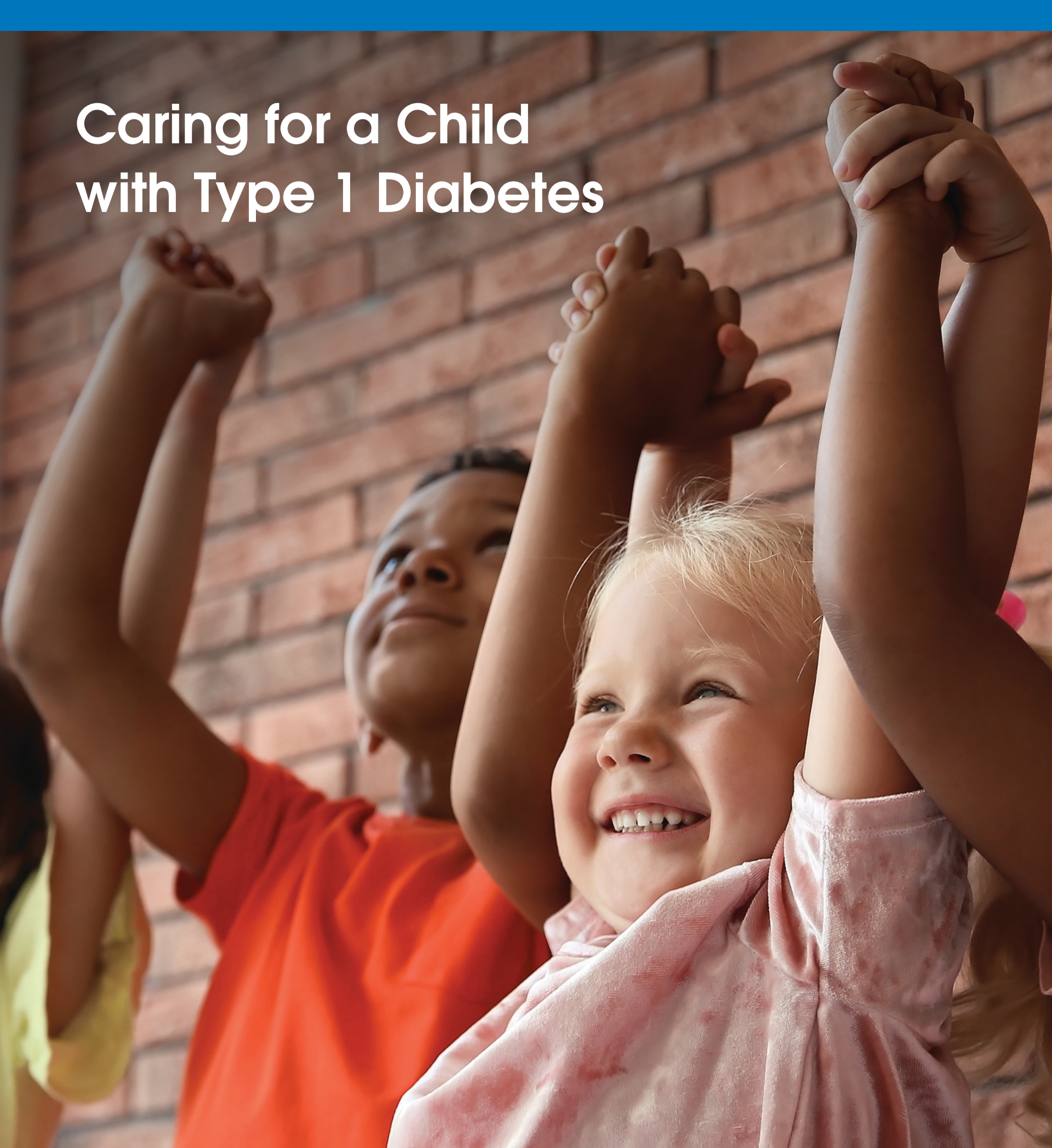


Caring for a Child with Type 1 Diabetes



Children's Wisconsin
Patient Family Education



Kids deserve the best.

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Chapter 1: Understanding type 1 diabetes & the care notebook



This care notebook

The *Type 1 Diabetes Stepping Stones* page is a map. We will check off the stones as you tell or show us that you understand each step. This will help you feel confident that your child or teen will be safe at home with type 1 diabetes.

On the back, write down questions your family has about things you are not learning today. If you write down your questions, we will help you get answers at your next visits.

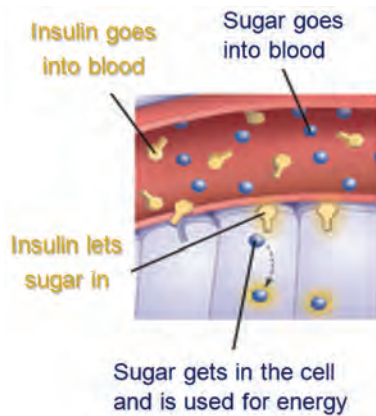
This first *Type 1 Diabetes Care Notebook* has pages to help you to learn in a step by step way. What you need to learn about each of the stepping stones is in this book. You may learn them in a different order. The colors in each chapter match the stepping stone that is being discussed. This will help you find your place quickly.

The *Type 1 Diabetes Care Notebook* is not all you need to know about type 1 diabetes. These are the first things you need to know to safely care for your child or teen when you go home.



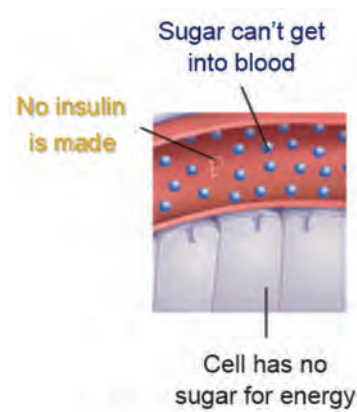
What is type 1 diabetes?

- Type 1 diabetes means that your body does not make enough insulin to use the food that you eat.
 - Insulin is needed by the body to use food for energy.
 - When the body cannot make insulin, the body starves. The body cannot live long without insulin.
 - This is why your child will need shots of insulin every day.



Normal

Insulin helps sugar get into cells to become energy for the body.



Type 1 Diabetes

Without insulin, cells can't get sugar for energy.

What causes it?

- No one knows how or why the body's cells no longer make enough insulin. Some things we do know are:
 - Children inherit the genes for type 1 diabetes from both of their parents. Just like we inherit our hair and eye color.
- Not all people with these genes will have type 1 diabetes, but you cannot get type 1 diabetes without these genes.
 - Type 1 diabetes can take a long time to show up, but sometimes an illness, stressor, or something in the environment makes it show up faster.
 - Your child did not show any symptoms of type 1 diabetes until most of their cells that make insulin stopped working.

What type I diabetes is not

- Caused by eating candy or because of your child's weight.
- Contagious. You cannot catch it or give it to someone else.
- The same as type 2 diabetes, which is often caused by weight or lifestyle.
- Anyone's fault.

What will we learn today?

- How, why, and when to take insulin shots.
- The basics of high blood sugars.
- How, why, and when to check for ketones.
- The basics of low blood sugars.
- What your child should eat at meal and snack times.
- How, why, and when to check blood sugars.
- When and how to call the diabetes team, what supplies you will need, and when to come back.

Chapter 2:

Giving insulin shots



I can tell you why, when, and how to give insulin shots

Introduction to insulin shots

People with type 1 diabetes need to take insulin shots every day. Insulin is the hormone that helps sugar move from the blood into the cells to give the body energy. The body cannot live long without insulin.

There are two common types of insulin given to children with type 1 diabetes:

- Fast acting insulin is usually given before your child eats a meal and brings higher blood sugars down.
- Long acting insulin is given daily, usually before bedtime, to give your child a small amount of insulin throughout the day and night.

Insulin comes in different forms that are injected into the skin. Your healthcare provider will decide which form will work best for your child.

Where to give insulin shots

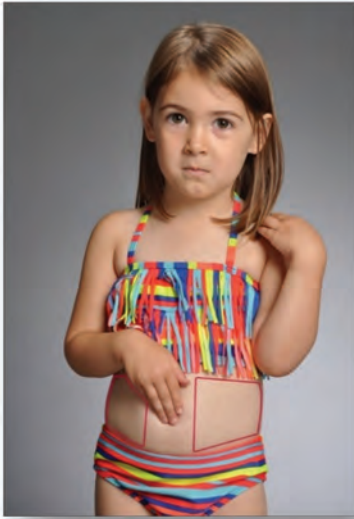
There are different areas on the body where you can give insulin shots, as shown below and on the following page.



