

# Child Care Training and Resource Kit

## Diabetes

# Handouts

1  **DIABETES**

2  **Diabetes**

- 14 million people in the US
- Dramatic rise in the last 10 years

3  **Types of Diabetes**

- IDDM:Insulin Dependant Diabetes Mellitus
  - Most often-children and young adults
  - 11,000-12,000 each year
- NIDDM:Non-insulin Dependant Diabetes Mellitus
  - 90-95% of cases
- Gestational Diabetes

4  **Hyperglycemia**

- Frequent urination
- Increased thirst
- Increased hunger
- Unexplained weight loss
- Extreme tiredness

5  **Hypoglycemia**

- Inappropriate responses
- Confusion/Inattention
- Drowsiness/Trembling
- Pale complexion
- Perspiration
- Headache
- Crankiness/Dizziness
- Lack of Coordination

6  **Day to Day Requirements:**

- Insulin
- Diet
- Exercise
- Blood sugar testing

# DIABETIC CHILD ENROLLMENT INFORMATION

CHILD'S NAME \_\_\_\_\_

CHILD'S BIRTHDATE \_\_\_\_\_

Adult #1	Adult #2
Name:	Name:
Relationship:	Relationship:
Home: (    )	Home: (    )
Work: (    )	Work: (    )
Cell: (    )	Cell: (    )
Pager: (    )	Pager: (    )

Alternate Emergency Contact #1	Alternate Emergency Contact #2
Name:	Name:
Relationship:	Relationship:
Home: (    )	Home: (    )
Work: (    )	Work: (    )

Health Care Provider	Diabetes Specialist
Name:	Name:
Relationship:	Relationship:
Phone: (    )	Phone: (    )

**Hospital Preference for Child:** \_\_\_\_\_

**When does your child require blood glucose monitoring?**

- |   |            |  |            |
|---|------------|--|------------|
| <input type="checkbox"/> Before Breakfast | Time _____ | <input type="checkbox"/> Mid-afternoon                 | Time _____ |
| <input type="checkbox"/> Mid-morning      | Time _____ | <input type="checkbox"/> Before Dinner                 | Time _____ |
| <input type="checkbox"/> Before Lunch     | Time _____ | <input type="checkbox"/> Other (i.e., before exercise) | _____      |

**Does this child perform blood glucose monitoring without assistance?** \_\_\_\_\_

**If yes, when might assistance be necessary?** \_\_\_\_\_

Child's Name: \_\_\_\_\_

**SYMPTOMS YOUR CHILD SHOWS BEFORE AND INSULIN REACTION--- (LOW BLOOD SUGAR)**

- |  |                                   |  |
|--|-----------------------------------|--|
| <input type="checkbox"/> Shaky                 | <input type="checkbox"/> Anxious  | <input type="checkbox"/> Blurry vision or other vision changes |
| <input type="checkbox"/> Sweating, clammy skin | <input type="checkbox"/> dizzy    | <input type="checkbox"/> Hungry                                |
| <input type="checkbox"/> Weak tired            | <input type="checkbox"/> Headache | <input type="checkbox"/> Fuss, irritable, cranky               |
| <input type="checkbox"/> "Heart beating fast"  | <input type="checkbox"/> Other    |  |

What time of the day is this most likely to occur? \_\_\_\_\_

What is the best way of giving your child sugar? \_\_\_\_\_

What foods/juices does your child like best? \_\_\_\_\_

**DIET**

<u>Breakfast:</u>	<u>Time:</u>	<u>Suggested Foods:</u>
# Carbos	_____	_____
# Protein	_____	_____
# Fat	_____	_____

<u>AM Snack</u>	<u>Time:</u>	<u>Suggested Foods:</u>
# Carbos	_____	_____
# Protein	_____	_____
# Fat	_____	_____

<u>Lunch:</u>	<u>Time:</u>	<u>Suggested Foods:</u>
# Carbos	_____	_____
# Protein	_____	_____
# Fat	_____	_____

