

# A kid in your life

information for people looking after children with type 1 diabetes



## Thanks

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## A Kid In Your Life



The kid in your life might be a baby, toddler, child or teenager. He or she could be your grandchild, nephew, niece, younger sibling or half sibling, a friend of your own child or a child of your friend. It could even be your child and perhaps they don't live with you full time. Whoever, and whatever, that kid is to you, you want them in your life and you want to do the best you can for him or her while they are with you.

This handbook will be a useful tool to support you, but it is NOT a step by step guide. It is important to ask the child's parents for individual guidance on how to care for their child. Remember, it's the parents' role to make sure you have all the information you need about their child and their child's care to help you feel comfortable and confident looking after their young one. If you aren't sure – ask. Spend some time with the family, get to know their routine and some of the tools of diabetes care.

The trouble is that diabetes seems very scary, doesn't it?

Well, it doesn't need to be. Just as a person who looks after a young person is not expected to be fully responsible for their education or complete upbringing, so a person caring for a child or teenager with diabetes is not expected to have the deep knowledge of diabetes that the parents and eventually the child themselves will have. The main thing you need to know is how to keep 'your kid' safe while they are with you and this handbook is designed to help you do that easily. Then, hopefully, you will realise you are able to care for this lovely child safely and happily.

Young people with diabetes have to do a very important thing, a thing that is just as important as managing their diabetes. It is a thing that all kids have to do, and it's not easy for any of them. What is it? They have to grow up. Grow up to be well-adjusted, confident adults who are healthy in body and mind and have meaningful, productive lives. Kids with diabetes need to learn to manage their diabetes well enough to remain healthy and do the normal, often difficult, tasks associated with growing up. What a child does not want is a life so ruled by diabetes that they become a sad, frightened, isolated and needy individual whose life will never reach its full potential. With your help this future can be avoided.



Growing up is difficult for all young people. Even if, as teenagers, they like to pretend they are invincible and immortal, the truth is far from that.

One sad thing that can happen to young ones with diabetes is that, unlike nearly all other Australian kids, many of them never spend a night away from home unless it is in hospital. Yet this sort of informal, fun, independent extension of normal family life is vital in helping them to grow up.

You are here to help those kids in your life become healthy, well-adjusted individuals. Your role in their lives is so important that it can't be done even by the most caring parent, by the best, most expert diabetes doctor or diabetes educator. It can only be done by you and others like you. You are willing to help give youngsters with diabetes the chance to have normal lives, just like every other kid. You may provide the chance for a sleep-over away from home, visits to places without parents in tow, a day or two away from the rest of the family, perhaps even a bolt-hole from home when the family is too much!

### **Jasmin's Grandma's Experience**

When our granddaughter Jasmin was diagnosed with type 1 diabetes at the age of seven I felt absolutely helpless as a mother and as a grandmother. I was petrified and scared for us all and thought I would never be capable of looking after Jasmin again.

Armed with every detailed instruction from my daughter Kylie and with security a phone call away, Jasmin would come for a sleep over. I would read and re-read my instructions.

I will admit I did not get much sleep in those early days and I watched her constantly.

Jasmin has been marvellous since day one and always assuring me that, 'Everything is fine Grandma, trust me'. Over time I have become less anxious.

Since Jasmin has had her insulin pump I feel more relaxed. We love having her stay and enjoy her beautiful company, but at the same time we must stay very aware of how serious type 1 diabetes is. I often think the strongest people are given these challenges in life for a reason.

So please, all carers out there, be brave, let our kids be normal and have sleep overs, holidays and live their lives to the fullest. This handbook is full of wonderful information to help you do so.

Without the support and care of people like you, young people with diabetes often come to Diabetes Summer Camps having never spent a night away from home before. They have often never had a whole day away from Mum and Dad. Their lives are missing out on some very special opportunities. Some of them have never spent a school holiday with Nan and Pop, even though their siblings might have done so.

You are also helping the young person's Mum and Dad, and the other kids in the family. The child or teenager's parents have had an enormous task in learning how to manage, or help manage, their youngster's diabetes. While learning this they have had to deal with their feelings about what has happened and, if there are other children in the family, help those children adapt to what has happened to their sibling and family life. Parents of young ones with diabetes are the true experts in diabetes care. However, since their child developed diabetes many parents have been so anxious about the child that the family has not had time without that child with them. This is an enormous strain on everyone and time out is priceless. This is where you come into the picture by providing that special "time out" time.