Belly and thighs.



Back of upper arms
and top of butt.



Belly (abdomen) area—stay two fingers or more away from the belly button.



Comfort hold with hand over shoulder and elbow to mark the spot on the back



Hand on hip and knee to mark the area in between.



Where you can put your hands while you sit—not the part you sit on.

Coping with shots

Getting through the shot

- **Breathe.** Try to relax. Breathing slowly and deeply through the nose and out through the mouth is helpful for you and your child.
- **Relax the muscle where you will give the shot.** Think of cooked spaghetti rather than raw spaghetti.

Helping your child cope

- **Use distraction.** Your child may watch TV, look at a book, or blow bubbles during the shot.
- **Give your child some control.** Children often cope better when they have some control. This may be done by offering your child choices about things that are okay for them to have control over. Choices that are okay are those that will not make a difference in basic diabetes care.
- **Offer acceptable choices.** The choices you offer might include:
 1. Where the shot is given (like, right or left arm, right or left leg, right or left side of belly, right or left side of butt).
 2. Location (like, kitchen, bathroom or living room).
 3. Timing of the shot by being allowed to count (“Give the shot on three...one, two, three.”) Remember that the choice must be reasonable, like a number from one to ten.
- **It is okay for a child to know that giving the shot to them is hard for you, too.** Actually, it would be strange if your child thought giving the shot did not bother you.
- **Know how the shot feels yourself.** This will lessen the fear of giving a shot to your child.

Site rotation

It is important to keep your child’s skin healthy where you give shots by using a different place each time. Having a regular pattern of where you give shots helps you decide where to give the next one. Use your child’s log book to keep track of the areas where you have given shots.

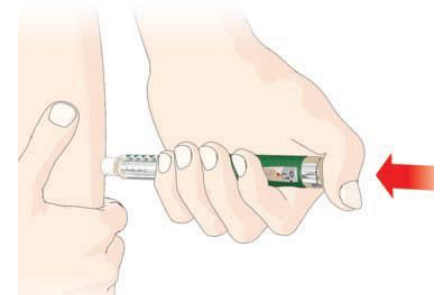
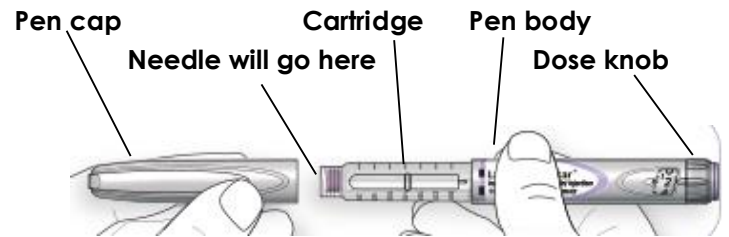
Using a disposable insulin pen

What is an insulin pen?

An insulin pen is the most common way of giving an insulin shot (injection). They are easier to use and more convenient than syringes and insulin bottles. There are different kinds of pens. Some pens are pre-filled with insulin and can be thrown away when empty. Some pens are reusable and can be loaded with new cartridges of insulin when they are empty.

How do I use a disposable pen?

1. Take off the pen cap.
2. Look to be sure the type of insulin listed on the pen is what you need to give.
3. Screw on the pen needle.
4. To prime the needle:
 - a. Point the needle up into the air.
 - b. Dial up 2 units of insulin and push on the dose knob. You should see a stream of insulin come out of the needle.
 - c. If no insulin stream is seen, repeat steps a and b.
5. Dial up the dose as you were told by the doctor or nurse.
6. Be sure the poke area is clean. If need be, use soap and water to clean the area.
7. With one hand, grasp and hold the area around where you plan to poke.
8. Use your other hand to insert the needle straight into the skin. Do not poke at an angle.
9. Push down the dose knob to deliver the insulin. Check to make sure that the dial reads "0". This means that the whole dose has been delivered.
10. Hold the pen and needle in place under the skin for 10 full seconds.
11. Gently pull out the needle.
12. Remove the needle from the pen and dispose of the needle in a sharps container.



Storage

- Keep in a safe area away from children.
- Never play with the dial before using the pen.
- Do not refrigerate the pen **after** opening it.
- Insulin expires after 28 days after it is opened.
- Throw empty and expired pens in the garbage.

ALERT: Call your child's doctor, nurse, or clinic if you have any questions or concerns or if your child has special health care needs that were not covered by this information.

For other health and wellness information, check out this resource:

<https://kidshealth.org/ChildrensWi/en/parents>

This sheet was created to help you care for your child or family member. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment and follow-up.

Using a reusable insulin pen

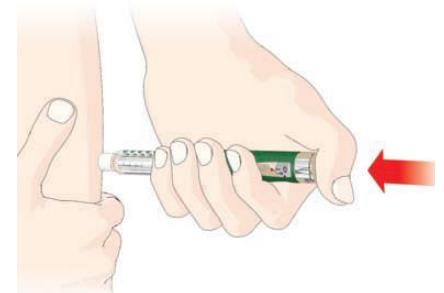
What is an insulin pen?

An insulin pen is the most common way of giving an insulin shot (injection). They are easier to use and more convenient than syringes and insulin bottles. There are different kinds of pens. Some pens are pre-filled with insulin and can be thrown away when empty. Some pens are reusable and can be loaded with new cartridges of insulin when they are empty.

How do I use a reusable pen?



1. Take off the pen cap.
2. If a new cartridge is needed, check to be sure the type of insulin listed on the cartridge is what you need to give.
3. Unscrew the cartridge holder from the pen body. Carefully load a new cartridge. Put the small end (cartridge seal) into the cartridge holder.
4. **Do not manually push down the plunger.** Screw the cartridge holder onto the pen body.
5. Screw on the pen needle.
6. To prime the needle.
 - a. Point the needle up into the air.
 - b. Dial up 2 units of insulin and push on the dose knob. You should see a stream of insulin come out of the needle.
 - c. If no insulin stream is seen, repeat steps a and b.
7. Dial up the dose as you were told by the doctor or nurse.
8. Make sure the area that will be used is clean. If need be, use soap and water to clean the area.
9. With one hand, grasp and hold the area around where you plan to poke.
10. Use your other hand to insert the needle straight into the skin. Do not poke at an angle.
11. Push down the dose knob to deliver the insulin. Check to make sure that the dial reads "0". This means that the whole dose has been delivered.
12. Hold the pen and needle in place under the skin for 10 full seconds.
13. Gently pull out the needle.
14. Remove the needle from the pen. Dispose of the needle in a sharps container.
15. Leave the cartridge in the pen until the next dose.
16. Put the pen cap back on.



Storage

- Keep in a safe area away from children.
- Never play with the dial before using the pen.
- Do not refrigerate the pen **after** opening it.
- Insulin expires after 28 days after it is opened.
- Throw empty and expired cartridges into sharps containers.

ALERT: Call your child's doctor, nurse, or clinic if you have any questions or concerns or if your child has special health care needs that were not covered by this information.

For other health and wellness information, check out this resource:

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Rapid-acting insulin



Lispro (Humalog®), Admelog®), Aspart (Novolog®), _____

Why does my child need this medicine?

- This insulin starts to lower the blood sugar in 5-10 minutes and works for up to 4 hours.
- Rapid-acting insulin helps your child use the food they eat.
- This type of insulin also lowers a high blood sugar over about 2 to 4 hours in children with diabetes.

What does this medicine look like?

- This medicine comes as a clear liquid in a small vial, cartridge or a prefilled pen.

How should I give my child this medicine?

- You will use an insulin syringe, an insulin pen, or an insulin pump to give this medicine.
- Use a new needle every time you give an injection and remove the needle after the injection.
- Your health care team will teach you how to do this.

When should I give my child this medicine?

- Give this insulin before your child eats a meal.
- Give this insulin before your child eats a snack if your health care team tells you to.
- Give this insulin with high blood sugars based on advice from your health care team.

Special advice for giving this medicine with other medicines

- Do not mix rapid-acting insulin with long-acting insulin in a syringe.
- If you give rapid-acting at the same time as long-acting insulin, you must give the two injections in different places of your child's body.

Possible side effects

Call your doctor or nurse immediately if your child has:

- Allergic reaction (moderate or severe):
 - Rash all over the body.
 - Trouble breathing (**call 911**).
 - Fast heart rate.
 - Sweating.

If your child has these side effects, tell the doctor, nurse or pharmacist:

- Allergic reaction (mild): redness or itching at the injection site.
- Low blood sugar. Follow low blood sugar guidelines.
- Lumps under the skin if the insulin is given many times in the same spot. Do not give insulin into a lump as it will not work well.