<u>PM Snack:</u>	<u>Time:</u>	<u>Suggested Foods:</u>
# Carbos	_____	_____
# Protein	_____	_____
# Fat	_____	_____

<u>Dinner:</u>	<u>Time:</u>	<u>Suggested Foods:</u>
# Carbos	_____	_____
# Protein	_____	_____
# Fat	_____	_____

**Child's Name** \_\_\_\_\_

**FOODS ADULTS WILL SUPPLY** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARE THERE ANY EXERCISE RESTRICTIONS? YES \_\_\_\_\_ NO \_\_\_\_\_**

**If yes, what are they** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **EARTHQUAKE/DISASTER KIT**

An emergency kit with all instructions, and medications, supplies, and food for 72 hours has been supplied by \_\_\_\_\_, and is kept (locations) \_\_\_\_\_ .  
This will be replenished every six months.

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

**\*\* I APPROVE THE DIABETES MANAGEMENT PLAN FOR MY CHILD. I AGREE TO NOTIFY THE DIRECTOR OF THIS CENTER IF ANY CHANGES OCCUR.**

\_\_\_\_\_  
Signature of Adult Legally Responsible for child

\_\_\_\_\_  
Date

**\*\* I HAVE REVIEWED AND AGREE TO THIS DIABETES MANAGEMENT PLAN FOR:**

\_\_\_\_\_  
(Child's Name and birth date)

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

**\*\* I AGREE TO IMPLEMENT THIS DIABETES MANAGEMENT PLAN, AND AGREE TO PROVIDE STAFF TRAINING HOURS REGARDIN ITS IMPLEMENTATION.**

\_\_\_\_\_  
Signature of Child Care Director

\_\_\_\_\_  
Date

Child's Name \_\_\_\_\_

# DIABETES EMERGENCY PLAN

## WHAT TO DO BASED ON BLOOD GLUCOSE READING:

<b>IF BLOOD GLUCOSE :</b>	<b>GIVE THIS FOOD OR OTHER FORMS OF SUGAR</b>	<b>OTHER REQUIREMENTS (LIST CONTACT #)</b>
<b>UNDER 60</b>		<b>CALL ADULT</b>
<b>61-80</b>		<b>CALL ADULT</b>
<b>80-100</b>		
<b>101-125</b>		
<b>126-200</b>		
<b>201-240</b>		<b>CALL ADULT</b>
<b>Over 240</b>		<b>CALL ADULT</b>

**For Parents**

American Diabetes Association.

**Wisdom™**  
Print **POD** on Demand

**More Wit and Wisdom for kids with diabetes  
(and their parents)**

## **Diabetes in Infants & Toddlers**

There's nothing quite like caring for a baby to test the limits of a parent's emotions. Love that knows no bounds. Pride that can be matched only by that of a grandparent. Contentment in rocking chairs at bedtime. Worry that comes with every dream for the future. And fear that seizes a parent when he or she can't figure out why the baby's crying. Or screaming. Or vomiting. Or silent.

It's often difficult to figure out if this little one is upset because of a wet diaper. Or hunger pangs. Or a fever. Or new teeth. Or a just a need for immediate attention from mom or dad. Maybe all the above.


For parents of babies who have been diagnosed with diabetes, this "mind reading" takes on new importance. It creates new anxieties and fears because the list of possible offenses gets longer. Now it could be a wet diaper or hypoglycemia. Hunger pangs or dehydration. Or a need for attention because of dangerously high blood sugars.

### **Not my Baby!**

Remember how you gasped when the doctor told you your baby has diabetes? That gasp was the outward expression of your inner feelings. First disbelief and denial. "It can't be true!. My baby doesn't have diabetes." Then anger and blaming. "Why me? It must be inherited from my grandmother." These feelings are part of grieving. Grieving that you and your baby and your family will never be the same.


Moving through grief takes time. It's important that you and other family members talk about the changes and how you will handle them. Take time to listen and support each other as you come to accept this new reality and create a new family life.

