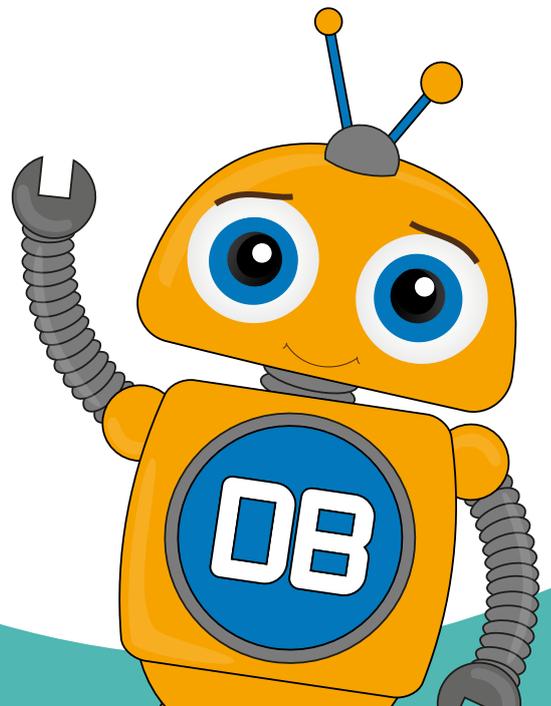


Goals of Diabetes Education

Resources relevant for 6-7 year olds

This handout is designed to explain what your child needs to know about the management of diabetes. It has been tailored to the educational needs of 6-7 year olds.





DigiBete Structured Education

Goals for 6-7 year olds

HANDOUT FOR PARENTS

A Few Words About This Age Group

Your child will be curious, active and may ask you many questions. They will enjoy playing, be imaginative and may like to learn. You will have to explain many things to your child so that they can understand what is going on.

Your child may know how to recognise numbers up to 10 and a few letters. At this age it is normal to not understand the concept of time or be able to tell the time. Your child may not yet know all the colours.



As a parent/carer you are responsible for taking care of your child's diabetes.

You are encouraged to model positive diabetes care and to vocalise using 'think aloud' explanations of what you are doing with your child rather than just doing it to them. For example, 'We need to change your cannula or give an injection. Let's choose a site together.' Social learning theory, which provides the foundation for behaviour modelling, asserts that most behaviours are learned by observation and modelling. The child should be encouraged to help.

Diabetes Knowledge

Your child should be able to say in their own words:

- That they have diabetes.
- That their body needs insulin.
- Where on the body they can inject insulin.
- That when they receive insulin and eat regularly, they feel well and can live like other children.

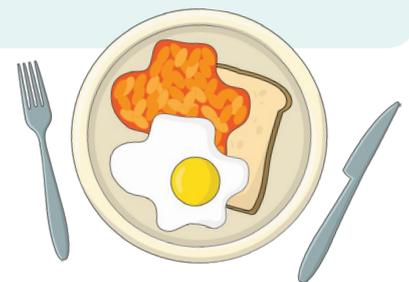
Your child should know that:

- They will always have diabetes.
- Diabetes cannot be caught from other people (not contagious).
- No one knows for sure why some people get diabetes.
- It is not their fault, nor anybody else's fault, that they have diabetes.

Food

Your child should:

- Know the number of meals they need.
- Know when to eat at school or at nursery, and that they may snack during school breaks or when an adult reminds them.
- Start to recognise food and drinks that contain carbohydrates and start to understand that carbohydrates must be counted.
- Explain that they have diabetes when sweets are offered and understand that they can either eat a small number and take the rest home or take them all home.
- Know what types of drinks they can have freely without affecting their glucose levels.

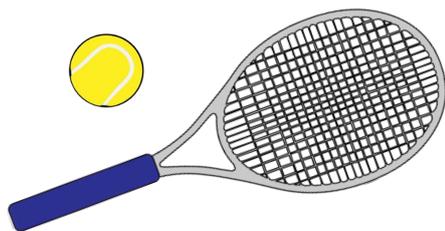




Insulin

Insulin administration via injection or insulin pump is an adult's responsibility.

