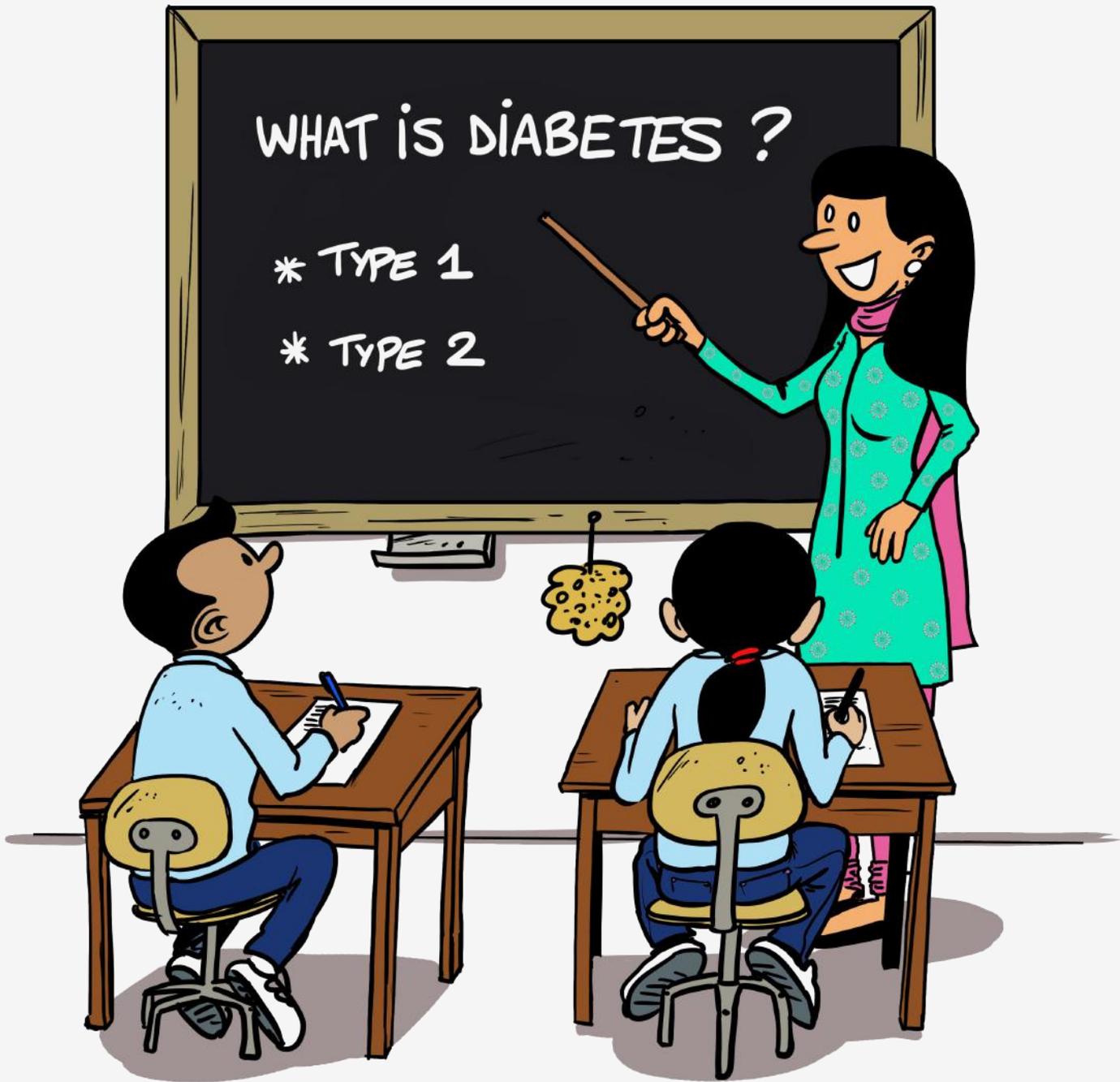




information pack
for PARENTS OF A
CHILD WITH DIABETES



A diabetes information kit: India

Acknowledgements:

This material has been developed in collaboration with the members of the KiDS Advisory Committee: Monika Arora, Anne Belton, David Cavan, David Chaney, Stephen A. Greene, Agnès Magnen, Angie Middlehurst, Denise Reis Franco, Nikhil Tandon.

Illustrations: Frédéric Thonar (alias Tonu)
www.tonu.be

Layout: Olivier Jacquain (Publications Manager of IDF)

Administrative support: Daniela Chinicci

Indian adaptation by the Public Health Foundation of India (PHFI) and HRIDAY:

Gaurang Nazar, Abhinav Bassi, Radhika Shrivastav, Abha Tewari, Manjusha Chatterjee, Nikunj Sharma.