### **Ben's Nan's Feelings about Caring for her Grandson with Diabetes**

I am the grandparent of a child who has type 1 diabetes (Ben, now nearly four who has had diabetes since he was one year old). At first it took a bit of time to get a handle on being responsible for him for a couple of hours then, as time progressed, to overnight stays.

I gained confidence because I knew I was always in contact with his parents by phone if I had any questions regarding his BGL readings, and I bravely learnt how to give him injections.

Then, as time progressed, we began looking after Ben and his brother for three to four days while his parents were out of the state. I always knew that I could ring anytime anything was wrong and I was confident of what I needed to do..

But since the end of the year Ben has gone onto a pump and I feel right back at the beginning again, and even more nervous this time as I have to understand what looks like a mobile phone. If I put in the wrong thing it comes up telling me I must do something else and I usually don't know how to get back to do the something else.

On two occasions whilst I have had Ben I have had to administer insulin to him and I have messed it up. I have had to ring my daughter, who calmly tells me what to do and... Bingo! It works! (Meanwhile Ben stands patiently waiting for his Nan to get it right!).

I know I will learn what to do and it will become easier, however it is scary knowing this little boy's life is in my hands.

So, thank you for caring for that kid in your life who has diabetes.

Now, let's discuss what diabetes is, what it isn't, who gets it, how they get it and how it is managed properly.

## Type 1 diabetes

In this type of diabetes, the body's own immune system kills off the beta cells of the pancreas (a gland behind your stomach) that make insulin, so the pancreas can't make this hormone any more. Normally insulin takes glucose (a form of sugar) out of the blood stream and into the other cells of the body to supply them with energy.

Without insulin the glucose stays in the blood stream and the cells run out of energy. The only cells that can get glucose without insulin are the brain and nerves, the eyes and the kidneys. The kidneys try to clear the extra glucose from the blood and in doing so make more urine so the child goes to the toilet more often and may even wet the bed at night.

Losing all this fluid makes them thirsty, so they drink more. Their cells aren't getting any fuel so they are very tired all the time. Their body tries to get some other type of fuel by burning its own fat. This makes ketones and provides the cells with a tiny amount of energy. As the fat is used the child loses weight dramatically.

The body tries to get rid of the ketones (which are slightly acidic and not wanted by the body) through the kidneys in urine (causing ketonuria) and through the lungs by breathing them out which causes a strange, fruity (acetone / overripe apple) smell on their breath.

The only way to fix the situation is to inject insulin. Every day of the child's life they will need injected insulin, whether this is by syringe, pen device or insulin pump.

### **What causes Type 1 Diabetes?**

That's a good question. It's a pity no-one really knows the answer to it!

We are reasonably sure about why people develop type 2 diabetes: a strong inherited risk, combined with growing older and a sedentary lifestyle which causes weight gain. Type 1 diabetes has none of those causes, except a small inherited tendency.

We think that it is caused by an autoimmune response to something that the child or teenager has been in contact with.

We think that the child starts with a tendency or a genetic predisposition to type 1 diabetes and that a trigger of some sort, a virus perhaps, comes along and sets the autoimmune process in motion. You may have read some reports of research on these viruses.

What we think happens is that the virus attacks the body and the child's immune system goes into fight it. It successfully gets rid of the virus but then goes into a hyper-vigilant state where it mistakenly sees the beta cells of the pancreas (the cells that make insulin) as a foreign material – another virus – so kills them off too.

While we aren't sure about what causes type 1 diabetes we do know what **doesn't** cause it. We know that:

- You can't catch it – it isn't infectious
- There is nothing the parents, grandparents, siblings, doctor or anyone else did, or didn't do, that caused it
- It is not caused by eating too much, moving too little or any lifestyle thing such as might be involved in type 2 diabetes
- It's not even particularly genetic, unlike type 2 which is strongly genetic. If an identical twin gets type 1 diabetes the other twin has about a 36% chance of getting it. If an identical twin develops type 2 diabetes the other twin has almost a 100% chance of getting it themselves.

### **The Effects of the Diagnosis**

The diagnosis of type 1 diabetes in a young one is devastating and profoundly life-changing. We know very clearly that, often, whenever a young person develops diabetes their whole family goes into deep grief and mourning for what they see as the loss of that child's perceived future. For some people the grief is like a death. Others feel guilty or start to look for causes, which may seem like fault-finding.