Remind each other -- and yourself -- no one is to blame. Diabetes is not fair. But, it's no one's fault. No one knows for sure why babies get diabetes. We just know it happens. And we know that babies continue to develop normally and become healthy kids who just happen to have diabetes.




Support outside the family is also important. Find someone whom you can talk to about your feelings, the necessary changes, your fears, and frustrations. Then make them sit through your success stories, too. Try a friend. A minister. Other parents who have kids with diabetes. A counselor. Just find someone. Call your local American Diabetes Association office to find out about support groups or other programs near you.

### **Surviving with Diabetes**




There is a universal reaction seen in parents after the diagnosis of diabetes in their child. They are overwhelmed and anxious about their ability to deal effectively with this disease and care for their baby. It's universal. That means you are not the only one feeling like this.




It's important to realize you do not have to learn everything about diabetes this very minute. In fact, there are many things you won't need to know for years. Right now it's important to focus on the basics, on survival skills. You need to learn the general treatment plan for your baby or toddler, the treatment goals and how to achieve them, and the immediate skills you need to treat the diabetes.

Your baby's health care team will give you specific information about glucose monitoring, injections, simple dose adjustments, treating hypoglycemia (low blood sugar), feeding, and more. More than you think you will ever be able to remember.



Learning this basic information and mastering necessary skills to take care of your baby will reduce your anxiety level. This will be good for your own mental and physical health as well as for your baby's well-being. And remember, your mental



and physical health is important for the well-being of your baby.


When you are not feeling so anxious, learning will come much easier so you will be able to absorb more information. And remember, if you forget what you've learned or have questions, help is as close as a phone call to your health care team or the American Diabetes Association at 1-800-DIABETES (342-2383).

### **The Truth about Checking and Injecting**

Monitoring blood sugar levels and managing your baby's diabetes will help make sure your child grows up healthy and normal. For this to happen, parents must learn to do blood checks and give insulin. These two crucial skills are the same two that tend to cause high levels of stress in parents.

This is one time the line "This is gonna hurt me more than it does you" is probably true. Pin pricks and needle sticks are not pleasant. Pain is the body's way of avoiding harm. But once your child's body begins to "know" blood checks and injections cause no harm, not only will it will be less sensitive but so will you.

Your baby's health care team will teach you techniques and schedules for checking your baby's blood and giving injections. They will demonstrate these skills, help you master them, and hand you a tissue for those nervous tears.



The doctor will set a target range for blood sugars that is specific to your baby. This is often a bit higher than for older children and adults. This helps avoid insulin reactions (hypoglycemia or low blood sugar) and makes sure there's

- \* Developing a bluish tinge to fingers or lips,
- \* Clumsiness.

These are signs it's time to do a blood check. If you cannot do it right then, treat for hypoglycemia anyway. It's safer than waiting. Brain development requires a constant supply of glucose. Preventing low blood sugars in infants is a high priority. It's vital to treat low blood sugars as quickly and effectively as possible.

To treat hypoglycemia, offer a drink with easily absorbed sugar. Apple juice is a common standby but there may be others your baby likes better. It probably won't take much. The carbohydrates it takes to raise the blood sugar level go much farther in a small body than they would in yours. Your health care team will give you specific suggestions on treating low blood sugars. They will also give you instructions on glucagon which is the treatment needed when blood sugars are dangerously low and immediate action is necessary.

On the other end of the scale is hyperglycemia or high blood sugars. This happens when the amount of insulin doesn't fit the amount of food your baby eats. Symptoms of high blood sugars are:

- \* Excessive thirst,
- \* Frequent urination,
- \* Fatigue.

Treatment will require adjustments in insulin levels. If you see any of these symptoms in your baby, talk to your doctor right away.

The danger for your baby in having untreated, high blood sugars is the possibility of developing ketoacidosis.