Illustration adaptation: Jayant Bhola

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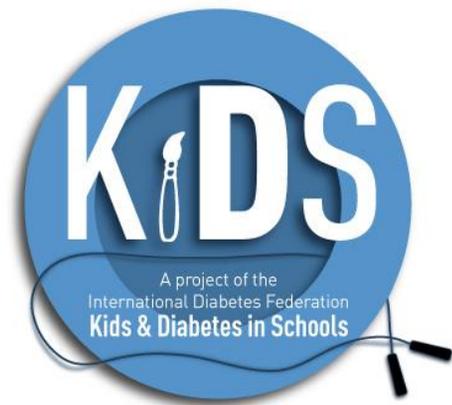
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OF INDIA



IDF gratefully acknowledges the support of Sanofi in this project

SANOFI DIABETES 

A DIABETES INFORMATION KIT



Guidelines:

This pack should be used in tandem with an information session and is not intended to be distributed as a stand alone item. A programme on diabetes education should be organized at school around the pack.

If you wish to translate the pack into further languages or make culturally specific adaptations, please notify PHFI, HRIDAY and IDF before any changes are made: communications@idf.org; info@ctchp.org; info@hriday-shan.org.

PHFI, HRIDAY, IDF, ISPAD and Sanofi Diabetes logos must remain visible on this material. If you have a new local partner that endorses the project, make sure to seek IDF permission before adding new logos on the pack.

We would appreciate your feedback on pack usage and photos from your information sessions.

No fees will be asked for using this pack.

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INTRODUCTION

In your school, children are learning about diabetes. This information pack has been prepared for you as a parent / guardian of a child with type 1 diabetes. It should guide you in making the school environment a better place for your child. **This pack is not intended to replace any medical advice.**

THE AIM OF THIS PACK IS TO:

Help you engage with your child's school in the daily management of their diabetes

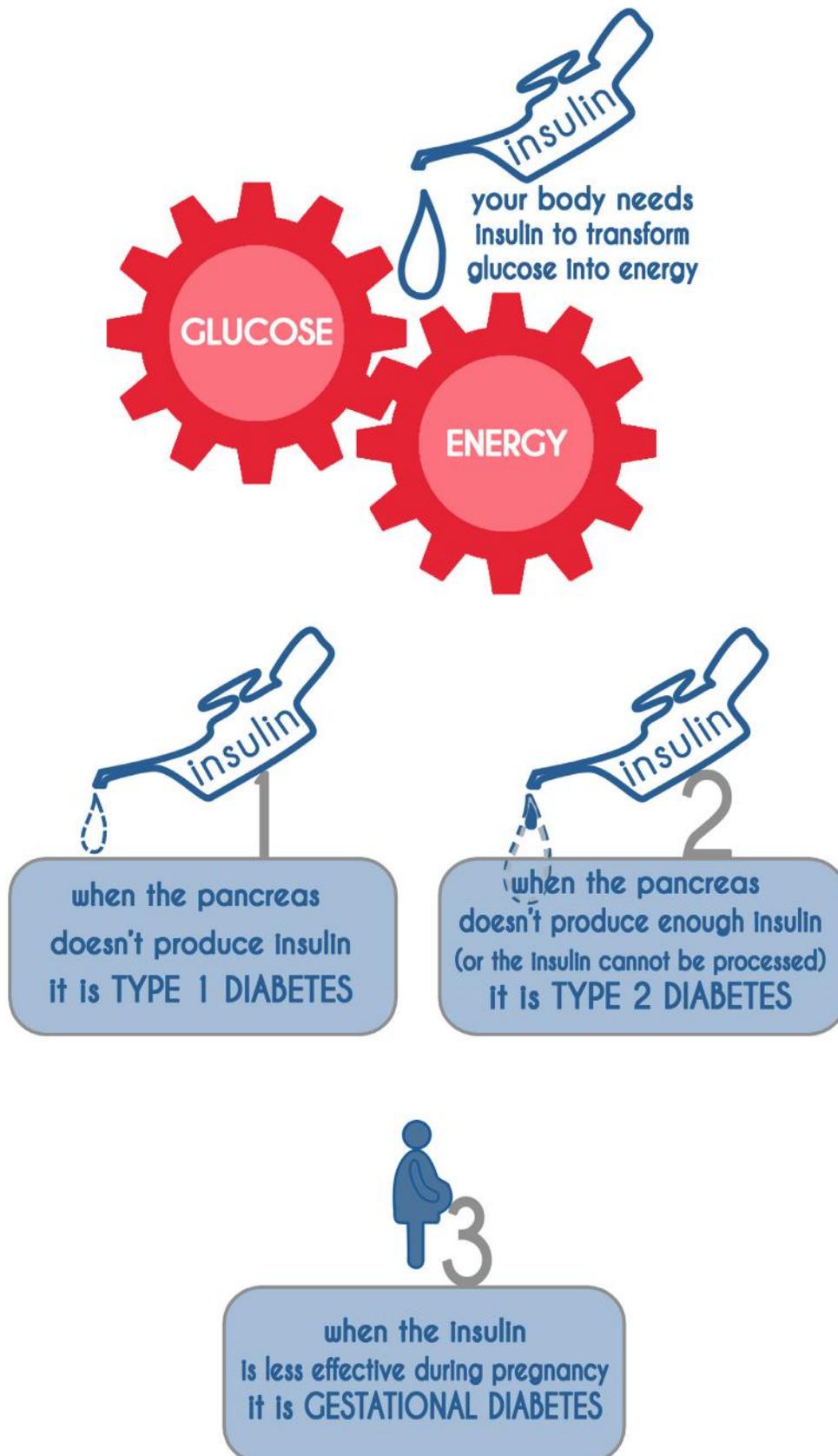
Provide you with guidelines for the management of diabetes at school

Provide you with a suggested management plan to help you and the teacher best care for your child's needs

Why a blue circle?

