Sandwell and West Birmingham Hospitals NHS
NHS Trust

My diabetes handbook

Information and advice for children with type 1 diabetes and their parents

Paediatric diabetes

Contents

Your paediatric diabetes team

Living with diabetes

Complications of diabetes and how to prevent them

My diabetes handbook

Information and advice for children with type 1 diabetes and their parents

Paediatric diabetes

Your paediatric diabetes team

The paediatric diabetes team at Sandwell and West Birmingham Hospitals is made up of:

- Consultant paediatricians (specialist children's doctors)
- Paediatric diabetes specialist nurses
- Paediatric dietitians
- A paediatric clinical psychologist

How can I contact the diabetes team?

You can phone someone from the paediatric diabetes team any time (day or night), if you or your parents or carers are worried.

Monday – Friday, 9am – 5pm contact your paediatric diabetes nurse:

Lizbeth Hudson
0121 507 3476 or 07979 756 463

Gail Higgins
0121 507 3476 or 07896 425 172

If you have an urgent query at the weekend, after 5pm on weekdays, or if you are unable to contact the paediatric diabetes nurses:

Call the hospital switchboard on 0121 553 1831, hold to speak to the operator and ask them to bleep the 'paediatric registrar on-call'.

Other contact numbers for less urgent queries:

Sandwell Hospital

Dr Agwu (Consultant Paediatrician)
Monday – Friday, 9am – 5pm
0121 507 3358 (secretary)

Lorna Rowes (Senior Dietitian)
Monday – Wednesday, 9am – 5pm
0121 507 3521
Dr Ash Reynolds (Paediatric Clinical Psychologist)
0121 507 3684 or 0121 507 2598

City Hospital

Dr Bandhakavi (Consultant Paediatrician)
Monday – Friday, 9am – 5pm
0121 567 5570 (secretary)

Gill Ashton (Senior Dietician)
0121 507 4085

When and where will I see the diabetes team?

When we first found out you had diabetes, you will have had to stay in hospital for a short time. This was so we could teach you and your parents about diabetes. The diabetes team will now carry on seeing you at home and at hospital appointments.

At home

The diabetes nurse and dietitian will come to see you and your parents at home. They will see you quite often at first until you and your parents feel more confident in managing your diabetes. After this you will still have home visits but won't need as many and can contact the diabetes team by phone when you need to.

When they visit, the nurse and dietitian will teach you about managing diabetes and answer any questions you have.

The diabetes nurse will also visit school to talk to your teacher and other staff about diabetes.

At the hospital

You will also need to come back to the hospital for appointments. At first you will need to come quite often, but when you are controlling your diabetes well you will only need to come every 3 months. You will also have a review appointment once a year near your birthday.

If you are 16 years old or younger your hospital appointments with the diabetes team will be on one of these days:

- Tuesday afternoons, 2pm – 5pm (Sandwell hospital)
- Wednesday mornings, 9am – 1pm (City hospital)

if you are aged 16 – 18 we will see you in the young adult diabetes clinic on one of these days:

- The 2nd Monday of each month, 2pm – 5pm (Sandwell hospital)
- The 1st Friday of each month, 9am – 1pm (City hospital)

If you or your parents need interpreter for your appointments please contact the paediatric diabetes nurses in plenty of time before the appointment so this can be arranged.

What happens at the hospital appointments?

At your appointments you will see the consultant, dietitian and nurse, and might also see the psychologist. Because you need to see all these people, your appointment can take quite a long time, but it means that you don't have to have lots of appointments to see them all separately.

Paediatric diabetes

At 3 monthly clinics you will:

- Have a finger prick blood test to check how well you have been controlling your diabetes overall. This test is called the HbA1c test.
- Have your height and weight measured.
- Be able to talk to the team about any problems with your diabetes, and ask questions.

At your review appointment that happens once a year you will:

- Have your height and weight measured.
- Have your blood pressure checked.
- Be examined thoroughly and have your feet checked.
- Have a blood test to check:
  - Your overall diabetes control (HbA1c).
  - How well your thyroid gland is working (this gland is in your neck and affect how your body uses energy).
  - For coeliac disease (a condition where you can’t eat foods that have gluten in them because this makes you poorly).
  - How well your kidneys are working.
  - The amount of cholesterol (a type of fat) in your blood.

If you are 12 years or older you will need to bring in an early morning sample of your urine (wee) so that it can be tested for little proteins in it (micro albuminuria), as this helps us to see if diabetes has affected your kidneys.

If you are 12 years or older you will also need to go to your local optician to have diabetes eye checks once a year.