Occasionally the family is relieved that their child does not have cancer or some other disease which could be fatal in the short term. Yet others accept the diagnosis as part of what life has given them. In response to the worse feelings, some people throw themselves wholeheartedly into projects to numb the pain or are tireless in their efforts to find a cure. Whatever the reaction, the worst possible response is to feel guilty or look for blame when a child develops type 1 diabetes. It keeps people in a negative frame of mind and interferes with the really important work of helping this kid to get on with their life!

### **How to Look After Type 1 Diabetes**

Luckily, when the child or young person is in your care for days or weekends, you won't need to know the full encyclopaedia of diabetes care like the parents and eventually the young one will have to learn.

If you have regular contact with the child you will pick things up more quickly than if you have the child occasionally. Don't let this dishearten you. You will soon get the hang of it and the young one's parents will always be able to guide you.

You just need to know enough to keep the child safe, well and happy while they are in your care. You can be sure that the young person's parents will give you all the information you will need to care for their offspring during the time they are with you.



There is no doubt that diabetes is harder to look after in certain age groups, for instance babies, toddlers and little ones who can't yet talk properly. At the other end of the spectrum there are teenagers whose rampaging hormones, growth surges and psychological need to assert themselves make good blood glucose management an almost impossible task. If you are looking after children in these age groups, especially if they have other problems as well, please ask the parents for as much information as possible. Don't be afraid to keep repeating your requests as often as you need until you feel comfortable that you can care for the child safely. No parent will object to giving you help to look after their child safely and well.

Children who are on insulin pumps seem more difficult to care for at first because the operation of the pump seems daunting to most people. Parents recognise this and will give you all the help you need – as long as they know you need it! If there is anything you aren't sure about, don't be afraid to ask for more information.

### **Managing a sick child**

Most parents wouldn't expect you to look after their child if they are sick. Being normal though, any child can get sick while in your care. If this happens the best thing for you to do would be to contact the child's parents and ask them to take over again. If this is not possible, a trip to your local hospital's Accident and Emergency department is the next best thing you can do.

So now let's talk a bit about what can unexpectedly happen, and what you can do about it.



## Hypoglycaemia (low blood glucose level)

Hypoglycaemia is commonly known as a 'hypo'. This occurs when the child's blood glucose drops below 4.0mmol/L on their blood glucose meter. Sometimes the child will feel the symptoms of a hypo; sometimes you will recognise it before they do. This is normal. Some kids are very aware of different feelings they experience. Others get so involved in what they are doing they wouldn't notice an elephant sitting on them until it stole their banana! Older kids with plenty of experience will be able to tell you when they are experiencing a hypo, or may even treat it and tell you later!

Blood glucose levels can drop to below 4.0mmol/L very quickly and, as hypos rapidly start to affect the young one, they need to be treated quickly. Fortunately, there are lots of early warning signs of a hypo and the child may have a whole range of them or only one or two.

### **Signs and symptoms to look out for include a child who is:**

- very hungry
- weak, shaky or trembling
- usually pale, but occasionally bright red in the face
- sweating profusely
- extremely active (runs around in a hyperactive, unfocused way)
- drowsy and inattentive (looks dreamy and you wonder about recreational substances!)
- confused, irritable or starts crying
- behaving out of character.

With babies, toddlers and children who are not able to tell you how they feel, you will need to be watchful for signs of over-activity, agitation or irritability which is more noticeable than normal. If the little one is behaving in this way, do a blood glucose check and this will show you if a hypo is the cause.

### **Causes can include:**

- too much activity – this is a particular problem when the activity is unplanned
- too little food or carbohydrate – sometimes just too little food for the activity but sometimes because the child has not eaten all their food or has swapped their food with someone else
- too much insulin – sometimes happens if the insulin is given and the kid doesn't eat
- a delayed or missed meal or snack
- in older kids, alcohol on an empty stomach.

## Treatment

Hypos must be treated as soon as they are recognised.

**If possible, do a blood glucose reading to confirm this is the problem. If you can't do this, assume the problem is a hypo and treat it as such:**

**1 Give a fast-acting carbohydrate such as glucose.** Fast-acting carbohydrates are a form of sugar. Glucose is a very refined sugar and is very quickly absorbed by the child's stomach, but lollies, table sugar, icing sugar and honey are also fast-acting and can be used. Depending on the age and size of the child, you can give them:

- up to seven jelly beans
- three glucose tablets
- half a can of normal (not diet) lemonade or cola
- a tube of glucose gel
- three teaspoons of honey.

If the child has coeliac disease, please be careful not to give them anything with gluten in it; treat hypos with normal lollies, or gluten-free jelly beans or glucose tablets.