How to store insulin

Keep this medicine out of the reach of young children.

- Insulin should be kept in the refrigerator between 36 - 46° F until you start to use it.
- Unused insulin is good until the expiration date when it is kept in the refrigerator.
- Once you take insulin out of the refrigerator to use it, it is good for 28 days.
- Mark the date you start using the insulin on the pen or bottle.
- Keep used insulin at room temperature (less than 86° F) and do not put it back in the refrigerator.
- Insulin will stop working if it freezes or gets too hot (see package insert).
- Store insulin pens with the cover on.

When to throw insulin away

- Throw the insulin your child is using away after 28 days or sooner if it becomes cloudy or you see something floating in the bottle or cartridge.
- You can throw insulin away in the garbage.

ALERT: Call your child's doctor, nurse, or clinic if you have any concerns or if your child:

- Is vomiting. This can be a sign of ketones building up in the body, which could make your child sick quickly. Check for ketones and call with the result.
- Has special health care needs not covered by this information.

For other health and wellness information, check out this resource:

<https://kidshealth.org/ChildrensWi/en/parents>

This sheet was created to help you care for your child or family member. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment and follow-up.

Long acting insulin



Glargine (Lantus®), Basaglar®, Semglee®), Detemir (Levemir®), _____

Why does my child need this medicine?

- Long acting insulin lowers blood sugar levels in children with type 1 or type 2 diabetes throughout the day and night.
- Long acting insulin starts to work in about 2 to 4 hours. It works for about 20 to 24 hours for most people.
- Long acting insulin does not bring blood sugars down quickly and is not used to correct a high blood sugar right away.

What does this medicine look like?

- It comes as a clear liquid in a vial, cartridge or a prefilled pen.

How and when should I give my child this medicine?

- Use an insulin syringe or insulin pen to give this medicine.
- Give it at the same time each day. Most often, this is at bedtime.
- Use a new needle every time you give an injection. Remove the needle after the injection.
- Your health care team will teach you how to do this.

Special advice for giving this medicine with other medicines:

- Do not mix this insulin with rapid acting insulin in a syringe.
- If you give your child rapid acting at the same time as long acting insulin, you must give the two injections in different places of their body.

Possible side effects

If your child has these or other side effects, tell the doctor, nurse, or pharmacist:

- Low blood sugar. Follow low blood sugar guidelines given by the diabetes clinic.
- Lumps under the skin. This happens if the insulin is given many times in the same spot. Do not give insulin into a lump as it will not work well.
- Allergic reaction (mild): Redness or itching at the injection site.
- Allergic reaction (moderate or severe): Call your doctor or nurse right away if your child has:
 - Rash all over the body
 - Trouble breathing (call 911)
 - Fast heart rate
 - Sweating

How to store insulin and throw out insulin

Keep this medicine out of the reach of young children.

- Keep unused insulin in the refrigerator between 36 to 46°F.
- Unused insulin is good until the expiration date when it is kept in the refrigerator.
- Once you take insulin out of the refrigerator to use it, it is good for 28 days.
- Mark the date you start using the insulin on the pen or bottle.
- Keep used insulin at room temperature (less than 86° F) and do not put it back in the refrigerator.
- Insulin will stop working if it freezes or gets too hot. Read the package insert.
- Store insulin pens with the cover on.
- Throw the insulin away after 28 days after starting to use. Do this sooner if it becomes cloudy or you see something floating in the bottle or cartridge.
- You can throw insulin away in the garbage.

ALERT: Call your child's doctor, nurse or clinic if you have any questions or concerns or if your child:

- Is vomiting (this can be dangerous with type 1 diabetes).
- Has special health care needs that were not covered by this information.

For other health and wellness information, check out this resource:

<https://kidshealth.org/ChildrensWi/en/parents>

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Drawing up insulin using a syringe

1. Wash your hands with soap and water or use hand sanitizer.
2. Pull air into the syringe. Pull the amount of air that is the same as your dose.
3. Push air into the insulin bottle.
 - Push the needle into the rubber top of insulin bottle.
 - Push the air from the syringe into the insulin bottle.
4. Pull the insulin out of the bottle.
 - Pick up the bottle with the needle inserted and turn it upside down (needle in the bottle should be pointing toward ceiling).
 - Pull plunger down to your dose line.
 - Quickly push insulin back into bottle to remove air bubbles, then pull plunger back again to the dose line.
 - Check for air bubbles and repeat previous step if there are still air bubbles in syringe.
5. Pull needle out of bottle.
6. Check your dose.
7. Give insulin.

Helpful hints

It is important to get any air bubbles out of the syringe. Air bubbles fill up space in the syringe that should be filled by the insulin. This means your child will not get the full dose.

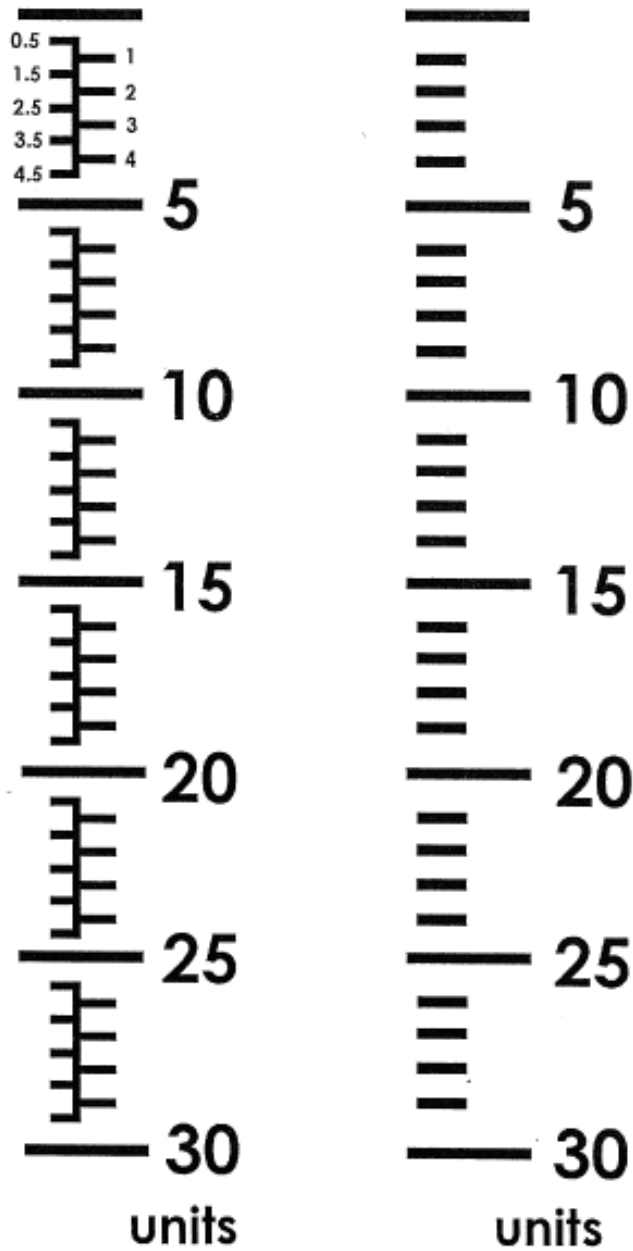
To get rid of stubborn air bubbles:

- Remove the needle out of the bottle with it pointed towards the ceiling.
- Tap the syringe on the side so the air bubbles go towards the needle. Use a pen or your finger nail to tap the syringe.
- Keep the needle pointed towards the ceiling and push the air out of the syringe along with the extra insulin.
- Check your dose.

Insulin syringe scales

Left: Half unit scale

Right: Whole unit scale



How to give an insulin shot with a syringe

1. Wash your hands with soap and water.
2. Choose the area for the shot. Some places to try are:
 - Belly (abdomen) area—two fingers or more away from the belly button.
 - Top of the butt.
 - Front and sides of legs.
 - Backs of the arm.
3. Give the shot.
 - a. Remove the cap from the syringe.
 - b. Hold the syringe like a dart. Keep your finger off of the plunger.
 - c. With your other hand, loosely pinch the place you will give the shot.
 - d. Push the needle into the skin.
 - e. Press the plunger down to give the insulin.
4. Release the pinch. The needle slides out when you let go. If you pull the needle out before you let go of the pinched skin, some of the insulin may leak out of the skin.
5. Throw the needle or syringe away in the sharps box. Do not try to put the cap back on the syringe.
6. Hug your child (you both need a hug!).

