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:

<table>
<thead>
<tr>
<th>Time</th>
<th>Food to Give</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>__________________</td>
</tr>
<tr>
<td>Snack</td>
<td>__________________</td>
</tr>
<tr>
<td>Lunch</td>
<td>__________________</td>
</tr>
<tr>
<td>Snack</td>
<td>__________________</td>
</tr>
<tr>
<td>Supper</td>
<td>__________________</td>
</tr>
<tr>
<td>Snack</td>
<td>__________________</td>
</tr>
</tbody>
</table>

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.