**2 Wait 15 minutes.** If the child's blood glucose is still less than 4.0mmol/L, or they are not feeling better, repeat the treatment.

**3** If their blood glucose is going up or they feel better, and they are not having insulin by a pump, give some long-acting carbohydrate. Long-acting carbohydrates are foods that contain sugar and starch, which take longer to be digested and have a longer lasting effect on the blood glucose. Long-acting carbohydrates are things like bread, potatoes, pasta, sweet potatoes and most fruit. Depending on the age and size of the child give them **1 of the following:** milk, yogurt, custard, some other milk product, a multigrain bread sandwich (use gluten free bread for kids with coeliac), an apple, banana, orange, several apricots, a handful of cherries, a peach or some other fruit, some dry biscuits. (Gluten-free biscuits for kids with coeliac disease).

## Please Note

- The child's parents will help you by telling you how much to give their child and what they have found to be the most effective and tolerated treatment.
- If the young person is on a pump do not give them any long-acting carbohydrates – the fast-acting carbohydrates will be enough.
- If the child is unable to talk properly, or swallow don't put anything into their mouth – either give a glucagon injection, if you have one and have been shown how to do this, or call an ambulance.
- If they are unconscious or having a fit (which is very unusual) lie them on their side and call an ambulance.
- Don't leave a young person alone when they are having a hypo (unless you are forced to in order to get help) until they are back to normal again.

## Hyperglycaemia (high blood glucose level)

Hyperglycaemia is when the child's blood glucose is higher than 15mmol/L and has the signs and symptoms of high blood glucose. Hyperglycaemia is not unusual and tends to come on more slowly than hypoglycaemia.

### Signs and symptoms include:

- excessive urination (always on the toilet or nappy always sodden)
- constantly thirsty (always looking for a drink of very cold water or other liquids)
- looks hot or flushed, has dry lips and skin or sunken eyes
- complains of tiredness or spends most of the time sleeping
- is grumpy or drowsy
- acetone / overripe fruit smell on their breath.

### Causes

- illness like the flu, or a urinary tract or chest infection
- too little insulin / missed insulin dose
- too much food / too much of the wrong food (i.e. has raided the lolly jar)
- stress or worries (school exams and the like)
- insulin pump malfunction (it stops pumping for some reason).

### Treatment

Depending on the age, maturity and knowledge of the young person, they may be able to resolve the situation themselves by giving more insulin. You may need to check the blood ketone level to be safe, even if the youngster feels confident in dealing with it.

- 1** Contact the young person's parents, diabetes educator on the on-call number, the GP or Emergency Department of the nearest large hospital and explain the situation.
- 2** If the person contacted is happy to leave the child or teenager with you and give you necessary instructions, follow their advice
- 3** If the high blood glucose is as a result of a pump malfunction, the young person's blood glucose will rise very quickly because they don't have any long-acting insulin in their system. They will need to have insulin injected by a syringe or insulin pen, which they should always carry with them. We recommend they drink additional water. A teenager may know how to deal with this but the parents, diabetes educator or hospital should always be contacted and the advice they give followed.

## Blood Glucose Checking

It is normal to check blood glucose levels many times a day in kids with type 1 diabetes. However, during sleep-overs and other treat occasions it is OK to check less frequently. The ideal would be to check before breakfast, lunch, dinner and bed as well as if there are any signs of hypo or hyperglycaemia.

### **What do the readings mean?**

Blood glucose readings in children and young people often vary greatly across the day. Sometimes the lowest reading of the day might be before breakfast, sometimes that will be the highest reading. Young ones are active creatures and their routine and eating habits vary far more than adults. This makes it hard to get the kind of stable blood glucose reading everyone would love to have.

The important thing to remember is even if the blood glucose level is down a bit (but not hypo) before a meal, still give the insulin or make sure the child injects it, and give them their meal straight away. In this situation, an extra serve of carbohydrate such as another potato or a slice of bread would be nice too.

Young people on pumps usually do not need this extra serve of carbohydrate as the pump will adjust how much insulin is needed.

Sometimes you may need to wait until the child has eaten and give their injection after they have food in their tummy.

Don't get too fussed about the readings; as long the child isn't having a hypo and is not too high, all will be well.

If a reading is above 15mmol/L but the child/teenager is absolutely fine, feels good and is behaving normally, don't panic. If the child is old enough to look after their blood glucose levels themselves, you might suggest a blood ketone check. There are blood meters available on the market which will check for blood ketones. With a younger child, wait until the next blood glucose check. If it's still high, call the parents and let them know. If it's down again, that's wonderful!