Chapter 3:

High blood sugar and ketones



I can tell you how, why, and when to check for ketones

Introduction to high blood sugar

You and your child will learn:

- Your child's target range of blood sugars.
- The signs and symptoms of high blood sugar.
- When to call the diabetes healthcare team for more help.

Blood Sugar Ranges

Safe range: 70–350

Target range:

4 years and younger: 80–180

5 years and older: 70–150

Basics

- A high blood sugar reading is a number higher than your target range on your After Visit Summary (AVS). It may change over time.
- You will be working with your health care team to adjust insulin as you need it.
- Check for ketones if your child's blood sugar is higher than 300 and it has been more than 3 hours since the last dose of insulin.

Signs of high blood sugar

- Being very thirsty.
- Going to the bathroom (peeing) a lot.
- Stomach ache.
- Vomiting. **This is a danger sign**—call for advice right away!

Checking urine for ketones

Ketones are made when a child's body does not have enough insulin.

- During the first week, you will check your child for ketones every morning until they are negative or go away.
- After the ketones go away, you will check for ketones when:
 - Your child is sick. It does not matter what the blood sugar is.
 - Your child feels nauseous or has thrown up.
 - Your child's blood sugar is over 300 and it has been more than 3 hours since the last dose of insulin.

Steps to checking ketones

1. Pee on the test strip.

There are several ways to wet the pad of the test strip with pee.

- Hold the pad of the strip under the stream as the child is peeing.
- Use a cup to collect some pee and then dip the pad of the test strip into it.
- For a child in diapers, put some cotton balls in the diaper to catch some pee. Squeeze the pee from the cotton ball onto the pad of the test strip.

2. Wait for the pad of the test strip to change color.

- The directions on the test strip package will tell you how long to wait.
- Use a clock or watch to time the wait. Begin the timing as soon as the test strip is wet with pee.

3. Match the color of the pad of the test strip to the color shown on the test strip package.

Call the doctor or nurse right away if:

- Your child's ketones were negative and now are moderate or large.
- Your child is vomiting.
- Your child's breath smells sweet.
- Your child's breathing changes (panting).

4. Write down the test result in the log book.

- Ketone test results help the diabetes healthcare team make decisions about your child's diabetes care.

Helpful tips—care of ketone strips

- **Ketone test strips must be fresh.** Circle the expiration date on the test strip package. The strips are only good for 6 months after opening.
- **Keep the test strip package tightly closed.** If exposed to air for long periods, the strips can become damaged.
- **Make sure you wait the right amount of time before checking the results.** Waiting a shorter or longer time than the package instructs can give you the wrong result.

Helpful tips—DKA and ketones

- **Ketones are made when the body burns fat for energy.** This often means your child needs more insulin or fluids. This is why your child may have had ketones when they were diagnosed. Because your child is now getting insulin, the ketones should go down over the next few days.
- **High blood sugar, high ketones and vomiting are serious signs.** If these are present, then diabetic ketoacidosis (DKA) may be present. DKA is serious and is a threat to your child's life.
- **When ketone levels are high, your child's breath will smell strong.** This may be described as smelling like fingernail polish, chewing gum or having a fruity smell.
- **Deep breathing or panting may also be seen with high ketone levels.**
- **If high blood sugar, high ketones, and vomiting are present at the same time, take your child to a hospital emergency room or call 9-1-1 right away.**



Chapter 4:

Low blood sugar basics



I can tell you signs of low blood sugar and how to treat

Introduction to low blood sugar

You and your child will learn:

- Safe and target blood sugar ranges.
- The signs of low blood sugar.
- How to treat low blood sugar at home.
- When to call the diabetes healthcare team for more help.

Blood Sugar Ranges

Safe range: 70–350

Target range:

4 years and younger: 80–180

5 years and older: 70–150

Basics

- A low blood sugar is a number less than 70 on the meter. When the blood sugar is less than 70, there is not enough sugar in your child's blood.
- If your child's blood sugar is less than 70, you will give them juice or candy. When you talk to your provider that day, be sure to tell them if the blood sugar is less than 70.

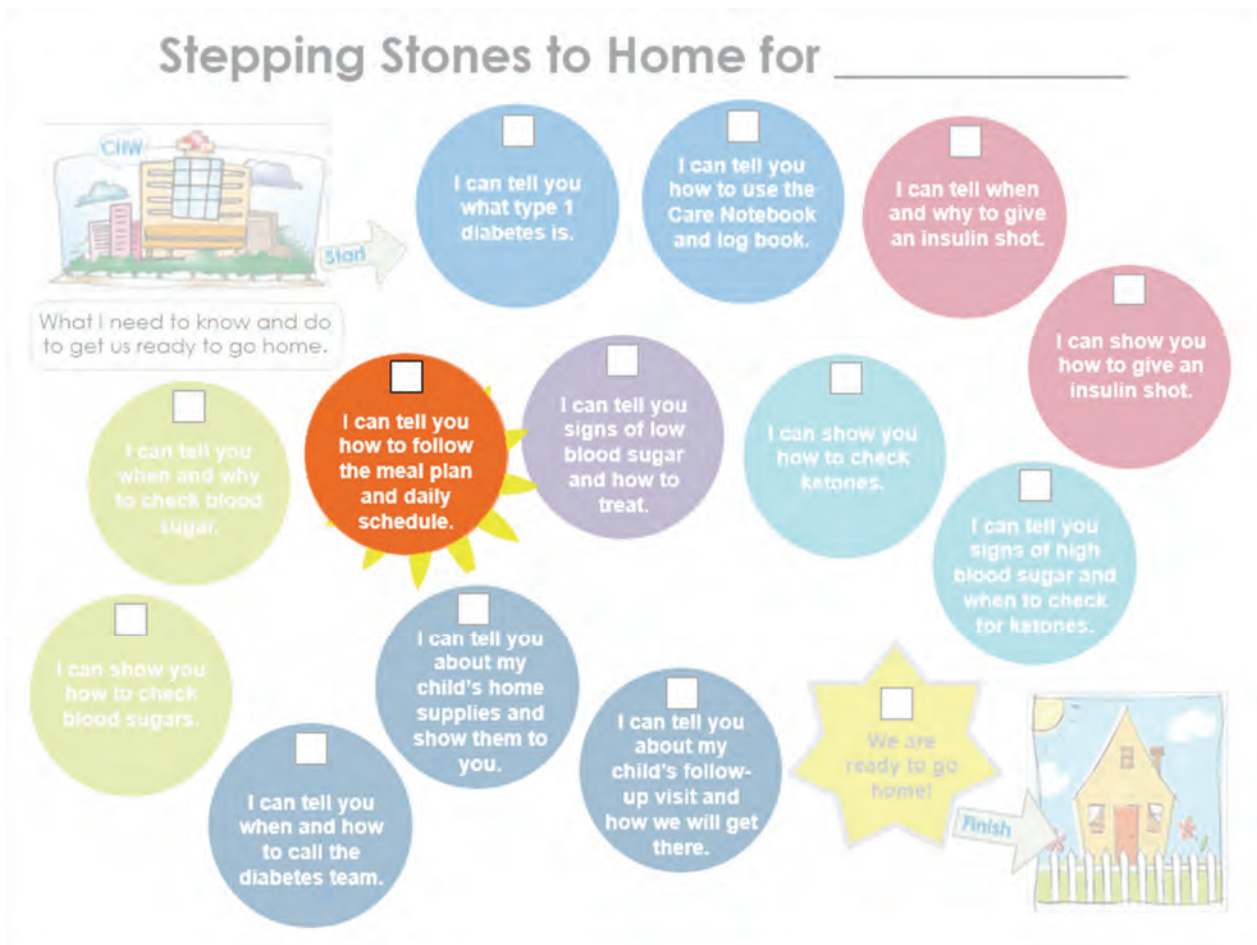
Signs of low blood sugar

- Shaking
- Feeling dizzy
- Looking pale
- Hunger
- Sweating
- Feeling cranky or crabby
- Headache
- Fast heart rate
- Feeling sleepy or tired

Treating low blood sugar at home

1. Give your child ½ cup of regular fruit juice or 15 grams of sugar.
2. Wait 15 minutes.
3. Recheck blood sugar. If it is still less than your child's target range, repeat.

Chapter 5: Meal plan and daily schedule



Nutrition and type I diabetes

What can children with type I diabetes eat?

