

Tip Sheets

Supporting Children with Type 1 Diabetes



Child care programs cannot refuse providing care to a child because the child has diabetes. The following information will help you in setting up support care in the event you have a child with Type 1 Diabetes in your program.

Individual Health Care Plan

Parents must provide all diabetes supplies, equipment, snacks, and insulin or other diabetes medication to the child care provider, as well as provide medical directives for support care while in child care (American Diabetes Association).

It is critical caregivers receive from the child's licensed health care provide a copy of the child's "Emergency Diabetes Care Plan" before providing care, when possible. This plan will provide specific directives to providing safe supportive care and directives on how to recognize and treat low and high blood sugars.

What is Type 1 Diabetes?

Normally our bodies break down what we eat into glucose and other needed nutrients, which are then absorbed into the bloodstream from the gastrointestinal tract. The glucose level in the blood rises after a meal and triggers the pancreas to make the hormone insulin, releasing the hormone into the bloodstream.

Insulin gives glucose an entry into cells to take in nutrients and convert them into energy to sustain healthy body tissue and organ function. Insulin works like a key that opens the doors to cells to let the glucose in. Without insulin, glucose can't get into the cells (the doors are "locked" and there is no key). When this happens, the level of sugar in the blood remains higher than normal.

Frequent and long-term high blood sugar levels can cause stress to major organ systems, resulting into long term health problems.

In Type 1 Diabetes, the pancreas loses its ability to make insulin. Therefore, glucose is not able to enter the cells and do its job of supplying energy to our bodies. As a result, insulin must be supplemented.

Direct Support Care

The following are the frequencies (1) and necessary equipment/supplies (2) needed for tasks related to supporting children with Type 1 Diabetes.

Blood glucose monitoring

- 1. Before food intake and physical activity and when low- or high blood glucose is suspected
- 2. Blood glucose meter, lancet, lancing device, and test strips

Insulin administration

- Before or after food intake and when treating high blood glucose
- 2. Insulin + delivery device (pump, pen, syringe)

Food intake scheduling and monitoring

- Snacks and meals provided and/or monitored to ensure food consumption is in accordance with insulin dosing
- 2. Food and carbohydrate information

(Low) Hypoglycemia

- Awareness that unusual behaviors after physical activity or insulin administration may signify low glucose
- 2. Quick-acting carbohydrate and glucagon

(High) Hyperglycemia

- Awareness that increased urination or drinking may signify high glucose
- 2. Non-carbohydrate-containing liquid + insulin

Ketone monitoring

- Check ketones if repeated blood glucose tests show elevation above target range or if the child is ill
- 2. Urine or blood ketone strips, ketone monitor

Training Resources

Because infants, toddlers, and preschoolers cannot participate in self-management tasks, it is critical for program care givers to receive training. Basic information can be obtained directly through the parent and through the aid of an individual health care plan from the child's health care provider.

More extensive training may be needed by the caregiver. Parents can contact their child's health care provider for arranging an on-site training.

Additional resources for training include:

- Child care health consultant serving centerbased programs
- Clinic diabetic educator

Additional Resources

American Diabetes Association http://www.diabetes.org/diabetes-basics/type-1/

Healthy Children

https://www.healthychildren.org/English/healthissues/conditions/chronic/Pages/Diabetes.aspx

Kids Health

https://kidshealth.org/en/parents/type1.html

For more information, visit http://www.inclusivechildcare.org/.

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