This 'wait and see' idea shouldn't be used for children who are on pumps. If the blood glucose reading is 15 mmol/L blood or higher, contact the parents, hospital or diabetes educator just to be safe.

Children need to have a blood glucose check before bed. Teenagers should be reminded to check themselves.

If they are below about 7.0 mmol/L (check the preferred bedtime level with the parents) before bed they may need some extra carbohydrate, a drink of milk or warm Milo perhaps. No more than half a glass of plain milk (low fat, or full fat, either is OK) if they are on an insulin pump.

## Insulin

Some insulins are long-acting, some are rapid-acting and some are mixed insulins which have both long-acting and rapid-acting insulins in the mix. Modern insulin is safe, effective and, thanks to insulin pens and pumps, very easy to inject.

Insulin is usually injected immediately before a meal and the most important thing to remember is that even if the child is refusing to eat, they must always have their long-acting insulin. If you are not sure whether the child will eat their meal, they don't need to have the short-acting one until after they have eaten.

If the child is on 'mixed insulin' injections, the parents will tell you how much to reduce the amount of insulin injected to deal with this problem.

Some little children have two insulins mixed in one syringe. When this happens the insulins used are ones such as Protophane and Actrapid or Humulin R and Humulin NPH – the ones called 'human insulins'. The newer insulins such as Levemir, Lantus, and Novorapid, Humalog and Apidra should not be mixed together in one syringe. These are 'analogue' insulins and do not work correctly if mixed. Children on these insulins need two separate injections, not one.

Many children are on a 'basal – bolus' insulin routine. This means they have a 'basal' insulin injected once or twice a day. This is a long-acting insulin to make sure there is always some insulin present in the child's blood stream at all times. Immediately before meals children using basal insulin have a small injection of a 'rapid' acting insulin, the bolus dose. This takes care of the rise in the child's blood glucose that eating a meal will cause.

Children using pumps have only rapid acting insulin, but the pump is set to deliver a tiny amount of insulin all day long (the basal rate) and give small extra spurts of insulin (the 'bolus' dose) at meal times to cover the rise in blood glucose after meals. If the young one is on a pump and refuses to eat, do not give their bolus dose of insulin. The basal dose is enough to keep them safe. Their parents will show you how to stop the pump automatically giving the bolus dose.

The insulin the child is using at the moment (either by a pen injector or a syringe) should be kept at room temperature. If the young person brings any spare insulin, please store this in the fridge.

Again, depending on the age, maturity and size of the kid, they may be having 2, 3, 4 or 5 injections a day. They could be having a single insulin injected with each injection or two insulins mixed in a syringe for one injection.

Most older children use their abdomen for injection, rotating injection sites around their stomachs so they don't develop thickening or lumps. Some use their thighs to inject their bedtime insulin. Smaller children and babies are often injected in their bottoms.

The parents or diabetes educator will tell you all you need to know about their child's injections before they leave their young one with you.



## Insulin Pumps

Insulin pumps are becoming more popular as they become easier to use and more practical. In the past only older kids and adults had pumps, but now even small children and toddlers are being started on them soon after diagnosis.

As a person who is only going to have the child for a short time, it isn't expected that you become a pump expert. Normally older kids will be able to deal with the pump very capably and they quickly become very proprietorial about their pumps.

Probably the most important thing for you to know is that if the pump stops delivering insulin for any reason, the youngster's blood glucose levels will rise very quickly. If you notice any signs such as thirst, increased visits to the toilet or looking hot and flushed, get the child to test their blood glucose. Even though the young person may be able to troubleshoot it, you will need to contact the parents, diabetes educator or nearest hospital for help. Kids on pumps should always carry insulin and an insulin pen to inject with in case of a pump malfunction.

Before they leave their child with you, the parents will show you, or arrange for a diabetes educator to show you, how to connect the young one to the insulin pump and how to use the pump's basic functions.

This is important to know in case the pump is dislodged during the night. You will also need to know how to stop, disconnect and cap the pump, then reconnect and restart the pump so that the child can have a bath or shower or go for a swim.

Ask and practice as many times as you need until you become comfortable doing this. No one will be fed up with you asking for help!



### **Ben's Mum's Experience of a Toddler in Child Care and Using a Pump**

When we changed Ben over from injections to a pump, our child care centre freaked out a bit. They 'knew' what to do when Ben was having injections so the whole pump scenario of having to count carbs, put information in the pump, hypers and such worried them for a while.