- Kids with type 1 diabetes should eat a healthy, balanced diet that includes foods from all food groups—just like kids without type 1 diabetes.
- There are not foods that are “off-limits.” However, sugary drinks like juice and soda should be limited. These types of drinks can make blood sugars go up really fast.
 - Instead, kids should drink plain water, white milk, and sugar-free drinks like flavored waters or Crystal Light.
- Use the MyPlate to help plan meals with at least three food groups per meal.

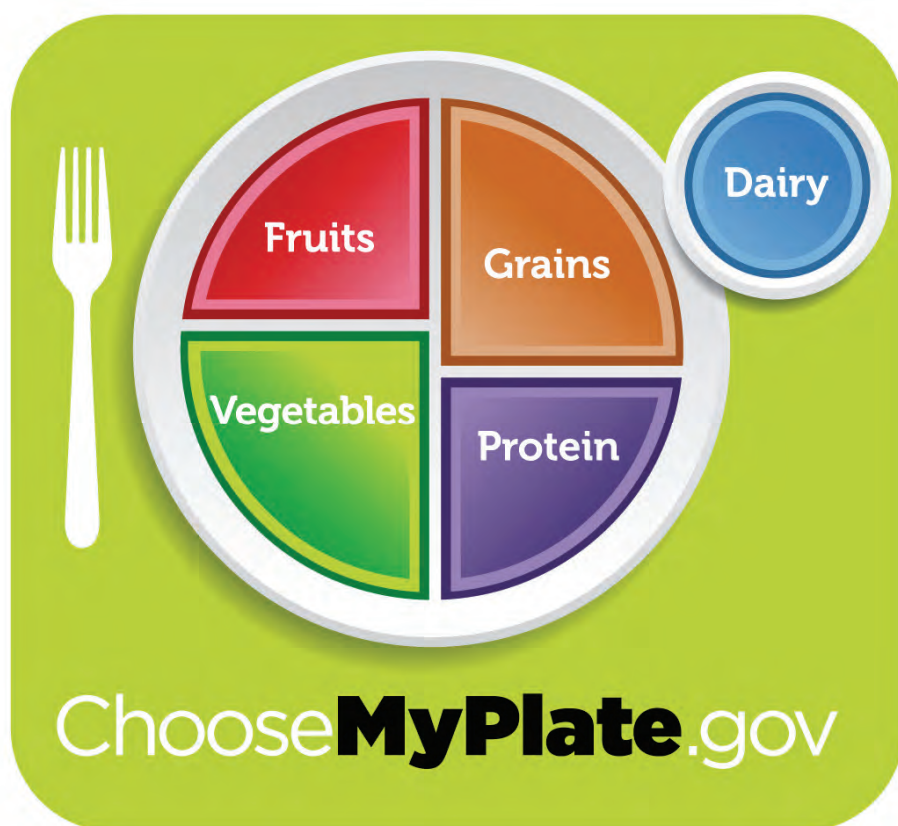


What is my child's meal plan?

- You will learn more about your child's meal plan on the Daily Schedule pages that follow.
- Your child will be given an amount of carbohydrates to eat at their meal and snack times. It is based on their age.
 - Let your health care team know if your child is having a hard time with the amount listed on their meal plan.
- The goal of the fixed meal plan is to keep carbohydrate intake the same from meal-to-meal and day-to-day while your health care team is adjusting your child's insulin doses.
 - Your meal plan will get more flexible after a couple of weeks.

Introduction to carbohydrate counting

- All carbohydrates break down into sugar.
- MyPlate can help guide you to build balanced meals when eating.
- Carbohydrates are found in all food groups.
- Nutrition Facts on food labels are the best way to count carbohydrates.
- Other helpful resources include the Calorie King book, apps, and websites.



What are carbohydrates?

- All foods are made of a combination of fat, protein, and carbohydrates.
 - Fat and protein do not have much effect on blood sugars.
- Carbohydrates are the part of the food that become sugar in the blood.
- In type 1 diabetes, carbohydrates are counted to make sure they are balanced with insulin.
 - There are lots of tools you will learn about to help with this: your Care Notebook, food labels, apps, websites, and more.
 - You will also learn how to measure foods so you know your portion sizes.

Reading food labels

Nutrition Facts			
Serving Size 1 cup (228g)			
Servings per Container 2			
Amount Per Serving			
Calories 280	Calories from Fat 120		
% Daily Value*			
Total Fat 13g	20%		
Saturated Fat 5g	25%		
Trans Fat 2g			
Cholesterol 2mg	10%		
Sodium 660mg	28%		
Total Carbohydrate 31g	10%		
Dietary Fiber 3g	0%		
Sugars 5g			
Protein 5g			
Vitamin A 4%	Vitamin C 2%		
Calcium 15%	Iron 4%		
*Percent Daily Values are based on a 2,000-calorie diet. Your daily values may be higher or lower depending on your calorie needs.			
Calories:		2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Fiber		25g	30g
Calories per gram:			
Fat 9	•	Carbohydrate 4	•
		Protein 4	

There are two areas to focus on when reading a food label:

1. Serving size
2. Total carbohydrate

Serving Size

- All of the information on the Nutrition Facts label is based on the serving size.
- You can eat more or less than the serving size.
- The serving size of this food is 1 cup.
- The number listed next to the serving size is the weight of the serving size (228g). Do not use this number.

Total Carbohydrate

- All carbohydrates break down to sugar and need to be counted.
- The total carbohydrate amount includes dietary fiber and sugars. Do not use those numbers for carbohydrate counting.
- The total carbohydrate in this food is 31 grams for 1 serving.

What if I want to eat more or less than the serving size?

More: Based on the food label above, if you eat two cups, you are eating twice the carbohydrates listed on the Nutrition Facts label, or 62 grams.

Less: If you eat ½ cup, you are only eating ½ of the carbohydrates listed on the Nutrition Facts label, or 15.5 grams.

Always measure your food for accuracy using measuring cups

These cups are for solid ingredients (cereal, pasta, fruit, and vegetables). Make sure you level your measurement so it is flat, not heaped.



This measuring cup is for liquid ingredients. When measuring liquids, always view amount at eye level for accuracy.



Other carbohydrate counting resources

Always use a food label if you have one.

Sometimes we do not have food labels, but we still need to count carbohydrates. There are other resources to help.




1. Calorie King Book: this book has common foods and restaurant information. Always use the green **Cb** column to count carbohydrates. Do not forget to look at the portion size, too.
2. Online resources: there are many websites and apps that help you count carbohydrates.

Websites:

www.fatsecret.com

www.calorieking.com

Apps:

CalorieKing (iPhone)	
Calorie Counter by Fat Secret (iPhone and Android)	
Diet and Food Tracker (iPhone and Android)	

Introduction to meal planning

- At first your child will eat the same amount of carbohydrates at breakfast, lunch, and dinner each day. This is called a fixed meal plan.
- A fixed meal plan helps your health care team know how much insulin your child needs for food.
- The fixed meal plan will be used for about 2 weeks. The carbohydrate amount is based on your child's age. It can be changed by your medical provider or a dietitian.
- It is best to eat meals and snacks around the same times each day.
- Your child may, but does not have to, have snacks in between meals. Snacks should be 15 grams or less of carbohydrates. Make sure your child eats snacks more than 2 hours before the next meal.
- Your child may be hungry if they just lost a lot of weight. They can eat a small amount of carbohydrate free foods if they get hungry between snack and meal times. These include meat, beef sticks, cheese, cheese sticks, eggs, or sugar free Jell-O. Eating too many of these foods means your child may need a change in their meal plan. Call your provider if you feel they need more or less food at meal or snack time.

Meal plan and daily schedule

- Your health care team will help you figure out the number of carbohydrates in your child's meal plan.
- Use the meal plan and daily schedule to help plan your child's day.
- Examples of meal plans and daily schedules by age and a substitution list are included to use as needed.

Meal plan and daily schedule

Time	Food	Notes/Examples
_____ <input type="checkbox"/> Ketone Test <input type="checkbox"/> Poke <input type="checkbox"/> Insulin _____ <input type="checkbox"/> Eat	Breakfast _____ to _____ g	
_____	Healthy snack (eat if you want to) (0-15g)	Eat 2 hours or more before lunch
_____ <input type="checkbox"/> Poke <input type="checkbox"/> Insulin _____ <input type="checkbox"/> Eat	Lunch _____ to _____ g	
_____	Healthy snack (eat if you want to) (0-15g)	Eat 2 hours or more before dinner
_____ <input type="checkbox"/> Poke <input type="checkbox"/> Insulin _____ <input type="checkbox"/> Eat	Dinner _____ to _____ g	
_____ <input type="checkbox"/> Poke <input type="checkbox"/> Eat _____ <input type="checkbox"/> Insulin _____	Healthy snack (eat if you want to) (0-15g)	

You can eat a **small** amount of low-carb/no-carb foods if you get hungry between snack and meal times. Low-carb/no-carb foods include meat, beef sticks, cheese, cheese sticks, eggs, or sugar free Jell-O.