This is a very serious condition caused by high levels of ketones in the blood and urine. Ketones are waste products that build up when the body burns fat for energy. Check with your baby's health care team about when and how to do ketone tests, especially when your child is sick. Call the doctor immediately if testing shows evidence of ketones. Unless treated immediately, ketoacidosis can lead to a diabetic coma.

### **"I can do it myself!"**

As your baby becomes a toddler, he or she enters the age of self-feeding. You may notice a reduction in appetite and will certainly witness a spurt of independent thinking when it comes to choosing foods to eat. One way to keep peace at mealtime is to have plenty of acceptable choices available. Choices that you know your toddler enjoys and that meet the current demands of diabetes management.

While babies are pretty much on their own schedule for eating, toddlers begin joining the rest of the family in a regular schedule of meals and snacks. When your main concern is getting enough food into your child to cover insulin, offer some different choices or bigger portions of things you know he or she enjoys. On the other hand, when your toddler has eaten the whole meal and is wanting more, offer choices with less blood sugar impact, such as proteins, fats, and low-carbohydrate vegetables.

As with all children, it's important to avoid making sweets and other foods into rewards. To reward your toddler for good behavior or some accomplishment, use nonfood items. Things that have no affect on blood sugars.

- \* Stickers,

- \* Small toys,
- \* Hand stamps,
- \* Hugs and kisses,
- \* Alone time with someone special,
- \* Praise.

By avoiding the creation of a strong connection in his or her mind between food and rewards, diabetes and weight management will be easier throughout your child's life.

### **You Can Do It**

Diabetes is a choice no parent would make for their child. But unfortunately, it is not our choice to make. You can choose to fight it, though. You can choose to give yourself the knowledge, the patience, and the flexibility to help your child manage this disease. And to help him or her grow up with every opportunity to participate and succeed in childhood activities. (In fact, many adults who were diagnosed with diabetes as a baby or toddler believe they had it easy -- because they never had to "unlearn" eating habits, and testing and injections were always just a part of normal life!).

- \* Develop a family philosophy or strategy toward living with diabetes. Your family didn't choose diabetes but you can choose how you'll live with it.
- \* Managing diabetes is a lifelong job. One that will go better some days than others. Don't expect to be perfect.

Finally, remember you're not in this alone. For starters, there's your child. Include her or him in your management goal from day one. Be prepared to hand over some of the responsibilities you now have to take care of.

And understand that no matter what time of day or night, no matter if things are going well for you and your child or are completely out of whack, some parent and some kid somewhere are going through the exact same thing. Ask your American Diabetes Association for a listing of support groups for parents of children with diabetes. Get online to learn and share. A good place to start is the American Diabetes home page at [www.diabetes.org](http://www.diabetes.org) or by calling us at 800.DIABETES (342.2383).

The hurt of diabetes is every bit as emotional as it is physical. But you can fight through it. The child you have now is exactly the same as before the diagnosis. He or she is a normal kid who happens to have diabetes. And you are the mom or dad of a child that may sometimes cause you worry, but will always be loved.

### **To Learn More**

- \* **Wisdom:** If you don't already have it, download your free copy of the *Wisdom* parents' book. Log on to [www.diabetes.org/wisdom/download.asp](http://www.diabetes.org/wisdom/download.asp)
- \* **Diabetes Forecast** is a monthly magazine published by the American Diabetes Association for people with diabetes and their families. Subscribe by calling us at 1-800-806-7801.
- \* *The Dinosaur Tamer* is a book of stories for children with diabetes. Purchase your copy at [store.diabetes.org](http://store.diabetes.org).
- \* This piece is one in a series about kids and diabetes. We have other titles about parents' issues, diabetes and school, and more. Call us at 1-800-DIABETES (800-342-2383) or download them for free at <http://www.diabetes.org/wisdom/pod.asp>

## **DIABETES NUTRITION AND MEAL PLANNING: The Basics**

Structured meals and snacks help promote optimal blood glucose control and help prevent the incidence of low blood sugar (hypoglycemia) levels during the school day. The student's IHP / Section 504 plan will dictate the role of the student, family, and school personnel in managing the meal plan.