The icon was designed as a call to unite for diabetes and is a symbol of support for the UN Resolution on Diabetes. The colour blue represents the sky and it's the same colour as the flag of the United Nations.

WHAT IS DIABETES?



(Source: International Diabetes Federation, 2014; <http://www.idf.org/about-diabetes>)

WHY IS IT IMPORTANT TO TALK ABOUT DIABETES IN CHILDREN?

India ranks second in the world, just after China, in terms of existing number of people with diabetes.

A Chennai-based study suggests that one out of every four patients with Type 2 Diabetes is diagnosed before 15 years of age.

Every fifth child with Type 1 Diabetes in the world is an Indian.

Young diabetics (onset of diabetes before 15 years of age) constitute 1-4% of the total diabetic population in India.

Awareness about diabetes in India is low. Around 25% of urban Indians have not even heard of diabetes.



Type 2 Diabetes, which usually develops in adults, is now increasingly affecting children due to unhealthy lifestyle habits, overweight and obesity.

Early intervention, when lifestyle habits are being formed among children is of utmost importance.

Enabling school environment with well-informed teachers, can positively influence the students to adopt healthy lifestyle habits, and also aid management of students already suffering from Diabetes.

WHAT IS TYPE 1 DIABETES?

Type 1 diabetes is diagnosed when the pancreas stops making insulin completely. It is an autoimmune disease which means the body's own immune system attacks the pancreas destroying the cells that make insulin. This results in the body being unable to control the amount of glucose in the blood.

Diabetes can develop in a child of any age, including infants and toddlers. Type 1 diabetes often develops quickly and may be life-threatening if not diagnosed early.



MYTHS ABOUT DIABETES?

TRUE OR FALSE:

Eating too much sugar causes diabetes

FALSE: When kids get type 1 diabetes, it's because their bodies can't make insulin anymore. It has nothing to do with eating too much sugar. When kids get type 2 diabetes there might be a connection because eating too much sugar (or foods with sugar, like toffees or soft drinks) can cause weight gain, and weight gain can lead to type 2 diabetes.

TRUE OR FALSE:

People with diabetes should not exercise

FALSE: Exercise is important for all children— with or without diabetes. Exercise has many benefits. It keeps kids healthy and fit, and also helps them balance their blood sugar.

TRUE OR FALSE:

You can catch diabetes from another person

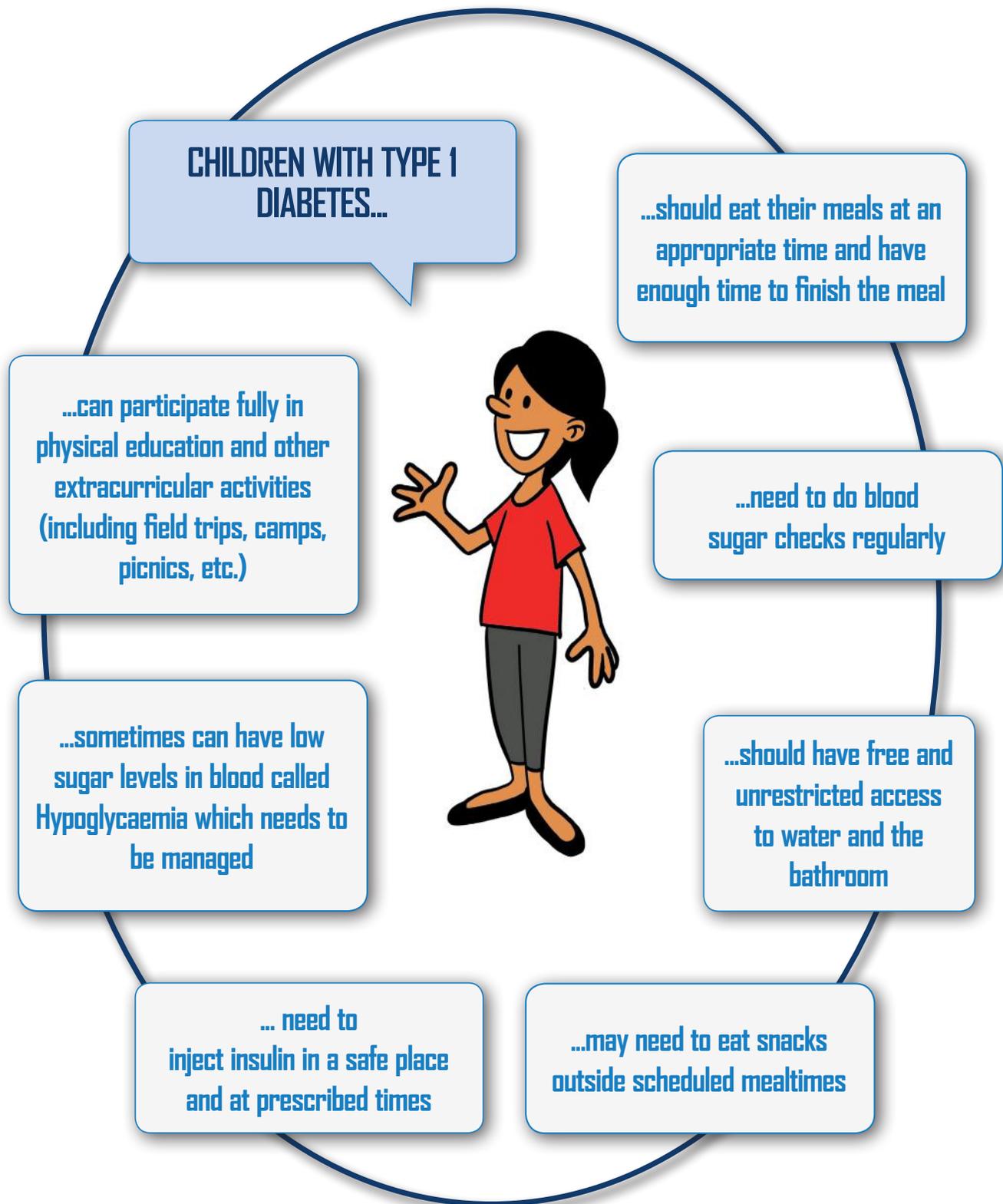
FALSE: Diabetes is not contagious, so you can't catch it from someone who has it.