Example meal plan and daily schedule: child age 1 to 5

Time	Food	Notes/Examples
_____ <input type="checkbox"/> Ketone Test <input type="checkbox"/> Poke <input type="checkbox"/> Insulin _____ <input type="checkbox"/> Eat	Breakfast (35-45g)	½ cup of white milk - 6 grams ¾ cup of Cheerios® - 15 grams 1 cup fruit - 15 grams
_____	Healthy snack (eat if you want to) (0-15g)	Eat 2 hours or more before lunch 1 piece of string cheese - 0 grams 10 Teddy Grahams® - 10 grams
_____ <input type="checkbox"/> Poke <input type="checkbox"/> Insulin _____ <input type="checkbox"/> Eat	Lunch (35-45g)	½ cup of white milk - 6 grams ½ cheese sandwich - 15 grams 1 apple - 15 grams
_____	Healthy snack (eat if you want to) (0-15g)	Eat 2 hours or more before dinner 20 Goldfish® crackers - 10 grams
_____ <input type="checkbox"/> Poke <input type="checkbox"/> Insulin _____ <input type="checkbox"/> Eat	Dinner (35-45g)	½ cup white milk - 6 grams ⅓ cup of macaroni and cheese - 15 grams chicken breast - 0 grams 1 cup of fruit - 15 grams
_____ <input type="checkbox"/> Poke <input type="checkbox"/> Eat _____ <input type="checkbox"/> Insulin _____	Healthy snack (eat if you want to) (0-15g)	5 Ritz® crackers with cheese - 10 grams

You can eat a **small** amount of low-carb/no-carb foods if you get hungry between snack and meal times. Low-carb/no-carb foods include meat, beef sticks, cheese, cheese sticks, eggs, or sugar free Jell-O.

Example meal plan and daily schedule: child age 6 to 10

Time	Food	Notes/Examples
_____ <input type="checkbox"/> Ketone Test <input type="checkbox"/> Poke <input type="checkbox"/> Insulin _____ <input type="checkbox"/> Eat	Breakfast (55–65g)	1 cup of white milk - 12 grams ¾ cup of Cheerios® - 15 grams 1 piece of toast with butter - 15 grams 1 cup of fruit - 15 grams
_____	Healthy snack (eat if you want to) (0–15g)	Eat 2 hours or more before lunch 1 piece of string cheese - 0 grams 10 Teddy Grahams® - 10 grams
_____ <input type="checkbox"/> Poke <input type="checkbox"/> Insulin _____ <input type="checkbox"/> Eat	Lunch (55–65g)	1 cup of white milk - 12 grams 1 cheese and meat sandwich - 30 grams 1 apple - 15 grams
_____	Healthy snack (eat if you want to) (0–15g)	Eat 2 hours or more before dinner 20 Goldfish® crackers - 10 grams
_____ <input type="checkbox"/> Poke <input type="checkbox"/> Insulin _____ <input type="checkbox"/> Eat	Dinner (55–65g)	1 cup of white milk - 12 grams ⅔ cup of macaroni and cheese - 30 grams chicken breast - 0 grams 1 cup of fruit - 15 grams
_____ <input type="checkbox"/> Poke <input type="checkbox"/> Eat _____ <input type="checkbox"/> Insulin _____	Healthy snack (eat if you want to) (0–15g)	5 Ritz crackers with cheese - 10 grams

You can eat a **small** amount of low carb/no carb foods if you get hungry between snack and meal times. Low carb/no carb foods are meat, cheese, eggs, beef or cheese sticks, or sugar free Jell-O.

Example meal plan and daily schedule: child age 11 to 14

Time	Food	Notes/Examples
_____ <input type="checkbox"/> Ketone Test <input type="checkbox"/> Poke <input type="checkbox"/> Insulin _____ <input type="checkbox"/> Eat	Breakfast (70–80g)	1 cup of white milk - 12 grams 1 cup of Cheerios® - 20 grams 2 pieces of toast with butter - 30 grams
_____	Healthy snack (eat if you want to) (0–15g)	Eat 2 hours or more before lunch 5 Ritz crackers with cheese - 10 grams
_____ <input type="checkbox"/> Poke <input type="checkbox"/> Insulin _____ <input type="checkbox"/> Eat	Lunch (70–80g)	1 cup of white milk - 12 grams 1 cheese and meat sandwich - 30 grams 1 snack bag of chips or pretzels - 15 grams 1 cup of fruit - 15 grams
_____	Healthy snack (eat if you want to) (0–15g)	Eat 2 hours or more before dinner 1 piece of string cheese - 0 grams 3 graham cracker squares - 15 grams
_____ <input type="checkbox"/> Poke <input type="checkbox"/> Insulin _____ <input type="checkbox"/> Eat	Dinner (70–80g)	1 cup of white milk - 12 grams 1 cup of macaroni and cheese - 45 grams chicken breast - 0 grams 1 cup of fruit - 15 grams
_____ <input type="checkbox"/> Poke <input type="checkbox"/> Eat _____ <input type="checkbox"/> Insulin _____	Healthy snack (eat if you want to) (0–15g)	2 cups of popcorn - 10 grams

You can eat a **small** amount of low-carb/no-carb if you get hungry between snack and meal times. Low-carb/no-carb foods are meat, beef sticks, cheese, cheese sticks, eggs, or sugar free Jell-O.

Example meal plan and daily schedule: child age 15 to 18

Time	Food	Notes/Examples
_____ <input type="checkbox"/> Ketone Test <input type="checkbox"/> Poke <input type="checkbox"/> Insulin _____ <input type="checkbox"/> Eat	Breakfast (85–95g)	1 cup of white milk - 12 grams 1½ cup of Cheerios® - 30 grams 2 pieces of toast with butter - 30 grams 1 cup of fruit - 15 grams
_____	Healthy snack (eat if you want to) (0–15g)	Eat 2 hours or more before lunch 5 Ritz crackers with cheese - 10 grams
_____ <input type="checkbox"/> Poke <input type="checkbox"/> Insulin _____ <input type="checkbox"/> Eat	Lunch (85–95g)	1 cup of white milk - 12 grams 1 cheese and meat sandwich on 2 slices of bread - 30 grams 1 snack bag of chips - 15 grams granola bar - 15 grams 1 apple - 15 grams
_____	Healthy snack (eat if you want to) (0–15g)	Eat 2 hours or more before dinner 1 piece of string cheese - 0 grams 1 cup of fruit - 15 grams
_____ <input type="checkbox"/> Poke <input type="checkbox"/> Insulin _____ <input type="checkbox"/> Eat	Dinner (85–95g)	1 cup of white milk - 12 grams 1 cup of macaroni and cheese - 45 grams 1 piece of bread with butter - 15 grams chicken breast - 0 grams 1 cup of fruit - 15 grams
_____ <input type="checkbox"/> Poke <input type="checkbox"/> Eat _____ <input type="checkbox"/> Insulin _____	Healthy snack (eat if you want to) (0–15g)	2 cups of popcorn - 10 grams

You can eat a **small** amount of low carb/no carb foods if you get hungry between snack and meal times. Low carb/no carb foods are meat, cheese, eggs, beef or cheese sticks, or sugar free Jell-O.

