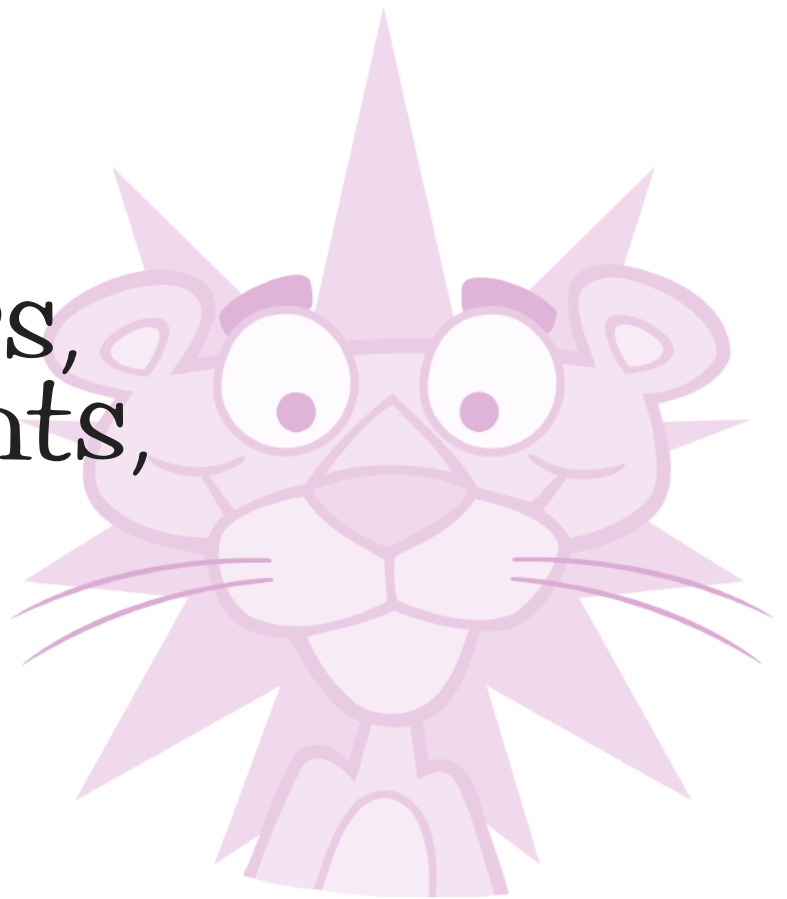


Chapter 24

Baby-sitters, Grandparents, and Other Caregivers



It is important for parents to feel that their child is safe with caregivers other than the parents. It is also important for these caregivers to feel confident that they can do a good job.

WHAT DO THEY NEED TO KNOW?

• How much training is needed will depend upon the amount of time the child will be with the caregiver, and the age of the child.

All caregivers need:

- some information about signs of low blood sugar and how to treat it. A low blood sugar can occur at any time.
- some basic instruction on foods and diabetes. A two-page handout is in this chapter, which can be cut out or copied for the caregiver.
- emergency phone numbers in case the parents cannot be reached. This helps everyone feel better.

- to know how to give shots, when to check for urine or blood ketones, and other more detailed information if the parents are to be away for a longer time period.
- an extra supply of insulin, etc. (in case a bottle is dropped and broken).

• Attending a “Grandparent Workshop” or other workshop can help to teach the grandparents, baby-sitters or other caregivers about diabetes.

- It is important for the child and the grandparents to continue to have a close relationship.
- It can also help to remove any fears about giving shots or treating low blood sugars.

• Caregivers may wish to join the parents at initial education classes or at the time of clinic visits. They are always welcome.

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
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:

1. Parent: _____ at: _____
2. _____ at: _____
3. _____ at: _____

Meals and Snacks

The child must have meals and snacks on time. The schedule is as follows:

	Time	Food to Give
Breakfast	_____	_____
Snack	_____	_____
Lunch	_____	_____
Snack	_____	_____
Supper	_____	_____
Snack	_____	_____

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.

