Age Related Guidelines for Diabetes
what to look for in children with diabetes
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Introduction

As children grow and mature, they learn to care for themselves. This is true for diabetes-related tasks. This is a guideline to help you know when children may be able to do some diabetes related tasks along with some normal developmental tasks and family issues that may happen with managing diabetes. Some additional resources are also provided. Keep in mind, every child is different so this is a guideline only.

Here are a few questions many parents have as children learn to manage their diabetes.

1. How do children manage tasks and responsibility?
   This depends on their age and developmental stage. It is important to know your child and work with him or her. Your child’s ability to manage tasks related to diabetes, can also change at different times in each stage.

2. What age should I allow my child to start doing some of the tasks for their diabetes care?
   There is not an exact age when children can assume some of their diabetes care either with supervision or on their own. Your child’s age is one of the factors to use when making this decision. However, there are several other important factors to think about including:
   • developmental level,
   • interest shown by your child and
   • other health issues or concerns
   Your child should be encouraged to start helping with their diabetes care when they can follow simple instructions and make simple choices. They can begin self-care as they show they are able to do the tasks for diabetes care correctly and consistently.
   Continue to help/watch your child. You may have to take over as the parent/caregiver (for example: if they are omitting and/or incorrectly performing diabetes care).

3. Are there any problems that can come up by allowing my child to start performing some of their diabetes care?
   Yes. A common problem is to push the child into more responsibility before they are ready. If you give your child more responsibility when they are not ready, the result can be poor control of their diabetes as well as feelings of failure and low self-esteem.

4. When can I stop being involved in my child’s diabetes care and management?
   It is now thought to be very helpful to have a supportive adult for any person with diabetes, no matter what their age.
   It is very important for a parent/caregiver to be involved in their child’s diabetes care. As your child grows and develops this will range from doing all the tasks for the child, to watching the child doing the tasks, to checking that the tasks are being done as they should.

OUR GOAL IS TO HELP YOU LEARN TO MANAGE YOUR CHILD’S DIABETES, SO YOU IN TURN CAN TEACH THEM TO MANAGE THEIR DIABETES AND ASSUME SELF-CARE AT AN AGE APPROPRIATE TIME.
Behaviors

- Responds to love
- Developing trust
- Bonds with parent/primary caregiver
- Starts to develop motor skills (for example: lift head, kick legs, reach for objects, crawls, etc.)

Diabetes Management

Parent/caregiver to perform all tasks

- Prevent and treat hypoglycemia (low blood sugar)
- Try to avoid large swings in blood sugar (for example: feedings are not too close together or too far apart)
- May give insulin right after feedings/meals, but first talk to your diabetes healthcare provider

Potential Family Issues

- Coping with stress
- Avoid burnout by sharing diabetes care between parents and/or caregivers
- Accepting diabetes as part of life
- Inform and teach daycare and other caregivers about managing child’s diabetes
Toddler
13-36 months

Behaviors

• Learning how to control their body and their environment
• Developing a sense of “self”
• Developing speech skills
• Continues to develop motor skills (for example: walking, playing with simple toys, feeding themselves, etc.)

Diabetes Management

Parent/caregiver to perform all tasks

• Prevent and treat hypoglycemia (low blood sugars)
• Try to avoid large swings in blood sugar by allowing the child to help make simple food choices when possible
  o offering finger foods since most children this age like to hold the food themselves
  o not having meals or snacks too close or too far apart
• May give insulin right after meals, but first talk to your diabetes healthcare provider

Potential Family Issues

• Coping with stress
• Avoid burnout by sharing diabetes care between parents and/or caregivers
• Managing picky eaters and/or “grazing” (wanting to eat small amounts all day long)
• Accepting diabetes as part of life
• Inform and teach other caregivers/daycare/school about managing child’s diabetes
Behaviors

- Increase in language development
- Self-centered
- Big imagination—has a hard time knowing what is real or pretend
- Not able to problem solve on their own
- Does not fully understand concept of time

Diabetes Management

Parent/caregiver to perform all tasks

- Prevent and treat hypoglycemia (low blood sugar)
- Learning how to recognize low blood sugar symptoms
- Learning to help with blood sugar checks and insulin shots
  - o allow them to choose which finger to stick for blood sugar checks as long as you switch fingers,
  - where to give shot as long as you rotate sites
  - o help to count before taking out syringe or insulin pen
- Amount of food eaten and food they like may vary, involve child in simple food choices when possible
- May give insulin right after meals, but first talk to your diabetes healthcare provider