Substitution list

0–1g carbohydrate foods

Sugar-free jello

String cheese

1 ounce beef stick

1 hard-boiled egg

1 ounce (3 thin slices) deli meat (turkey, ham, roast beef, salami)

1 hot dog

Meat (chicken, turkey, beef, pork, seafood)

Margarine, butter, oil (olive, vegetable, canola)

1 tablespoon cream cheese, mustard, taco sauce, half and half

0g carbohydrate beverages

Water

Sugar-free Kool-Aid

Propel Fitness Water

SoBe Life Water Zero

Vitamin Water Zero

Fruit2O

Powerade Zero

Unsweetened coffee or tea

Diet soda

5g carbohydrate foods

1 cup non-starchy vegetable raw or ½ cup cooked (cauliflower, broccoli, pepper, mushroom, celery, tomato, cucumber)

2 tablespoons pumpkin seeds or sunflower seeds

20 almonds or pistachios

¼ cup peanuts

10g carbohydrate foods

15 cherry tomatoes

8 oz container Greek yogurt

2 oz breaded meat (about 4 chicken nuggets or fish sticks)

2 cups air popped popcorn

10 mini rice cakes

½ cup cottage cheese with ½ cup fruit

½ cup tomato or minestrone soup

1 rice cake with 1 tablespoon peanut butter

1 small plum

2 cups raw or 1 cup cooked non-starchy vegetables (all except potatoes, peas, and corn)

15g carbohydrate foods

⅓ cup pasta (spaghetti, macaroni, penne) or rice

1 slice of bread

½ hamburger bun

½ English muffin

1 6" tortilla or 4" waffle or pancake

½ medium potato

½ cup mashed potato, corn or peas

½ cup canned fruit in light syrup

1 medium fruit (apple, orange)

30g carbohydrate foods

2/3 cup pasta (spaghetti, macaroni, penne) or rice

2 slices of bread

hamburger bun

English muffin

2- 6" tortillas or 4" waffle or pancake

1/2 bag microwave popcorn (popped, light)

medium potato

1 cup mashed potato, corn or peas

1 cup canned fruit in light syrup

1 cup chili with beans or noodles

1 large fruit (banana, apple, orange)

Snack ideas

These snacks are 15 grams (g) carbohydrate unless the g is listed.

Grains:	<ul style="list-style-type: none"> 3 cups popcorn 41 Goldfish crackers 8 animal crackers 3 graham cracker squares 12 mini pretzel twists 12 Ritz Bits crackers 15 Teddy Grahams 15 potato chips 2 rice cakes 5-7 crackers
Fruits:	<ul style="list-style-type: none"> 1¼ cup strawberries 1¼ cup watermelon ¾ cup pineapple ¾ cup blueberries 1 cup other fresh fruit ½ cup canned fruit or a fruit cup ½ banana 15 grapes
Vegetables:	<ul style="list-style-type: none"> 3 cups non-starchy vegetables 2 cups carrots 22 cherry tomatoes
Meat/Protein:	<ul style="list-style-type: none"> 2 tablespoon peanut butter (7g) ¼ cup nuts (4-7g) 2-4 slices beef jerky (1-2g) 2-3 beef sticks (1-2g) 1-2 hard-boiled eggs (0g) 1-2 Tbsp hummus (2-4g) ¼ cup sunflower seeds (4-6g)
Dairy:	<ul style="list-style-type: none"> 1 cup milk (12g) 1 light yogurt (6 oz) (15g) 1 string cheese (0-1g) 1 oz cheese (0g)
Other:	<ul style="list-style-type: none"> Sugar free Jell-O (0g)

Carbohydrate counting

This list gives an idea of carbohydrates in the portion size listed. Read the Nutrition Facts food label for exact serving size and carbohydrate information.

Grains

Bagel, large (most bagel shops), 4-5" **60-75g**
 Bagel, frozen, 3" **45g**
 Bread, wheat or white, 1 slice **15g**
 Bun, hamburger or hot dog, 1 bun **22-30g**
 Cereal, cooked, unsweetened, ½ cup **11-19g**
 Cereal, dry, unsweetened, ¾ cup **18g**
 Cereal, dry, sweetened, ½ cup **18g**
 Chips, potato or tortilla, regular, 10-15 **15g**
 Cornbread, 2" pieces **19g**
 Crackers, graham, 3 squares **15g**
 Crackers, snack, 5-6 crackers **15g**
 Dinner roll, 1 roll (1 oz) **15g**
 English muffin, 1 muffin (2 oz) **30g**
 Granola, ¼ cup **18g**
 Granola bar, 1 bar (1 oz) **11-19g**
 Muffin, small, 2½" **25-35g**
 Muffin, large, 4-5" **75g**
 Pancake, 4" **12g**
 Pasta, cooked (macaroni, spaghetti, noodles)
 1 cup **45g**
 Popcorn, microwave, popped, light,
 ½ bag (6 cups) **30g**
 Pretzels twists, mini, 15 pretzels (¾ oz) **18g**
 Ramen noodles, 1 package **52g**
 Rice, brown or white, cooked, 1 cup **45g**
 Taco shell, hard shell, corn, 5" **19-22g**
 Tortilla, flour, 6" **19g**
 Waffle, frozen, 4" **15g**

Starchy vegetables

Corn, ½ cup or 5-6" cob **18g**
 French fries, shoestring, fast food,
 25-30 fries **18g**
 French fries, thick cut, steak fries, tater tots,
 10-15 **18g**
 Peas, green, ½ cup **15g**
 Potato, sweet or white, baked or boiled,
 medium, 4" or 6 oz **30-40g**
 Potato, sweet or white, mashed or hash
 browns, 1 cup **30g**
 Sauce, tomato or marinara, canned, ½ cup **11g**
 Squash, acorn or butternut, cooked, 1 cup **25g**

Non-starchy vegetables

½ cup cooked (4-7g) or 1 cup raw (3-7g)

Artichoke	Greens
Asparagus	Kohlrabi
Beans (green or wax)	Mushrooms
Bean sprouts	Pea pods
Beets	Peppers
Broccoli	Radishes
Brussels sprouts	Rutabaga
Cabbage	Salad greens
Carrots	Sauerkraut
Cauliflower	Spinach
Celery	Summer squash
Cucumber	Tomatoes
Eggplant	Zucchini

Milk/Yogurt

- Milk, skim, 1%, 2%, or whole, 1 cup (8 oz) **12g**
- Milk, flavored (chocolate or strawberry), 1 cup **28-33g**
- Rice milk beverage, 1 cup (8 oz) **18-25g**
- Soymilk, plain or flavored, 1 cup (8 oz) **15-27g**
- Yogurt, low fat, artificially sweetened, $\frac{3}{4}$ cup (6 oz) **11-19g**
- Yogurt, low fat, sweetened, $\frac{3}{4}$ -1 cup (6-8 oz) **28-36g**

Proteins with carbohydrates

- Breaded meat, 3 oz piece **15g**
- Beans, baked, $\frac{1}{2}$ cup **25g**
- Beans (black, pinto, kidney), canned/cooked, $\frac{1}{2}$ cup **20g**
- Nuts or seeds, $\frac{1}{4}$ cup **6-12g**
- Peanut butter, 2 Tbsp **6-12g**
- Tofu, $\frac{1}{2}$ cup **4g**
- Cottage cheese, $\frac{1}{2}$ cup **4-6g**

Fruit

- Berries (blueberries, raspberries, strawberries), 1 cup **18g**
- Cherries, 12 (1 cup) **14g**
- Fruit (apple, banana, pear, peach) whole, large **25-32g**
- Fruit (kiwi, apricot, orange) whole, medium **1-16g**
- Fruit (clementine, tangerine, plum) whole, small **8-10g**
- Fruit, canned in light syrup or juice, 1 cup **30g**
- Fruit, canned in heavy syrup, 1 cup **45g**
- Fruit, dried (raisins, raisins, apricots), $\frac{1}{4}$ cup **26-32g**
- Grapefruit, 1 large **28g**
- Grapes, small 15, 1 cup **15g**
- Melon (cantaloupe, honeydew, watermelon) 1 cup **11-16g**

Low- or no-carb foods

This is a list of foods that have low or no carbohydrates. Some of these foods will have carbohydrates depending on how they are made. Read the food label when available. Eat these foods as part of a well-balanced meal plan.