I was regularly getting phone calls at work, up to three or four calls a day at first. It took about four to six weeks, but gradually things settled down and now I get fewer calls than when Ben was on injections.

I think that as Ben began to use the pump and experienced a few times what to do when he went 'high' and 'low' (with support from myself, supporting information and a management plan at the centre), they gained confidence in both the pump and their own ability to manage Ben's care.

Changing to an insulin pump is hard work and can be very frustrating, particularly in the first few weeks. Things can also 'go wrong', such as problems with the 'line' – the tube that delivers the insulin – and kinked 'cannulas' – the piece of plastic which goes into the child's tummy to allow the insulin to get into their body. Overall, when things are going well – which is most of the time – they go very well.

Ben is so much happier on the pump and because of this, we're all happier too."



## Food choices for children with type 1 Diabetes

Like every other child, those with type 1 diabetes are always hungry. Just like other kids, they need their regular breakfast, lunch and evening meal plus snacks in between – a morning tea, afternoon tea and supper (depending on their bedtime). Unlike others, most of these young people must have regular snacks or they risk a hypo.

In terms of what to eat, the food to provide a child with diabetes is not much different than for a child without diabetes.

They need fruit and veggies, protein (meat, cheese, eggs, milk, nuts and beans) and fats (avocado, butter, peanut butter, margarine, nuts, coconut milk, cheese, cooking oil). Carbohydrates are the foods which break down into glucose. Children with type 1 diabetes need some carbohydrates (sweet potatoes, potato, corn, multigrain bread, basmati rice, pasta, milk, yoghurt, fruit, crackers or cereal) at every meal and snack.

The amount of food, particularly carbohydrates (sugars and starches), varies with the young person's age, growth pattern and level of activity.

The parents will tell you what and how much to feed their youngster before they are left in your care.

### Breakfast Suggestions

- Vita Brits/Weetbix
- Muesli
- Porridge
- Special K/Guardian/Sustain
- Toast with peanut butter or a little jam, honey or Vegemite
- Eggs and toast
- Baked beans and toast
- Yoghurt
- Fruit

### Lunch Suggestions

- Sandwich, roll or pita of wholegrain / multigrain / light rye / sourdough bread with cheese / chicken / ham / turkey/ egg / salad greens / cucumber/ tomato / beetroot /avocado.
- Or for younger kids, a sandwich with peanut butter / cheese spread and tomato / egg or soft boiled egg and toast fingers.



## Dinner Suggestions

Some children may seem like picky eaters, but sometimes they will surprise you and their parents. They may gradually become more adventurous after seeing others enjoy a variety of foods. The following are only suggestions. Be guided by the parents and the child.

- Meat with sweet potatoes / potatoes/ corn served with a non-starch carb such as carrots / peas / beans / Brussels sprouts / parsnip / cabbage / cauliflower / broccoli.
- Consider soft meat dishes for younger children such as mince dishes, stews, tender chicken, meat patties or meatballs served with potato or bread and vegetables.
- Pasta dish with accompanying vegetables or salad.
- Roast chicken and baked potatoes with corn and steamed or microwaved veggies
- Meat curry (non-spicy) with basmati rice and steamed veggies.
- Pasta salad or sweet potato salad with cold cooked chicken, tomato and cucumber.
- Fish and oven baked potato or sweet potato chips with corn and salad.
- Burgers made with wholegrain buns and lean meat with salad or oven baked chips and salad.
- Milk and/or fruit-based desserts such as yoghurt and fruit, fruit and custard, fruit with ice cream or fruit tarts.

## Snack suggestions

- Piece of fruit
- Milk drink
- Small bowl/tub of yoghurt
- Small serve of popcorn
- Corn on the cob
- Sandwich
- Small muffin
- Fruit bun / bread
- Low GI biscuits such as fruit slice biscuits or fruit pillow biscuits.





## Carbohydrate content of common foods

Serve sizes are not necessarily the recommended amount to give a child, but are listed to help add up the carbohydrate content. Appetite should guide actual amounts eaten. Some people are taught to count in grams of carbohydrate and others count in 'serves'. One 'carbohydrate serve' is the amount of food that contains approximately 15g of total carbohydrate. Always read the label for an accurate idea of carbohydrate content.