### **MEAL PLAN GUIDES**

A meal plan is not a diet, but a guide to assist children/families with diabetes in choosing, age- appropriate meals and snacks. The registered dietitian usually develops an individualized meal plan designed to meet the child's unique nutritional needs. School staff must know the students meal plan requirements during the school day. The meal plan is based *on*:

- age
- weight
- height
- activity level for a 24 hour period
- usual eating habits

Children with diabetes are children first and their nutritional needs and favorite foods will be similar to brothers, sisters, friends, and classmates who do not have diabetes. All children like the taste of sweet foods!

### **BLOOD GLUCOSE RESPONSE TO MAJOR NUTRIENTS**

#### **Carbohydrate**

- Most important aspect of the meal plan.
- Carbohydrate foods include bread and starches, fruit and milk.
- Main source of blood glucose. Approximately 90-100% of dietary carbohydrate enters the blood stream as glucose within 15 minutes to 1-2 hours.
- Greatest determinant of amount of insulin needed to control the blood glucose after meals.
- Consistency in amounts eaten at each meal and snack makes it easier to fine-tune insulin doses and timing.

#### **Protein**

- Approximately 50-60% of the dietary protein is converted to glucose and released into the bloodstream. This process occurs between 2 to 5 hours following the meal/snack.
- Protein foods include meat, fish, poultry, eggs, peanut butter, cheese and meat alternatives.
- Adds "staying power" to the meal.
- A protein food at breakfast may reduce the incidence of low blood sugar before lunch.
- A protein food is recommended at lunch.

#### **Fat**

- Negligible (less than 10%) effect on the blood sugar levels.
- Delays/slows the digestive process.
- Children with diabetes do not have to be placed on strict low-fat diets. However, heart-healthy foods are recommended for children with diabetes as they have a greater incidence of heart disease as adults.
- Consumption may need to be monitored more closely in situations of co-existing childhood obesity.

### **Sugar is Okay, Sugar is Not a Poison!**

- Small or calculated amounts are acceptable in a diabetes meal plan.
- Research does not support the long held theory that ingestion dramatically elevates blood sugar levels.
- Foods containing sugar can be substituted for part of the carbohydrate foods allowed in the child's meal plan.
- It is recommended that these "empty calorie" foods do not replace healthy foods on a regular basis.

### **Matching Food/Insulin Action**

- Children generally need 3 meals and 2-3 snacks each day.
- Eating 4 to 5 hours apart with snacks 2 to 3 hours after the previous meal almost always matches the peak times of insulin action.
- Usually one meal/snack is covered by each of the insulins acting during the day.
- Almost all children with diabetes receive a combination of quick-acting insulin. (Regular or Humalog®) and an intermediate-acting insulin (NPH or Lente) or long-acting insulin (Ultralente) before breakfast.
- Various combinations of insulin are received at the evening meal and/or at bedtime.
- Many children are now receiving an injection of quick-acting insulin (Regular or Humalog®) before lunch to achieve a more optimal level of blood glucose control.
- Insulin Action:
  - ▶ Morning Humalog® insulin covers the carbohydrate foods consumed at breakfast.
  - ▶ Morning Regular insulin lasts from breakfast to lunch.
  - ▶ Morning NPH or Lente insulin lasts from lunch to just before dinner.
  - ▶ Morning Ultralente lasts from lunch into the evening
  - ▶ lunchtime Humalog® insulin covers the carbohydrate foods consumed at lunch.
  - ▶ Lunchtime Regular insulin lasts from lunch to dinner.
- If a student with diabetes eats school meals, the parents, PHCP and school nurse will need to contact the school's food service dietitian/supervisor to assure appropriate school participation in the student's meal (Appendix H.) \* In no instance, should a meal be withheld because of lack of payment.
- If there is a party at school, work with the parents to make accommodations, as determined by the IHP/ Section 504 plan, 80 that the student can participate (Appendix M).