- Your child can assist with finding the injection device/insulin pump.
- You may encourage your child to assist by preparing the units on the injection device or insulin pump.
- Your child may count to 10 after insulin has been injected or start to press the buttons on the pump under supervision.
- At this age your child may want to take part with injecting themselves, but always with supervision.
- Encourage your child to identify a new site for the injection/cannula insertion.
- Your child should know that their insulin pump is not a toy.



Exercise

If your child participates in sports, it is your responsibility as a parent or carer to supply extra food or adjust the insulin dose accordingly. The target glucose pre-exercise is 7mmol/L. Postpone exercise if ketones are above 0.6mmol/L. Do not exercise if ketones are above 1.5mmol/L.

- It is the parent's/carers' responsibility to encourage active play and exercise, and to create opportunities for children to be active for at least 60 minutes each day.
- Continuous glucose sensors are hugely beneficial for this age group when managing activity.
- Glucose levels should be checked before exercise and active play.
- If glucose is less than 7mmol/L, your child may need additional carbohydrate before exercising.
- If glucose levels are more than 14 mmol/L before exercise, your child's blood should be checked for ketones.
- Your child should be able to explain in simple terms the relationship between food, exercise and insulin.

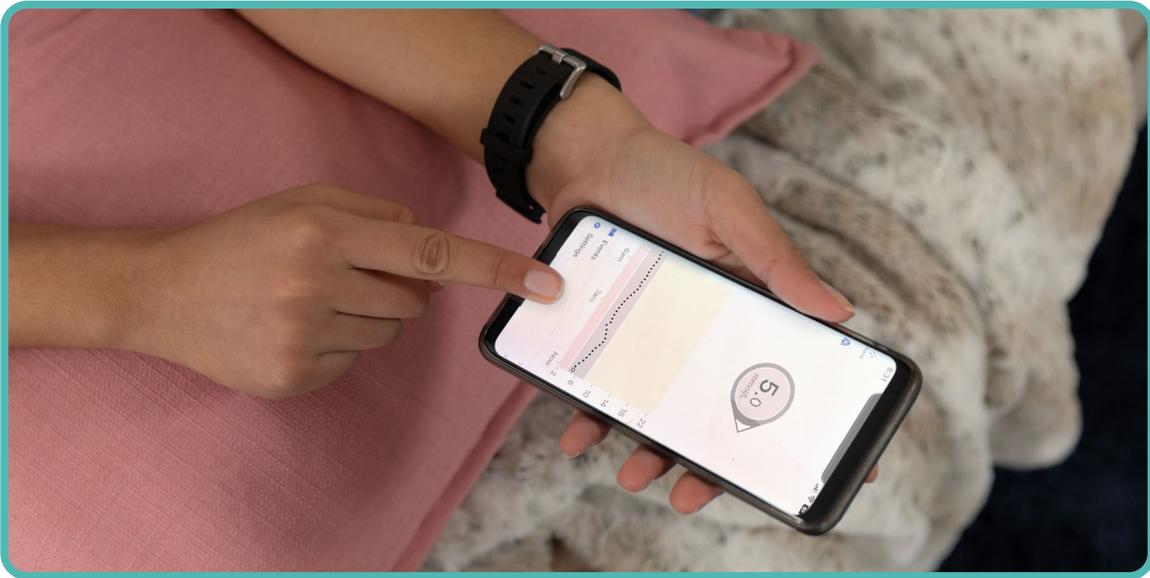
Diabetes Technology

Children may be offered technology to help manage their diabetes. This may include glucose sensors, insulin pumps, smart insulin pens or automated insulin delivery systems. These devices may be used separately or together to create a safer environment for the child and provide more information to the adults caring for them.

