to stay healthy. Their blood glucose must be checked before every meal, and sometimes with snacks. This is to make sure they get the correct dose of insulin to keep their blood glucose in a healthy range. If their blood sugar gets too low, they may need a snack to bring it back up. Our family may ask you to do these things to make sure our child stays healthy when in your care.

What's the difference between type 1 and type 2 diabetes?

Type 1 diabetes is **NOT** the same as type 2 diabetes. Type 1 diabetes is an auto-immune disease and almost always starts in childhood. Our child or family didn't do anything to cause it. It just happens. People with type 1 diabetes don't have a special diet. Our child can eat all the same foods that you do. Type 2 diabetes usually happens in adults. It often runs in families and can be related to food and activity choices.





PHARMACY and SUPPLIES

My PHARMACY: _____

My INSURANCE: _____

Phone: _____

Insurance ID: _____

Hours: _____

Phone: _____

Location: _____

Case Manager/Advocate: _____

Website: _____

Email: _____

- Meter and strips: _____
- Syringes: _____
- Pen needles: _____
- Ketone strips: _____
- Glucagon or GlucaGen kit (circle one)
- Lancets: _____
- Alcohol wipes: _____
- Other: _____

Insulin

LONG-ACTING

glargine (Lantus)



glargine (Basaglar pen)



detemir (Levemir)



degludec (Tresiba pen)



U300 glargine (Toujeo pen)



TALK TO YOUR CHILD'S DOCTOR BEFORE USING A DIFFERENT TYPE OF INSULIN!

RAPID-ACTING

lispro (Humalog)



aspart (NovoLog)



glulisine (Apidra)



lispro (Admelog)



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