Potential Family Issues

- Coping with stress
- Avoid burnout by sharing diabetes care between parents and/or caregivers
- Accepting diabetes as part of life
- Inform and teach school/daycare/other caregivers about child’s diabetes
- Remind child that having diabetes is no one’s fault
**Older Elementary**
8–11 years

**Behaviors**
- Thinking is more concrete (thinks of right now, not future)
- Developing logic and understanding
- Becoming more social and curious
- Becoming more responsible
- Self-esteem linked to friends
- Puberty may start

**Diabetes Management**

**Parent/caregiver to perform all tasks or closely supervise if the child is performing tasks**

Child can begin testing their blood sugar with adult supervision and monitoring
- If interested, around age 10-11 can start to draw up and give shots although adult supervision is still needed
- Can recognize and start treating low blood sugars
- Can start making some independent food choices and learning basic carb (carbohydrate) counting
- Cannot fully understand that doing something now (good diabetes control) helps to prevent problems later (diabetes complications)
- Begin teaching the child about short and long term complications and the need to keep blood sugar in target range most of the time (If you are not sure what your child’s target blood sugar range is, ask your diabetes healthcare provider or the diabetes educator)
- If using an insulin pump, can do their boluses but adult supervision/monitoring needed
- If child is not doing diabetes care, or doing care incorrectly, the adult will need to give diabetes care to the child
- Once child can again show they can provide correct diabetes care, then parent/caregiver may allow child to resume some self-care of diabetes with supervision

**Potential Family Issues**
- Coping with stress
- Accepting diabetes as part of life
- Parent/caregiver staying involved in all diabetes related tasks while allowing for self-care on special occasions
- Avoid burnout by sharing diabetes care/supervision between parents and/or caregivers
- This is the time when having a friend spend the night or staying at a friend’s house often starts.
- They can also become more active in school and other activities, which may need more flexibility in schedule and regimen
- Inform and teach school and/or other caregivers about child’s diabetes
Behaviors

- Puberty starts or continues
- Body image is important
- May begin to be away from home more
- Developing self-identity
- Becoming more responsible and independent
- Developing abstract thinking (can see cause and effect)

Diabetes Management

Parent/caregiver to monitor tasks or perform tasks as needed

- Increased insulin needs during puberty can make blood sugar control and diabetes management more difficult
- Weight and body image concerns can also affect diabetes management
- Can do most shots or insulin pump management and blood sugar checks but still needs parental/caregiver to be involved and monitor care
  
  o Several times a week review log book, meter or insulin pump download with child
  o Look for patterns in blood sugars and that diabetes management is consistent
- Knows carb (carbohydrate) counting and can make correct food choices
- Around age 12-13 can begin to understand that good blood sugar control will prevent diabetes complications later. Continue teaching child to keep blood sugar in target range most of the time. (If you are not sure what your child’s target blood sugar range is, ask your diabetes healthcare provider or diabetes educator)
- By age 15, begin talking to child about diabetes and driving. Ask diabetes healthcare provider for brochure on Diabetes and Driving
- If child is not doing diabetes care, or doing care incorrectly, the adult will need to take over diabetes care of the child
- Once child can again show they can provide correct diabetes care, then parent/caregiver may allow child to resume some self-care of diabetes with supervision
- Consider attending the Review Class offered the 4th Thursday of each month (except for November). To schedule call 205-638-9107

Potential Family Issues

- Coping with stress and/or conflicts
- Accepting diabetes as part of life
- Parent/caregiver and teen work together to allow teen to manage most of diabetes care
- Avoid burnout by sharing diabetes care/supervision between parents and/or caregivers
- Teen is learning new coping skills to help self-manage diabetes
- Observe for signs of depression, eating disorders and/or any other risky behaviors
  
  o Report any concerns to primary healthcare provider as well as your diabetes healthcare provider at 205-638-9107
- Inform and teach school and/or employers (if they have a part time job) about child’s diabetes
Later Adolescence
16-19 years

Behaviors
• Developing identity for after high school (for example: making decisions about college, work, social issues, etc.)
• Able to understand that proper diabetes management will prevent problems in the future
• Independent
• Frequently away from home
• Better problem solving skills

Diabetes Management
Parent/caregiver to be involved by monitoring self management and offering support; to perform tasks if needed
• Can do most, if not all, of shots or insulin pump management and blood sugar checks, but still needs parental/caregiver to be involved and monitor care
  o Frequent review of log book, meter or insulin pump download with teen
  o Look for patterns in blood sugars and that diabetes management is consistent
• At times may still need help with insulin dosing
• Can count carbs (carbohydrates) correctly and know what foods to eat
• Knows the importance of keeping blood sugar in target range most of the time to help prevent complications later (If you are not sure what your child’s target blood sugar range is, ask your diabetes healthcare provider or the diabetes educator)
• If the teen is not doing diabetes care, or doing incorrectly, the adult will need to take over diabetes care of the child
• Once teen can again show they can provide correct diabetes care, then parent/caregiver may allow child to resume some self-care of diabetes with supervision
• Combining diabetes with new lifestyle
• Consider attending the Review Class offered the 4th Thursday of each month (except November). To schedule call 205-638-9107
• Diabetes team will begin discussion of transition to adult endocrinologist

