

Chapter 24

Baby-sitters, Grandparents and Diabetes

INTRODUCTION

Cut out these pages and/or make copies of them to have available for baby-sitters or grandparents. The time required to instruct a sitter or grandparent will depend on how long he/she will be with your child. A person helping for a few hours will generally do fine after you teach him/her the basics in this handout. A person staying with a child for a longer time or day-sitting for many weeks, will require more time to learn to give shots and to gain other knowledge. You are welcome to bring the sitter or grandparent along to diabetes clinic visits. In some cities, baby-sitting courses are offered to teach people diabetes-related skills.

Our Center offers a one-day course several times each year for grandparents and other caregivers of children with diabetes. It is important for grandparents to have a normal relationship with their grandchildren. This includes having the children for a day or, when parents are away, caring for them for a longer period. This requires having some knowledge and skills in many areas of diabetes management. Certainly recognizing low blood sugars and knowing how to treat them is essential. Checking blood sugars (Chapter 7) and if the child is going to spend more than the day, knowing how to draw and give insulin (Chapter 9) also becomes essential. Grandparents do not usually need to know how to manage illness or how to adjust insulin doses. They should be in contact with the parents or health care team if the child is ill or has high blood sugars for other reasons. Grandparents who take the time to learn about diabetes are showing love and support for their children and their grandchildren. Aunts, uncles, godparents and others close to the child are encouraged and welcome to attend if they will have the opportunity to care for the child.

TOPICS:

Prevent, Detect
and Treat Acute
Complications

Monitoring
(blood sugars,
ketones)

Psychosocial
Adjustment

TEACHING OBJECTIVES:

1. Present the signs, symptoms and treatment of hypoglycemia to caregivers.
2. Instruct caregivers about essential information for the care of the child (e.g., meals and activity).
3. Teach the skills needed for the care of the child (injections, blood and ketone checking, etc.).
4. Encourage the utilization of babysitters and grandparents for the occasional relief of parental and child stress.

LEARNING OBJECTIVES:

Learner (parents, child, relative or self) will be able to:

1. Describe three signs and symptoms of hypoglycemia with the appropriate treatment.
2. Define two factors important in the management of diabetes.
3. Demonstrate the necessary skills for the care of the child.
4. Formulate a “stress relief” plan for the family.

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 are needed. Diabetes is not contagious. Caring for a child with diabetes is not very difficult, but it does require a small amount of 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 but include any of the following:* (They are discussed in greater detail in Chapter 6.)

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 or stubbornness
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: It is ideal to check the blood sugar if this is possible. It takes 10 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 pop**
2. Three or four glucose tablets, sugar packets or cubes or a teaspoon of honey
3. One-half cup of fruit juice
4. LIFE-SAVERS candy (FIVE or SIX pieces) if over three years of age
5. One-half tube of Insta-Glucose or cake decorating gel (see below)

We usually treat reactions with: _____

If the child is having an insulin reaction and he/she refuses to eat or has difficulty eating, give Insta-Glucose, cake decorating gel (1/2 tube) or other sugar (honey or syrup). Put the Insta-Glucose, 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 or glucose doesn't cause choking. You can help the sugar solution absorb by massaging the child's cheek.

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

1. Parent: _____ at: _____
2. Physician: _____ at: _____
3. Other person: _____ at: _____

Meals and Snacks

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

	Time	Food 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 test supplies we use are: _____

The supplies are kept: _____

Please record the results of any blood or urine tests in the log book.

Time: _____ Result: _____

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.

Other Concerns: *Concerns that we have are:*

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

Thank you.

QUESTIONS AND ANSWERS FROM NEWSNOTES

Q What is the Grandparents' Workshop and why does the Center have this?

A The Center has the Grandparents' Workshop (usually two to four times per year based on need) so that grandparents can care for grandchildren and grandchildren can stay with grandparents. Both are very important to each other! I recently had a family tell me that when their five-year-old was diagnosed with diabetes, one set of grandparents jumped in and learned about diabetes including how to check blood sugars, give insulin shots and the whole "ball of wax." The other set of grandparents were scared of the diabetes and never learned any of the needed diabetes skills. Needless to say, the first set of grandparents gained a grandchild while the second set lost a grandchild (and the grandchild lost the opportunity for a close relationship with the second set of grandparents).

For most grandparents, attending the one-day workshop and possibly reading the Center's detailed educational book or the shorter more basic book, results in enough skills to be able to have the child spend a night or a week with them like any other grandchild. Perhaps even more importantly, attending the workshop helps lessen the fears of diabetes, particularly involving hypoglycemia and giving shots.

The child must not feel different or be punished because of having diabetes (if siblings get to stay with the grandparents the child with diabetes must have the same opportunity). It is also a chance for the child (and parents) to break inter-dependencies.

Finally, all parents need a break and an occasional vacation without the children. Grandparents are often the best possible solution and can sometimes be the only option. The chance to get to know one's grandparents better and to have memories of staying with them, is something that is valued for many years to come.