In order for appropriate modifications to be made in the school's menus, the parent must supply a meal plan signed by a licensed medical authority.

## MEAL PLANNING APPROACHES

Many children with diabetes use either the exchange lists or carbohydrate counting as part of their meal plan.

### Exchange Lists

Commonly eaten foods are grouped into six different exchange groups. The Exchange Lists groups include the following:

- Bread/starch
- Fruit
- Milk
- Vegetables
- Meat/Protein foods
- Fats

Each exchange within a group is an amount of food with set nutritional value. Therefore, foods in each specific Exchange List can be substituted or "exchanged" with other foods from the same list. The Exchange List approach allows for a meal plan guide to be consistent while offering a wide variety of food choices. A child using this approach has a prescribed number of exchanges to be consumed at meal and snack times. Substitutions between exchange groups can be made to increase flexibility. For example: 1 bread exchange can be substituted for 1 fruit exchange or 1 milk exchange.

### Carbohydrate Counting

The Carbohydrate Counting approach is a simpler approach used frequently with children. This approach emphasizes the carbohydrate content of the child's food intake. Parents and children are taught how to determine the carbohydrate choices and/or the grams of carbohydrate in foods. This information is obtained from the Exchange Lists and from the nutrition information on food labels. Carbohydrate Counting provides increased flexibility in meal planning while keeping the amount of carbohydrate consistent from day to day. Foods in the meat and fat group contain little carbohydrate and therefore are not used in this approach.

1 carbohydrate choice =	1 starch exchange = 15 grams of carbohydrate
	1 fruit exchange
	1 milk exchange

## TIPS FOR HEALTHY EATING TO ACHIEVE OPTIMAL BLOOD SUGAR MANAGEMENT

- **Eat lunch and snacks at regular times every day.**
- **Be consistent eat about the same amount of food at lunch and snacks each day.**
- **Sugar does fit occasionally into a diabetes meal plan when substituted for other carbohydrate foods (Appendix M).**
- **Low blood sugar (hypoglycemia) can occur in the absence of regular meals and snacks.**
- **Many children require a snack prior to physical education class, extra activity, extra recess, or a field trip (Appendix L).**

## EXERCISE/SPORTS

Organized sports and other forms of active play are a great way for a child to stay in shape, spend time with friends, build self-confidence, have fun, and help blood sugars stay within an acceptable range. Children and young adults with diabetes should be encouraged to participate in exercise. Specific requirements are in the student's IHP / Section 504 plan. The following are a few guidelines at school:

- High Blood Sugar (Hyperglycemia): If blood sugar level is above 240, the urine may be checked for ketones as determined in the student's IHP / Section 504 plan. If the ketone check is negative, it should be OK to play.
- If ketones are anything above trace the student may need to clear the ketones with extra insulin and zero calorie fluids before being physically active. Contact parent when ketones are present and/or the blood sugar is above 240.
- Low Blood Sugar (Hypoglycemia): Every coach/P.E. teacher, and teacher should be aware of the signs, symptoms and management of low blood sugar (hypoglycemia.) (Page 11 Appendix E)

### Suggestions for Exercising

- Child should be allowed to check blood sugar before, during, or after exercising (see student's IHP / Section 504 plan)
- Eat before intensive exercising.
- Have extra snacks available during exercise to prevent low blood sugar (hypoglycemia). Gatorade, 4 to 8 oz., for every 30 minutes of vigorous exercising can be used. Foods such as cheese and crackers provide a longer-acting carbohydrate.
- Always have quick acting sugared food/beverages available for managing low blood sugar (hypoglycemia). Suggestions include:
  - Juice (4-8 oz.)
  - Glucose tablets
  - Glucose Gel
  - Regular (not diet) soda
- Treat low blood sugar (hypoglycemia) and assure it is in normal range before additional exercising.
- If ketones present, intensity and duration of exercise may need to be modified. Refer to student's IHP/Section 504 plan.
- Drink plenty of water, especially in hot weather.