Potential Family Issues
• Coping with stress and/or conflicts
• Accepting diabetes as part of life
• Parent/caregiver and teen continue to adapt to new roles as teen assumes more self-management and parent/caregiver monitors the teen
• Avoid burnout by sharing diabetes care/supervision between parents and/or caregivers
• Teen continues to learn coping skills for self-management of diabetes
• Inform and teach school and/or employers about teens diabetes
• Observe for signs of depression, eating disorders and/or any other risky behaviors
  o report any concerns to primary healthcare provider as well as your diabetes healthcare provider 205-638-9107
• Support transition of teen to independence
Helpful websites for Diabetes patients and families

American Diabetes Association
http://www.diabetes.org
Gives general information about diabetes and tools to advocate for your child in school settings, contains educational articles, a forum, and opportunities to become involved in diabetes awareness events.

Southeastern Diabetes Education Services
http://www.southeasterndiabetes.org
Has information about diabetes camps in Alabama and local events to meet other families dealing with diabetes.

Juvenile Diabetes Research Foundation
http://www.jdrf.org
Contains current updates on diabetes research, information for newly diagnosed families, support forums for parents and teenagers, and helpful tips for living with diabetes.

Calorie King
http://www.calorieking.com
Contains nutritional information for thousands of foods.

Diabetes Education and Camping Association
www.diabetescamp.org
Contains information on diabetes camps across the nation.

National Diabetes Education Program
http://www.ndep.nih.gov
Contains educational information about diabetes and information on current governmental policies regarding diabetes.

Children with Diabetes
http://www.childrenwithdiabetes.com
A support website connecting parents of children with diabetes; offers online forums, chat rooms, informational articles, and applicable advice for families with diabetes.

Resources for parents of children with Diabetes and School

American Diabetes Association
http://www.diabetes.org
Safe at School
Going to College with Diabetes
http://www.diabetes.org/assets/pdfs/schools-going-to-college-with-diabetes
Standardized Testing and Diabetes
http://www.diabetes.org/assets/pdfs/schools-standardized-testing_df.pdf
Juvenile Diabetes Research Foundation
Type 1 Diabetes in School: Vital Resources for Students with Type 1, Their Families, and School Personnel
http://www.jdrf.org/index.cfm?page_id=103439
National Diabetes Education Program
Helping the Student with Diabetes Succeed: A guide for school personnel
Alabama Disabilities Advocacy Program
contains information on how to effectively advocate for your child at school, located in Tuscaloosa
http://www.adap.net
Additional Diabetes Websites and Apps

www.lillyforbetterhealth.com  Guide and resources for diabetes and other health issues
http://spoonful.com/type1  Website for families with children with Type 1 diabetes by Disney
www.lillydiabetes.com  Resources for Type 1 and Type 2 diabetes

DUE TO FREQUENT CHANGES IN TECHNOLOGY AND PHONE SERVICE PLANS WE CANNOT GUARANTEE COST INFORMATION IS CORRECT. ALSO PLEASE VERIFY IT IS COMPATIBLE WITH YOUR PARTICULAR SMART PHONE

GoMeals – Free
Offers nutrition guide for restaurants

Calorie King – Free and $
Offers food search, blog and weight loss program ($)

Restaurant Nutrition – Free
Information on restaurant meals and tracks food eaten

Bant – Free
Transfers readings to iPhone, iPad, and iPod Touch and shows trends for up to 90 days

Blood Sugar Tracker – Free
Log in blood sugar levels, set target ranges, and view history and graphs to identify readings out of range

Carb Master – Free
Tracks carb, calories, fat, sugar, protein and fiber

Diabetes Companion – Free
Supported by dLife; nutrition facts, recipes, information videos, Q&A’s, blood sugar tracking

Glucose Buddy – Free
Manually enter blood sugars, carbs, insulin doses and activities

Wave Sense Diabetes Manager – Free
Tracks blood sugars, carbs and insulin doses. Offers a logbook, trend chart, email reports, customize target ranges for lows and highs.

These are just a few of the Apps available. We do not recommend any one particular App. If you have specific questions, please talk to your diabetes health care provider.