TRUE OR FALSE:

Kids with diabetes can never eat sweets

FALSE: Kids with diabetes can eat sweets — as part of a balanced, healthy diet. Like everyone else, a person with diabetes shouldn't eat too many sweets because they may cause damage to teeth and they don't have many vitamins and minerals.

AS A PARENT WHAT DO I NEED TO COMMUNICATE TO THE SCHOOL STAFF?



AS A PARENT, WHAT DO I NEED TO KNOW ABOUT LOW BLOOD SUGAR?

Hypoglycaemia or low blood sugar

CAUSES:

Low blood sugar may be caused by:

Taking too much insulin.

Too little carbohydrate.

Unplanned exercise and activities.

Missed or delayed meals/snacks.

SYMPTOMS



WHAT TO DO IF A CHILD HAS LOW BLOOD SUGAR?

How to cope with Hypoglycaemia or low blood sugar?

When a hypoglycaemia does happen it is very important to act quickly:

Child's blood sugar level should be checked.

Ensure that the child consumes a fast acting carbohydrate.
(see next page)

Listen to the child, dont ignore his/her needs or his/her friends' worries.

FOLLOW WITH A SNACK OR MEAL IF DUE.

Be aware of the level of consciousness of the child. If the child is unconscious avoid putting food in the mouth of the child. Seek immediate medical attention.

Ensure that the child is supervised during hypoglycaemia and until recovery.

Check again after 15 minutes.

WHAT TO DO IF A CHILD HAS LOW BLOOD SUGAR?

How to cope with Hypoglycaemia or low blood sugar?



**GLUCOSE
POWDER**
(2 TABLE SPOONS)



**FRUIT
JUICE**
(150-200 ML)



HONEY
(1 TABLE SPOON)



SUGARY DRINK
(75-100 ML)



**GLUCOSE
TABLETS**
(4-5)



Get the child to recheck his/her blood sugar in 10 – 15 minutes. If still low, repeat the treatment.

AS A PARENT, WHAT DO I NEED TO KNOW ABOUT HIGH BLOOD SUGAR?

Hyperglycaemia or high blood sugar

CAUSES:
high blood sugar
may be caused by:

Taking too little insulin..

Eating too much
carbohydrate.

Stress from an illness.
(such as a cold or flu)

Other stress/anxiety.
(such as family conflicts or
exams)

SYMPTOMS



VERY THIRSTY



NEED TO URINATE
OFTEN



IRRITABILITY



STOMACH PAIN

WHAT TO DO IF A CHILD HAS A HIGH BLOOD SUGAR?

How to cope with Hyperglycaemia or high blood sugar?

What to do in case of high blood sugar?

A CHILD WITH A HIGH BLOOD SUGAR LEVEL SHOULD BE ADVISED TO:

Drink plenty of water to keep hydrated

Check his/her blood sugar and repeat the blood sugar test level in about 2 hours

If his/her blood sugar level is very high (270 mg/dl or 15 mmol/l) contact the school nurse or child's parents so they can seek further advice

ATTENTION

When high blood sugar occurs over a number of days it's important to report to parents and school nurse.

AS A PARENT, WHAT DO I NEED TO KNOW ABOUT EXERCISE AND DIABETES?

The duration and intensity of exercise will have an influence on my blood glucose levels. To avoid low blood sugar episodes, I may need to eat an **additional snack before, during and after exercising.**

If I have symptoms of low blood sugar or will be participating in more than 40-45 minutes of physical activity, **blood glucose levels should be checked before exercising.**

Exercise is a key component of diabetes management.