Food	Serve size (for carbohydrate counting purposes)	No. carbohydrate serves (1 serve = 15g of carbohydrate)	Grams of Carb (g)
<b>Bread/toast/cripbread &amp; spreads</b>			
white	1x 35g slice	1	16
wholemeal	1 x thin (30g) slice	1	12
multigrain	1 x thin/thick slice	1	14 (thin) 17 (thick)
raisin bread	1 slice (40g)	1 1/2	20
Vitawheat™	4 biscuits	1	15
Ryvita™	3 biscuits	1	14
Salada™	2 large biscuits	1 1/2	19
<b>Spreads:</b>			
jam	1 heaped teaspoon	1/2	10
honey	1 teaspoon	0 exchanges	5
<b>Breakfast cereals</b>			
Weet-bix™/Vitabrits™/ Weetbix Kids™	2 pieces	1 1/2	20
Nutrigrain™	1 cup	1 1/2	21
rice bubbles	1 cup	1 1/2	26
corn flakes	3/4 cup	1 1/2	21
Sultana Bran™	3/4 cup	2	29
toasted muesli	1/4 cup	1	17
baby rice cereal e.g. Farex	2 tablespoons dry cereal (10g)	1/2	8

Food	Serve size (for carbohydrate counting purposes)	No. carbohydrate serves (1 serve = 15g of carbohydrate)	Grams of Carb (g)
<b>Pasta, noodles &amp; rice</b>			
rice (white) cooked	1 cup	3	42
spaghetti/pasta	½ cup	1	18
noodles – 2 minute	85g	3 ½	50
<b>Starchy vegetables</b>			
potato	1 medium whole (6- 8cm)	1	18
mashed potato	½ cup	1	14
roast sweet potato	½ cup	1	19
peas	½ cup	0 exchanges	6
tinned baked beans in tomato sauce	½ cup	1	16
chick peas, kidney beans	½ cup	1	12
corn cobs	½ cob (7cm)	1	17
<b>Fruit</b>			
bananas	1 med (12-17cm)	1 ½	20
nectarines	1 medium	1	12
grapes	1 cup	1 ½	26
apple	1 medium	1	17
pineapple	1 ring	0 exchanges	5
watermelon	1 thick slice (1/4 circle)	1/2 exchange	11
orange	1 medium	½	10
mandarins	1 medium (5-6cm)	½	7
kiwi	1 med	½	10
pear	1 small	1	12
tinned apricots or peaches in natural juice, drained	1 cup	1	17



Food	Serve size (for carbohydrate counting purposes)	No. carbohydrate serves (1 serve = 15g of carbohydrate)	Grams of Carb (g)
<b>Dried fruit:</b>			
dried apricots	5 halves	1	12
sultanas	2 tablespoons	1 ½	20
dried apple	4 rings	1	16
dates	4 pitted	1	13
<b>Milk, yoghurt, custard, soy milk &amp; icecream</b>			
milk	1 cup (250ml)	1	12 (full cream) 14 (1-2% fat milk)
chocolate flavoured milk	300ml carton	1 1/2	26
yoghurt tubs (assuming low fat, added sugar type)	1x 200g tub	2	32
custard	1/3 cup	1	13
soy milk	1 cup (250ml)	1/2 (regular) 1 ½ (reduced fat)	19 23
icecream	1 scoop (100ml)	1	14
<b>Drinks</b>			
cocoa milk drink	1 tsp cocoa + 1 tsp sugar + 200ml milk	1	17
Milo™	3 heaped teaspoons	½	10
cordial – blackcurrant (regular, not diet - check the label as brands differ)	200ml (40ml syrup+160ml water)	1 ½	23
cordial – citrus (regular, not diet - check the label as brands differ)	200ml (concentrated, as above)	1	18

Food	Serve size (for carbohydrate counting purposes)	No. carbohydrate serves (1 serve = 15g of carbohydrate)	Grams of Carb (g)
<b>Biscuits, cakes, lollies, chocolate</b>			
fruit muffin	1 med size (60g)	2	33
lamington	1 medium (8cm x 8cm)	4	60
Arnott's Milk Coffee	2 biscuits	1	13
Arnott's Snack Right Fruit Slice	2 biscuits	1	15
fruit cake (commercial, uniced)	1 slice (10cm wide, 5.5cm high, 1.5cm thick)	2	27
plain cake, uniced, homemade	1 slice (9cm wide x 5.5cm high x 2cm thick)	1 ½	20

<b>Gluten free products</b>			
<i>Country Life</i> GF white	1 slice	1/2	22
<i>Country Life</i> GF multigrain	1 slice	1/2	22
<i>Country Life</i> GF low GI	1 slice	1	19
<i>The Gluten Free Baker</i> White	1 slice	1 ½	22
GF wraps	1 wrap	2	28
GF fruit bread	1x 45g slice	1 ½	22
Lowan Cocoa Bombs™	¾ cup	2	30
GF muesli	¼ cup	1	15
GF cornflakes	¾ cup	1	17
<b>GF biscuits:</b>	2 biscuits (20g)	1	12
LEDA choc-chip Organ	1 biscuit (17g)	1	12
Outback animals	2 biscuits	1	15

For more details of carbohydrate content of foods please refer to a carbohydrate counting booklet such as *The Traffic Light Guide to Food: Carbohydrate Counter (2013)* by the Diabetes Education Centre, Royal North Shore Hospital NSW. Copies are available from the DA-Vic online shop.