### After School Activities

Parents or guardian will need to inform the school whether the student will require an insulin injection and/or a substantial snack before participating in a preplanned after-school activity. The student's IHP/Section 504 plan should include this information.

## **DISASTER PREPAREDNESS 72 HOUR EMERGENCY READINESS**

The primary needs for the child with diabetes would be the requirements for food and insulin. Safety is the goal, 80 slightly higher than normal blood sugar levels are preferable. Basically, the child needs enough food to prevent serious short-term problems of low blood sugars (hypoglycemia) and sufficient insulin to prevent ketoacidosis (from continually increasing high blood sugars).

The goal of sound diabetes management requires the balancing of food intake with insulin administration and level of activity. We believe that a child being kept at school during a disaster situation would likely have less activity and less readily available food for an extended period. Therefore the child's insulin requirements would decrease.

### **Blood sugar monitoring and testing**

A means of testing blood sugar levels should be available. Either an extra meter that can be left at school or visual test strips may be used. Directions for use of the visual strips are on the container. It is also important to have ketone test strips available to measure urine ketones. This should be done if the blood sugar level is over 240 or if the child has been running higher than normal blood sugar levels. Ketones should also be checked if the child is not feeling well. If the child runs moderate or large ketones, a doctor should be notified as soon as possible.

### **Low blood sugar (hypoglycemia)**

If a child's blood sugar is less than 70 s/he should be given a quickly absorbed sugar source such as 4-8 oz. of juice, ½ of a can of regular pop, 12 packets of sugar, 1 packet of honey or 4-5 hard candies. A serving of carbohydrate and protein food, such as cheese and crackers, half of a sandwich or cereal and milk, should follow.

### **Supplies**

It is recommended that the parents provide the following supplies at the beginning of the school year.

1. Disaster Kit Instruction Sheet (Appendix N)
2. Blood sugar meter and meter strips (with instructions) or visual strips
3. Ketone strips
4. Insulin (to be stored in the refrigerator if easily accessible during a disaster or at room temperature for one month) Date when brought to school and date when actually opened.
5. Insulin syringes
6. Lancets
7. Antiseptic wipes or wet wipes
8. Small log book to record insulin dose/blood sugar results
9. Bedtime snack bar, such as Nite-bite™, if used
10. Low blood sugar reaction food supplies: quick acting sugar and carbohydrate/protein snacks. Send enough supplies for 2-3 episodes.
11. Schools are generally prepared for inclement weather with food for one or two meals on hand. If a student needs specialized food, his or her parents should work with the PHCP and/or dietitian and the food service staff to plan for emergency situations.

It is suggested that the diabetes supplies be replaced during the winter holiday season. This way what has been kept at school can be used before its expiration. It is important that supplies such as meter and all testing strips be kept at room temperature, as extreme heat or cold may impair function.

**Nutrition Guidelines**

1. Try to offer three meals along with a mid-morning snack, an afternoon snack and a bedtime snack at the usual meal/snack time.
2. If possible, include a carbohydrate food and a protein food at each meal and bedtime.

<p><u>CARBOHYDRATE FOODS</u>          Bread          Crackers          Cereaf          Cereal / Granola Bar          Chips / pretzels</p>	<p><u>PROTEIN FOODS</u>          Cheese / Cheese foods          Meat / dried meat          Canned tuna / meat          Peanuts          Peanut Butter</p>
<p>Fruit/canned fruit          Dried fruit          Juice</p>	
<p>milk</p>	

3. If protein foods are not available, then offer carbohydrate foods every 2-3 hours.
4. If the child is required to spend the night at school, the child should be given a bedtime snack consisting of a carbohydrate food and protein food or a bedtime snack bar, such as Nite-bite™.
5. Specific orders regarding the amount of food and/or number of meals and snacks should be obtained from the dietitian or PHCP.