With few special considerations, I can fully participate in all physical activity opportunities available in schools.

Children with diabetes need to carry their **"Diabetes Pack"** with them.



WHAT ABOUT EXTRA CURRICULAR ACTIVITIES?

I CAN participate in all extracurricular activities. My teacher should notify my parents and invite them to the planning stage of the activity especially if this involves an overnight.



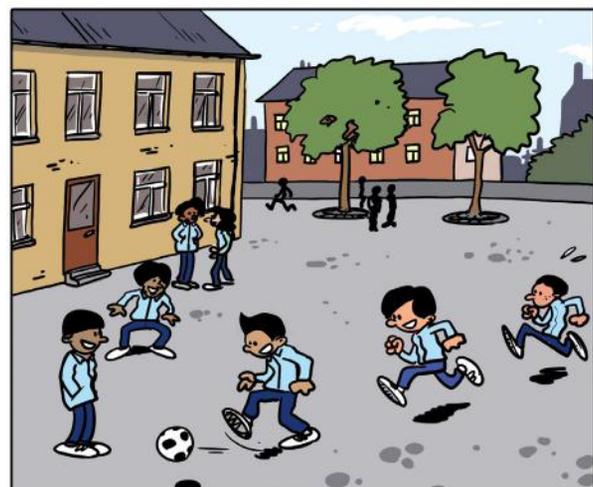
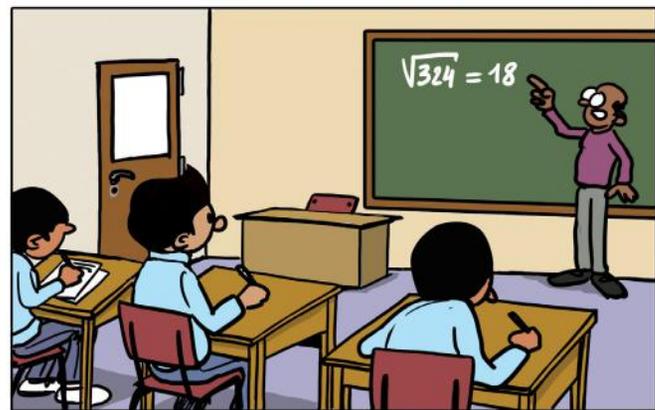
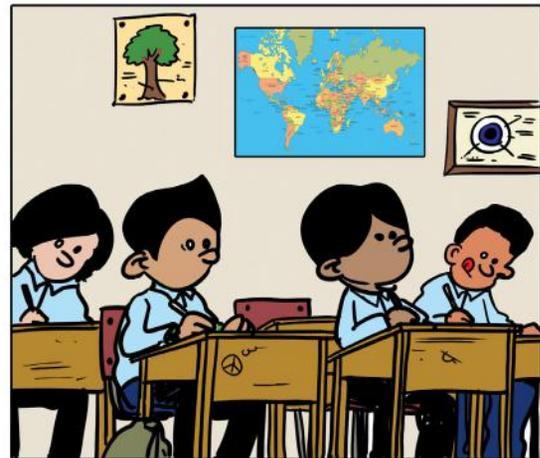
I'LL BRING WITH ME:

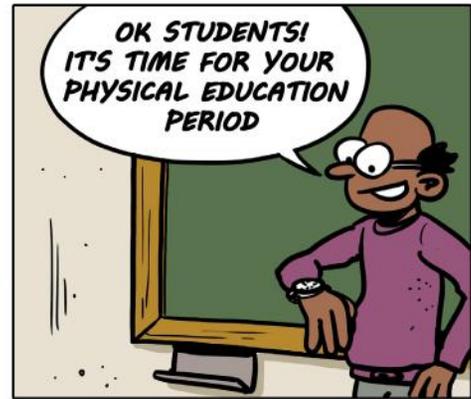
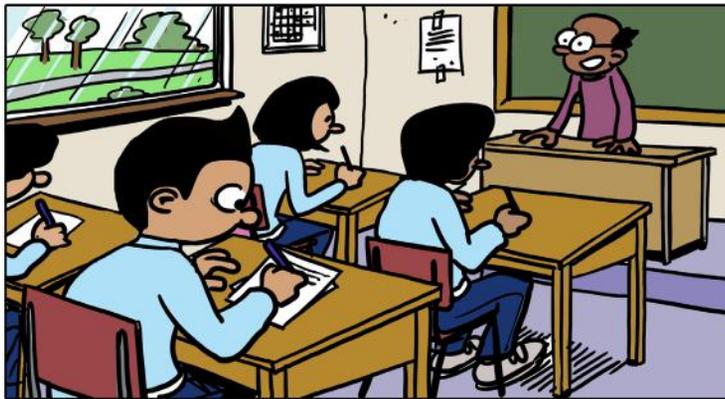
- a diabetes pack with a glucometer, insulin (along with syringe/injection pen) and a sugar source.
- a fast-acting carbohydrate snack or drink in case of hypoglycaemia.
- extra snacks in case lunch is delayed or we get more exercise than usual.
- a bottle of water