## Useful Websites

[www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au)

Diabetes Australia

[www.diabetesvic.org.au](http://www.diabetesvic.org.au)

Go to Type 1 - Children and Adolescents to find the Victorian Schools information

[www.teamt1.org.au](http://www.teamt1.org.au)

A program to empower teens to actively manage their type 1

[www.diabetestas.org.au](http://www.diabetestas.org.au)

Diabetes Tasmania

[www.jdrf.org.au](http://www.jdrf.org.au)

Juvenile Diabetes Research Foundation

[www.muntedpancreas.com](http://www.muntedpancreas.com)

A forum for parents and others to discuss, learn, share and laugh about caring for children with type 1 diabetes.

[www.diabeteskidsandteens.com.au](http://www.diabeteskidsandteens.com.au)

A website for kids and teens with type 1 diabetes and their parents/carers

[www.realitycheck.org.au/RCforum](http://www.realitycheck.org.au/RCforum)

Part of the type 1Diabetes Network Inc. Support, information and a voice for the Type 1 Community

[www.sweet.org.au](http://www.sweet.org.au)

A great website to assist with the transition from paediatric to adult diabetes care

[www.healthyfoodguide.com.au](http://www.healthyfoodguide.com.au)

Australian Healthy Food Guide

[www.eatforhealth.gov.au/guidelines](http://www.eatforhealth.gov.au/guidelines)

Information on the Australian Dietary Guidelines.

There are also great support groups on Facebook, which has become a fantastic resource for connecting the type 1 community. While many are accessible some are private and restricted to members only to protect privacy. The private groups are open to most people affected by type 1 diabetes, but if you wish to become a member you need to request to join the group.



## How you can help

You may decide that you want to give additional support to other children and young people living with type 1 diabetes. There are many ways to help such as volunteering or fundraising.

### How can you get involved?

#### *Peer Support Groups*

DA-Vic's peer support program has 25 type 1 peer support groups across Victoria who meet regularly to share stories, experiences and form friendships that provide an invaluable network of support for people living with type 1 diabetes, their family and friends. All support groups are individually run and can provide a safe and welcoming space for all. To find a support group near you, please visit our website or contact the Type 1 Program Engagement Officer Elise Perillo at [eperillo@diabetesvic.org.au](mailto:eperillo@diabetesvic.org.au) or on **9667 1721** for more information.

#### *Membership*

Children living with diabetes can enjoy free membership with DA-Vic until they reach the age of 22. If you regularly care for a child with diabetes you may want to become a member too. We can supply you with the information and education you need to provide the best possible care and support. We'll send you regular magazines and newsletters containing articles from our health professionals on diabetes management. You will also be invited to attend free education events and programs throughout the year to give you the continuous support you need.

Find out more about becoming a member at <https://members.diabetesvic.org.au>

#### *Volunteering*

DA – Vic values the contribution of volunteers, who so generously give of their time, skills and knowledge. We recruit volunteers to help with running events, at kids camps, on specific projects and to support the running of the organisation. If you would like to volunteer with us, please email [volunteer@diabetesvic.org.au](mailto:volunteer@diabetesvic.org.au).

#### *Programs and services*

We rely heavily on the generous support of people like you to continue to provide vital programs and services for Victorian children living with type 1 diabetes and their families. Programs include:

- Camps – an essential opportunity for children and teens to learn independence through adventure and build peer support networks. Family camps also allow parents to develop connections with other parents and learn together with their child.
- School Resources and Training – providing School Action and Management Plans and Diabetes at School and Preschool Training programs, we work to ensure a safe environment for children with type 1 diabetes.
- Education Programs – including courses such as Team T1 which assists 14-18 year olds to transition to self-management for healthy adult lives.

Please visit [www.diabetesvic.org.au](http://www.diabetesvic.org.au) to make a donation or find out about community fundraising opportunities.