Any adult caring for a young child with diabetes should have appropriate and ongoing training and support from healthcare staff or a parent, to ensure they feel confident in operating or using the technology.

Operating and caring for diabetes technology is the parent's responsibility.

- Children may help with reading out numbers on sensors or pressing buttons on insulin pumps under strict supervision.
- You should understand the importance of injection or cannula rotation and how to look after skin around sites.
- Involve your child in locating new cannula/sensor sites encouraging use of all available. Also insertion, removal and skin care.



Glucose monitoring

Glucose monitoring is the parent's responsibility.

- Your child should know that their glucose sensor is not a toy.
- Your child should know that they need to wear their sensor most of the time.
- 6-10 blood glucose checks per day is optimal if not wearing a sensor.
- Your child may assist with blood glucose monitoring and know that different fingers are used.
- Your child should tell an adult if they hear a sensor alarm.
- Your child should recognise glucose numbers that are too low.
- Your child should be able to explain that the glucose check shows how much glucose is in their blood (blood glucose reading) or fluid around the cells (sensor reading).

Hyperglycaemia or HYPER = High Glucose Level (10mmol/L or more)

Children should start to recognise when their glucose numbers are too high and when to ask for help from an adult.

Parents should review their child's glucose values and insulin doses between clinic appointments by uploading data and seeking help from their diabetes nurse if needing support to change doses.

Hypoglycaemia or HYPO = Low Glucose Level (3.9mmol/L or less)

Children may have less awareness of hypoglycaemia or may not be able to communicate their feelings of hypoglycaemia. Regular checking of sensor glucose readings or checking blood glucose and acting accordingly, is important for safety. Parents should use language reflecting hypo treatment as a medicine, not a sugary treat. If a hypo is identified, ask the child if they feel 'different' or 'funny', to try and strengthen the association of these feelings with low glucose values.

Children should:

- Be encouraged to say how they feel if a hypo is identified. This will help them recognise their individual symptoms.
- Tell an adult immediately if they do not feel well.
- Be encouraged to help with checking a glucose level to confirm a hypo if needed.
- Know they need a sugary drink or tablets or treatment if told by an adult.
- Know their glucose level should be rechecked after 15mins to confirm recovery. (20mins if using a continuous glucose monitor)
- Know they may need a snack if they are not due a meal or if pre/post exercise.

You should have an opportunity to revise how to use glucagon injections annually or access video resources. Expiration dates of stored glucagon should be checked regularly. Expired glucagon may not work effectively in an emergency. Some childcare facilities may store glucagon on site at a family's request.

Emotional Wellbeing

Caring for a child with diabetes can bring significant challenges. Lack of sleep can also affect your ability to care for someone with diabetes. Clinical psychology support is available for you as a family. Local support groups or other families who may have had similar lived experience, who understand the circumstances may be able to offer practical help and support.

- Your child may start to realise that they are different from their siblings or friends.
- Siblings may feel jealous of the necessary increased attention given to the child with diabetes.
- Involve siblings in diabetes care and discussion.
- Avoid speaking negatively about diabetes in front of children.
- Access films or books to help children understand diabetes.
- Clinical psychologists, play workers or nurses may be able to help with distraction techniques for distressing procedures and coping strategies for invasive procedures and feelings of difference.

Children should:

- Be able to talk about their feelings towards diabetes.
- Have their feelings acknowledged if they are sad, cross, frustrated or worried about diabetes.
- Be supported to feel confident in the management of their diabetes in school.



Illness

Know the sick day rules advice:

- Monitor your child's glucose and ketone levels (even if their glucose is not out of range).
- If sensor readings are higher than target, you may need to check with a finger prick blood glucose reading and check cannula site.
- Adjust your child's insulin doses promptly. During illness your child may need significantly more insulin. Occasionally with diarrhoea and vomiting illness they may need less insulin.
- Never stop insulin.
- Encourage your child to take fluids and eat small amounts regularly during illness.
- Ring your diabetes team for help if you are unsure of what to do.





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