Bacon	Eggs	Lamb	String cheese
Beef	Fish	Lunch meat	Sugar free Jell-O
Butter	Half and half	Pork	Turkey
Cheese	Ham	Sausage	
Chicken	Hot dog	Seafood	

Carbohydrate free drinks

Calorie free drink mixes (Crystal Light, sugar free Kool-Aid)

Club soda

Diet soft drinks/diet soda

Low calorie drinks (Powerade Zero, Propel fitness water, SoBe Life Water Zero,

Vitamin Water Zero, Fruit2O, ICE, Bai 5)

Unsweetened coffee or tea (hot or iced)

Water

Drinks that have carbohydrates

Energy Drink, 1 cup (8 oz) **25-31g**

Juice pouch **15-21g**

Lemonade, 1 cup (8 oz) **15-28g**

Soda, regular, can (12 oz) **40-46g**

Sports Drink, 1 cup (8 oz) **14-15g**

Tea, sweetened, 1 cup (8 oz) **14-23g**

Vitaminwater, 1 cup (8 oz) **13g**

Juice, 1 cup **28-35g**

Sweets or desserts

- Brownie or cake, frosted, 2" square 30–35g
- Candy, hard, round, 3 pieces 15g
- Candy bar, chocolate, snack size (about 2") 15g
- Candy bar, chocolate, regular size 38–48g
- Cookie, 3" 17g
- Doughnut, 2" or 3", plain 20g
- Doughnut, 3" or 4", frosted or jelly/cream stuffed 45–55g
- Frozen yogurt, nonfat or low-fat, ½ cup 40g
- Gelatin, regular, ½ cup 20g; sugar free, ½ cup 0–4g
- Ice cream, light or regular, ½ cup 15g
- Pudding, regular, ½ cup 20g
- Pudding, no sugar added, ½ cup 9–13g
- Toaster pastry, 1 frosted 38g

Combination foods

- Asian entrée (meat & vegetables) no rice, 1 cup 13g
- Asian entrée (meat, vegetables & rice), 1 cup 30–35g
- Burrito, bean, flour tortilla, frozen, 7" long 45g
- Burrito, meat, flour tortilla, frozen, 7" long 30g
- Casserole or hot dish, 1 cup 28–35g
- Chili, no beans or noodles, 1 cup 10g
- Chili, with beans or noodles, 1 cup 30g
- Pasta or potato salad, 1 cup 40–45g
- Pizza, frozen, thick crust, medium, ⅛ pizza 30g
- Pizza, frozen, thin crust, medium, ⅛ pizza 15g
- Soup (bean, noodle, rice, vegetable), 1 cup 15–20g
- Soup, cream-based, 1 cup 10–15g
- Sub sandwich, 6" 45g

Condiments

- Cream cheese, plain, 1 Tbsp **1g**
- Cream cheese, flavored, 1 Tbsp **3g**
- Gravy, ¼ cup **3g**
- Honey, 1 Tbsp **15g**
- Honey mustard, 1 Tbsp **9g**
- Jam/Jelly, regular, 1 Tbsp **13g**
- Ketchup/Catsup, 2 Tbsp **8g**
- Mayonnaise, 1 Tbsp **4g**
- Ranch dressing, 1 Tbsp **1g**
- Ranch dressing, fat-free, 1 Tbsp **4g**
- Salad dressing, oil-based, 1 Tbsp **2g**
- Salad dressing, cream-based, 1 Tbsp **3g**
- Salsa, ¼ c **5g**
- Sour cream, 1 Tbsp **1g**
- Soy sauce, 1 Tbsp **1g**
- Sweet & sour sauce, 2 Tbsp **12g**
- Syrup, light, 1 Tbsp **6-7g**
- Syrup, regular, 1 Tbsp **15g**
- Syrup, sugar free, 1 Tbsp **2-3g**
- Taco sauce, 1 Tbsp **1g**
- Whipped topping, 2 Tbsp **2g**
- Worcestershire sauce, 1 Tbsp **3g**

Chapter 6:

Checking blood sugars



I can tell you how to check blood sugars

Checking blood sugar

Your child's blood sugar:

- Will tell you how much insulin they need.
- Will be tested at least 4 times per day before meals and bedtime. You may also need to test before snacks, with exercise, during the night, and if your child is not feeling well.

Blood Sugar Ranges

Safe range: 70–350

Target range:

4 years and younger: 80–180

5 years and older: 70–150

Steps to check blood sugar

1. Wash hands with soap and water. Do **not** use hand sanitizer or wet wipes.
2. Put the lancet into the poker.
3. Put the test strip in the meter to turn the meter on.
4. Poke the finger on the side or fingertip, away from the fingernail.
5. Hold or press the finger firmly just below the first finger joint. To get enough blood, let hand hang down until fingertip is pink.
6. Wipe away first drop of blood. You want to use the second drop.
7. Touch drop of blood to the blood sugar strip as directed.
8. Press cotton ball or tissue on poke site to stop bleeding.
9. Write the blood sugar number in the log book.
10. Put the lancet in the red sharps box and throw the used test strip into the garbage.

Tips for blood sugar testing

- The lancet should only be used to poke one person.
- If you keep the lancet in the poker, you can use the same lancet for 6 to 8 pokes.
- It is also okay to use a new lancet for each poke. New lancets are sharper and cleaner and may hurt less.
- Your meter may come with a testing solution. This is used once per month or with a new meter to make sure you can trust the results.
- Try not to use alcohol wipes to clean fingertips because it can make the skin too dry. If you need to use alcohol to clean finger, make sure it air-dries before testing.
- Sometimes a false high can appear if there is food or sugar on fingertips. You may need to rewash and retest.



Chapter 7: Contacts, home supplies, and follow-up visits



When and how to call the diabetes team

Your After Visit Summary (AVS) will tell you when and how to contact the diabetes team. You will be speaking with a diabetes doctor for the first few days. Be ready with your logbook to talk about your child's blood sugar levels, insulin doses, and carbohydrate amounts. The doctor will tell you if any insulin changes are needed.

Your child's home supplies

Show the nurse all your supplies for home:

- Blood sugar meter.
- Blood sugar test strips.
- Blood sugar meter control solution.
- Lancets for lancet poker.
- Fast acting insulin.
- Long acting insulin.
- Syringes or pen needles.
- Urine ketone strips.
- Glucagon.
- Sharps container.

Going back to school or daycare

Let your school or daycare know that your child has type 1 diabetes.

- You will get an individualized health plan (IHP) after you meet with a diabetes educator in the diabetes clinic.
- Before your child can return to school, you will need to set up a diabetes plan of care with the school.

Topics to discuss with your child's school or daycare

- Will your child need to get insulin while they are there?
- When, where, and how is your child going to get insulin?
- Who is going to figure out the insulin dose?

- When does your child eat meals and snacks?
- Who is going to count the carbohydrates?
- Does the school have carbohydrate food menus?
- Will your child eat school or daycare food or bring food from home?
- How will the staff communicate information with you?
- How much help will your child need at school or daycare?
- What staff member will be able to help your child at school or daycare?

Supplies for school or daycare

Give the school or daycare the supplies they need. Label them with your child's name:

- Blood sugar meter.
- Blood sugar test strips.
- Blood sugar meter control solution.
- Lancets for lancet poker.
- Fast acting insulin.
- Syringes or pen needles.
- Urine ketone strips.
- Glucagon.
- Something to treat a low blood sugar, like juice or glucose tablets.
- Extra snacks.

Eating at school or daycare

All children with diabetes need to eat 3 meals per day, but they may have different snack schedules. Make sure that morning snacks are at least 2 hours before lunch.

Goals for eating at school or daycare:

- Find meal and snack times that cause the least disruption to the class schedule.
- Participate in all normal school activities.
- Limit the amount of low sugar levels at school.

Going back to work

- The Family Medical Leave Act (FMLA) lets employees take off from their job for a family member's serious health condition. This may be unpaid.
- FMLA can be used to take time off of work for appointment visits or to provide care when your child is sick.
- Some employers offer this coverage. Contact your human resources department to find out if you have this coverage.
- Find out if you can qualify for FMLA and get the needed papers.
- The person asking for FMLA will need to fill out and sign the first page of the FMLA form. The other pages will be filled out by someone from the diabetes team at your next education session.

Follow-up education sessions

Diabetes education sessions are offered at 2 locations:

1. Children's Hospital of Wisconsin-Milwaukee Campus, Diabetes Clinic, Suite 740
8915 W. Connell Ct., Milwaukee, WI 53226

Parking is free for patient families and visitors. Free valet parking is offered at the hospital entrance from 6:30 a.m. to 8:00 p.m., Monday through Friday. At Children's Clinics Building, valet parking is offered from 7:00 a.m. to 5:30 p.m., Monday through Friday. There is no valet parking on weekends or holidays.

Families may also park in the visitor parking structure to the north of the hospital and clinics building. The skywalk on Level 2 connects the parking structure to the clinics building and the hospital.

2. Children's Hospital of Wisconsin- Fox Valley Campus
Neenah specialty clinic, 130 Second St., Neenah, WI 54956

General directions from Hwy. 41:

Exit Winneconne Avenue and follow eastward. At the intersection with S. Commercial Street, turn left (north). Follow to intersection with E. North Water Street, turn right. Follow E. North Water Street through roundabout. Turn right into the hospital parking lot after the roundabout. Park in the lot to the left of the West Pavilion entrance.

Follow-up visit

Talk to your child's nurse about:

- When your next visit is.
- Where you will go for the visit.
- How you plan to get there.

You will have several follow-up visits to learn everything you need to know. Make sure to bring your notes and questions. These might be on the back of your Stepping Stones sheet. You also might have more questions once you get home. You can write them below.