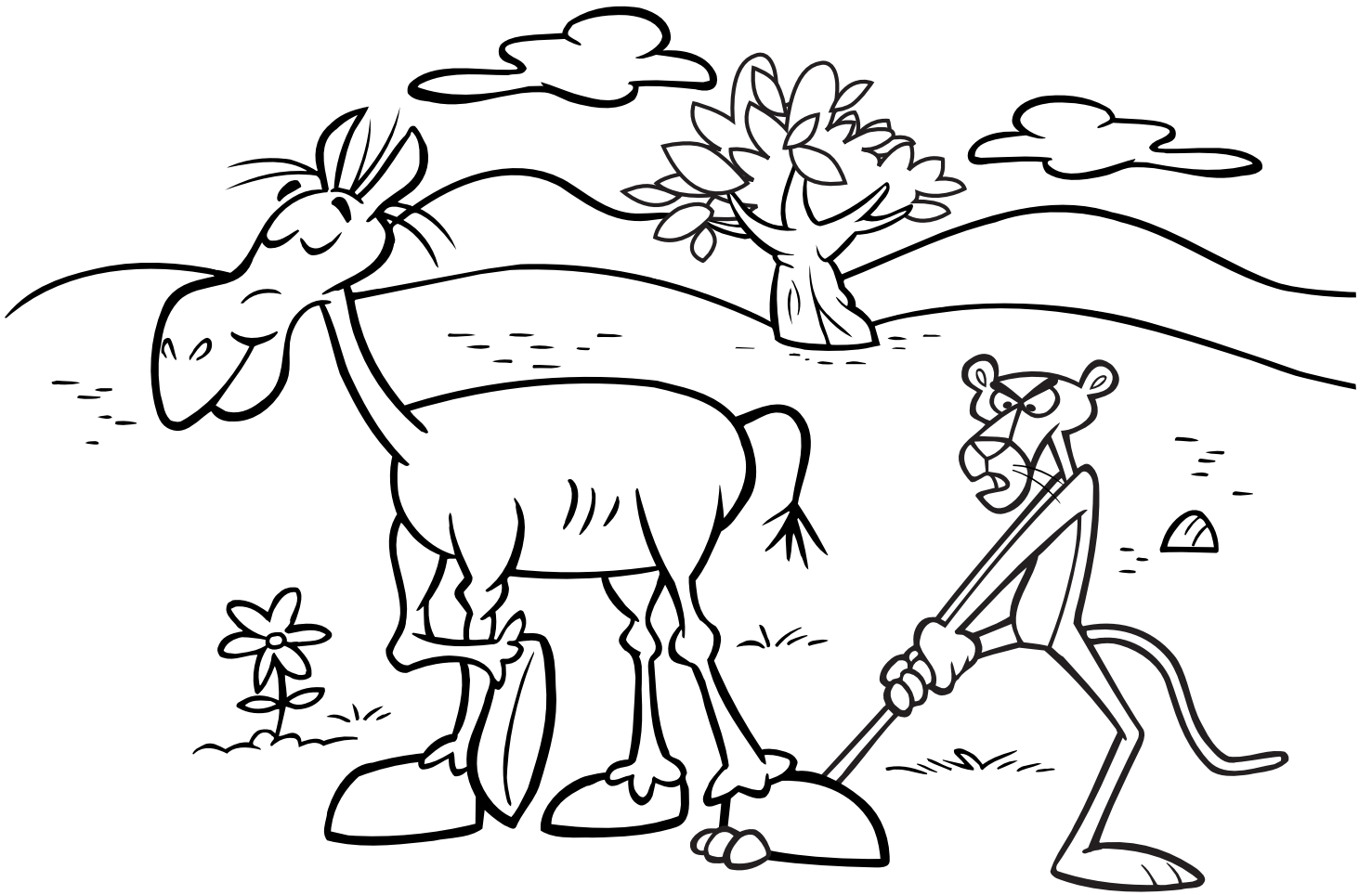
Time: _____ Result: _____

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.



Be prepared for anything when
you're planning to camp or vacation.
Special planning is important for vacations.