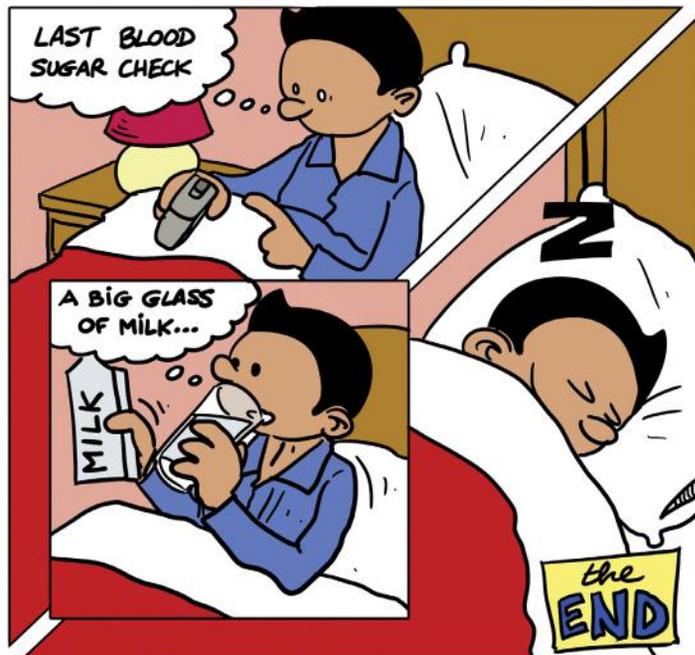
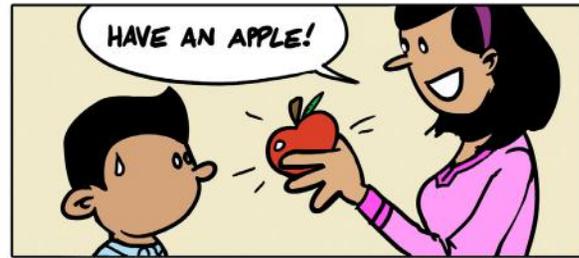
An overnight activity means I need to be able to inject my insulin or this needs to be discussed by the teacher with my parents.

A DAY IN THE LIFE OF ARJUN, LIVING WITH TYPE 1 DIABETES







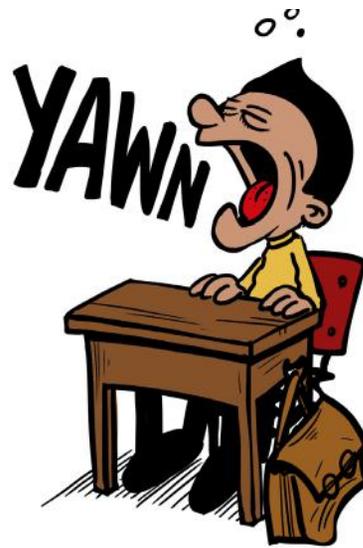


WHY IS IT IMPORTANT TO CHOOSE A HEALTHY LIFESTYLE?

TO PREVENT:



OVERWEIGHT



TIREDFNESS



FEELING SICK

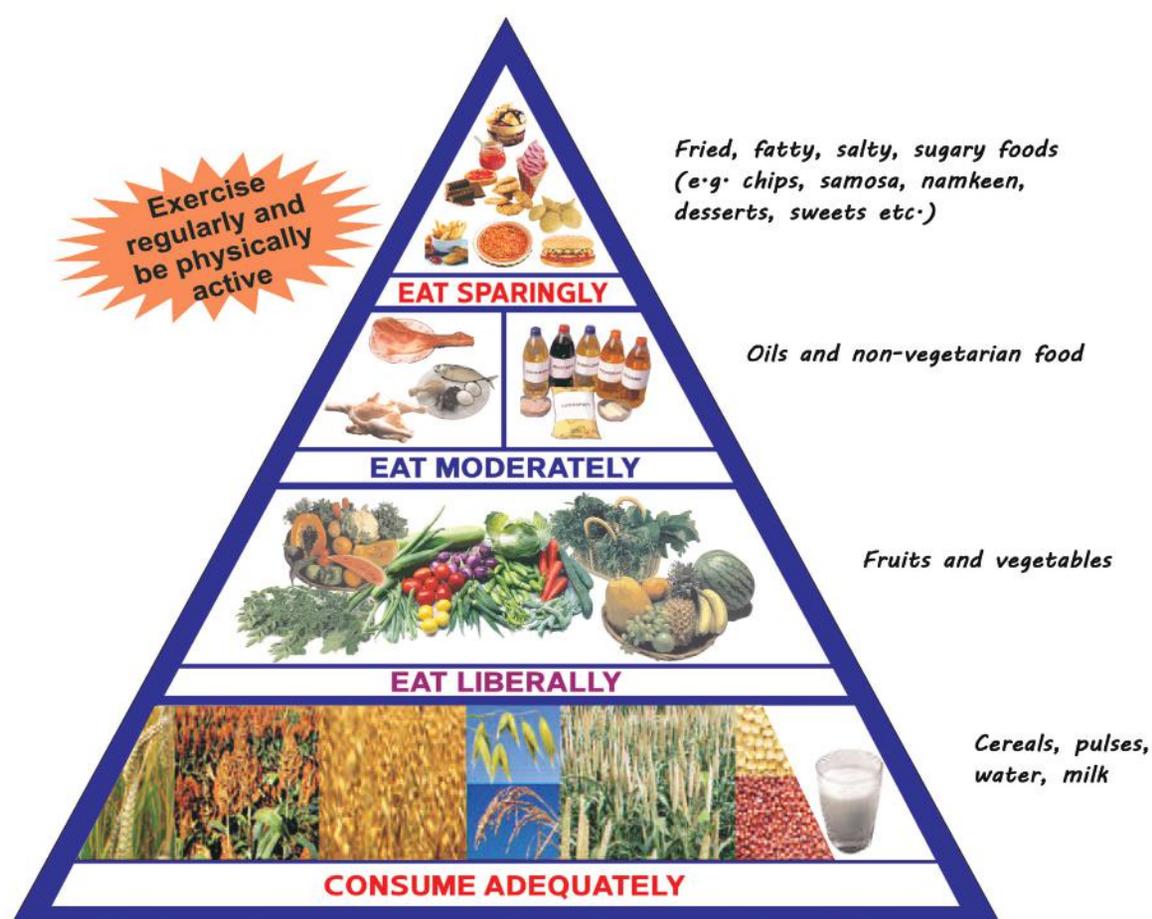


UNHEALTHY HEART

HOW TO STAY HEALTHY? EAT WELL!

There is a lot of evidence that lifestyle changes can help prevent the development of type 2 diabetes.

THE FOOD PYRAMID



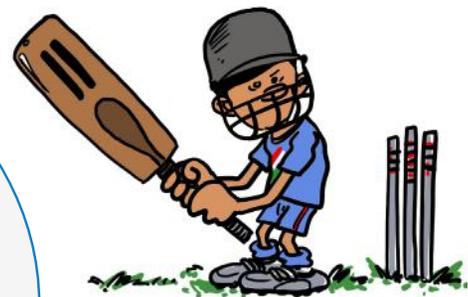
(Source: National Institute of Nutrition, Indian Council of Medical Research. 2011. Dietary Guidelines for Indians - A Manual. Hyderabad: NIN. pp. 12)

HOW TO STAY HEALTHY? MOVE WELL!

A healthy diet is built on a base of regular physical activity, which keeps calories in balance and weight in check.

TIPS TO GET ACTIVE:

- Try sports and choose the one you like
- Set regular times for activities; make it a part of your daily schedule
- Reduce use of screen time (TV, computers etc..) and play with friends
- Walk to school (if possible)
- Take the stairs instead of an lift
 - Learn to use the skateboard, the bike or run instead of getting a ride
 - Go for walk with your parents



- Turn off your TV, mobile or computer and spend some time playing with your friends
- Stay active: do a minimum of **30 minutes of exercise per day**
- Exercise with a friend

ANNEX 1

DIABETES MANAGEMENT PLAN

to be completed by parent or legal guardian

Child's name

Date of birth

Mother's name

Guardian/
Father's Name

Child's age
at time of
diagnosis

Contact phone numbers:

(list by order in which calls should be made, and note if it is a parent, friend, or caregiver and whether the number is home and or work. Also note if each person has legal authority to respond in an emergency situation.)

	Number	Name	Relationship	Location	Authority
1.
2.
3.

Doctor:

Name Phone

Other health providers:

Name Phone

Name Phone

MONITORING:

Usual blood glucose monitoring times:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Mid-Morning | <input type="checkbox"/> Noon |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Night |
| <input type="checkbox"/> Others (Please Specify) | |

Does your child have a preferred location for monitoring (classroom, school office, etc.)?

Goal range for blood glucose: Between _____ and _____

LOWS:

If below _____, please do the following:

Call parent if below: _____ (Tel: _____)

Usual signs/symptoms of low blood glucose are:

- | | |
|--|---|
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Blurry Vision |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Fast Heartbeat |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hunger |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Shakiness |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Weakness/Fatigue |
| <input type="checkbox"/> Others (Please Specify) | |

HIGHS:

If above _____, please do the following:

Usual signs/symptoms of high blood glucose are:

- | | |
|--|--|
| <input type="checkbox"/> Excessive Thirst | <input type="checkbox"/> Need to urinate often |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Stomach pain |
| <input type="checkbox"/> Others (Please Specify) | |

Insulin:

Will daily insulin be needed in school?

YES NO

If insulin is needed at any other time, please specify time, amount and circumstances for administering insulin:

FOOD:

Will your child participate in school breakfast and/or school lunch?

YES NO NA

If yes, will modifications to the regular menu be needed?

YES NO NA

EXERCISE:

What are your child's favourite physical activities?

Will your child participate in school sports? YES NO

SELF-CARE:

Please put an **X** in the box that best describes your child's role:

	Does it alone	Does it with su- pervision	Parents help	Parents do it
Pricks finger				
Puts strip in Glucometer				
Reads Glucometer				
Records result				
Adjusts food based on result				
Adjust insulin based on result				
Knows which foods to limit				
Can select kind and amount of food				
Helps plan meals				
Selects insulin injection site				
Prepares for injection, selects site				
Injects insulin				
Measures insulin				
Determines amount and type of insulin				

PARTIES AND SPECIAL FOOD OR MEALS:

Do you wish to be contacted before each event?

YES NO

Additional instructions for the school:

EMERGENCIES:

What do you feel should be treated as an emergency?

What do you want the school to do in an emergency?

Other requests:

(Adapted on Recommendations for Management of Diabetes
for Children in School – Vermont Department of Health)

ANNEX 2

GUIDELINES FOR MANAGEMENT OF CHILDREN WITH DIABETES IN SCHOOL

The following guidelines should be taken into consideration when dealing with diabetes in school. The daily routine of a child with diabetes includes: daily blood glucose monitoring and schedule of food, insulin and activities. Therefore, while at school, each child with diabetes must be allowed to:

- Do blood sugar checks.
- Treat hypoglycaemia with emergency sugar.
- Inject insulin when necessary.
- Eat snacks when necessary.
- Eat lunch at an appropriate time and have enough time to finish the meal.
- Have free and unrestricted access to water and the bathroom.
- Participate fully in physical education and other extracurricular activities, including field trips.

In addition:

- The extent of the student's ability to participate in diabetes care should be agreed upon by the school personnel, the parent/guardian, and the health care team, as necessary.
- The ages at which children are able to perform self-care tasks are very individual and variable, and a child's capabilities and willingness to provide self-care should be respected.

- Successful management of diabetes in school requires team work between child, parents/guardians, health care team and the school.

Tips to establish an effective management program for diabetes at school:

- Plan for communicating with parents and the student's physician, agree emergency procedures and list phone numbers required.
- School policies and procedures for administering medications, and handling equipment such as glucometers and pumps should be developed.
- Specific actions for school personnel to perform in the management program should be agreed.
- A specific plan of action for handling high and low blood sugar episodes, including the appropriate treatment foods and medications to have available should be agreed.
- A list of any medications the student receives, noting which ones need to be taken during school hours should be documented.

WHO DOES WHAT ?

PARENT/GUARDIAN

- Supply, equipment and medication necessary for the provision of health support services to students.
- Supply emergency contact numbers to address any expected situation that may arise.
- Supply Information about the student's meal/snack schedule.
- Keep the school informed of any changes in plan of care.

SCHOOL STAFF

- If possible, the school should have its own diabetes kit (containing a glucometer, sterilized lancets batteries) and a high sugar food source (glucose powder etc.)
- Arrange a meeting with parents / guardian at the beginning of the year to complete the diabetes management plan.
- Make sure they have contact numbers for parents / guardians and student's physician (if applicable).
- Agree when parents / guardians need to be contacted.
- Support the child with diabetes at school.
- Allow the child to undertake blood glucose monitoring at agreed times.
- Provide a safe place for a child to inject insulin.
- Familiarise themselves with the signs and symptoms of low blood sugar.
- Know how to cope with a child who has a low blood sugar.
- Ensure a child with low blood sugar is supervised and not left alone.
- Provide unlimited access to water and bathroom.

STUDENT

- To tell the teacher when they are going low if possible.
- To tell the teacher when they do not feel well.
- To do their blood sugar and insulin injection if able in accordance with the management plan.
- Bring their diabetes equipment to school.
- Carry with them fast acting carbohydrate in case of a low blood sugar.

RESOURCE WEBSITES

- <http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=97#main>
- <http://www.diabeteskidsandteens.com.au/staycoolatschool.html>
- [http://main.diabetes.org/dorg/advocate/Back to School August 2013/lib/playback.html](http://main.diabetes.org/dorg/advocate/Back%20to%20School%20August%202013/lib/playback.html)
- <https://www.diabetescamps.org/ugc/page-body/doc/JDRF%20School%20Advisory%20Toolkit.pdf>
- <http://www.t1dstars.com/web/>
- <http://www.hriday-shan.org/>
- <http://healthy-india.org/>

DIABETES MANAGEMENT PLAN IN SCHOOL CONSULTED FOR THE KIDS PACK:

- http://www.childrenwithdiabetes.com/d_0q_500.htm
- <http://healthvermont.gov/prevent/diabetes/SchoolDiabetesManual.pdf>
- <http://www.gnb.ca/0000/pol/e/704AH.pdf>



For further information, please contact:



PUBLIC
HEALTH
FOUNDATION
OF INDIA

ISID Campus, 4 Institutional Area,
Vasant Kunj, New Delhi -110070, India
Phone: +91 11 49566000, Fax: +91 11 49566063
Email: contact@phfi.org, Web: www.phfi.org



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T-7, Green Park Extn., New Delhi-110016, India.
Phone: +911164546720, +911141031191
Email: contact@hriday-shan.org
info@hriday-shan.org, Web: www.hriday-shan.org