Education and social events

The hospital diabetes team run education and social events for you and your parents/carers to come along to. It is good for you to come to these to meet other children and families coping with diabetes and to learn more about your condition.

My diabetes handbook

Information and advice for children with type 1 diabetes and their parents

Paediatric diabetes

Living with diabetes

What is diabetes?

Diabetes is a condition where your body can't use glucose properly. Glucose is a type of sugar that is in some foods. The cells in your body need glucose because it gives them energy so they can work properly.

There are different types of diabetes. The type you have is called **Type 1 Diabetes**.

This is what happens when people who don't have diabetes eat food:

1. The glucose (sugar) in their food moves from their stomach into their blood. This makes the level of glucose in their blood high.
2. The pancreas, which is a part of your body that is near your stomach, knows that the level of glucose in the blood is high so it makes insulin.
3. Insulin helps glucose get into the cells so the cells can do their jobs.

This is what happens when you and other people with type 1 diabetes eat food:

1. The glucose in your food moves from your stomach into your blood. This makes the level of glucose in your blood high.
2. Your pancreas isn't working properly so doesn't make insulin.
3. The glucose can't go anywhere and stays in your blood. This means the cells can't do their jobs properly and you can become very poorly.

Why have I got diabetes?

You have got diabetes because the cells in your body that would normally make insulin aren't working properly because they have been damaged. This happens because your body has reacted and destroyed these cells. We don't always know what makes your body react like this, but sometimes it is because of an infection you had, especially if you are more likely to develop diabetes because of the genes you have inherited (had passed down) from your parents.

What are the symptoms (signs) of diabetes?

Before you found out you had diabetes you might have had some of these signs:

- Feeling really thirsty
- Needing to wee a lot
- Feeling really tired
- Getting skinnier
- Things looking blurry
- Feeling itchy from where you do a wee

Paediatric diabetes

What treatment do I need for my diabetes?

The treatment for type 1 diabetes is:

- Taking insulin
- Having a healthy diet
- Doing exercise and activities

You need to take insulin because your body isn’t making its own insulin. Taking insulin will mean that the glucose in your blood can get into your cells so they can work properly.

Sometimes when you take insulin, you could take too much. This could make your blood glucose level too low and you will need some glucose to bring it back to normal. You might also not take enough insulin which would make your blood glucose level too high.

Checking your blood glucose level

You will also need to check how much glucose is in your blood – this is called your blood glucose level or blood sugar level. You need to do this to make sure that you are having the right amount of insulin. You will need to test your blood glucose level at least 4 times a day:

1. before breakfast
2. before lunch
3. before your evening meal
4. before bed

Your diabetes nurses will teach you and your parents how to do this.

Your blood glucose level should be between 4 and 8mmol/L before you have a meal - this is called your ‘target range’. After you have had a meal your blood glucose level should be less than 10mmol/L. Mmol/L means the amount (mmol) of glucose in 1 litre of your blood (/L).

Some children might be given a different target range. Your blood glucose level target range will be written in your record at the back of this book.

When you check your blood glucose level it is a good idea to write the result down in a diary, so we can see any patterns.

My diabetes handbook

Information and advice for children with type 1 diabetes and their parents

Paediatric diabetes

Insulin treatment

How insulin is taken (insulin regimens)

There are 2 main ways people take insulin (insulin regimens):

1. **Injections of insulin** – we call this 'multiple daily insulin injection therapy', or the 'Basal bolus regimen'.
2. **An insulin pump** – we also call this 'continuous subcutaneous insulin infusion therapy (CSII)'. The pump is a little device that you carry round with you. It gives you insulin constantly through a little plastic tube (called a cannula) under your skin. If you have your insulin this way you and your parents will get more information about this separately.

Multiple daily insulin injection therapy (Injections of insulin)
If you are having injections of insulin (multiple daily injection therapy, or the basal bolus regimen) you will need to have:

<u>1 injection of Lantus insulin at bed time.</u> This is your **basal** insulin. This insulin works for 24 hours to make sure you always have some insulin in your body. You need to have this insulin at the same time every day. You must always take this insulin.

AND

<u>Injections of Apidra or Novorapid insulin (called insulin analogues) before you have a meal.</u>
This is your **bolus** insulin. This insulin works quickly to keep your blood glucose level in the normal range after food.

You will have been told how much insulin you need to take each time to keep your blood glucose level in your target range. Your diabetes team will also write it in the back of this book for you.

- The Lantus (basal) injection you have at bedtime is responsible for your blood sugar level before you have breakfast.
- The Apidra or Novorapid (bolus) injection you have before breakfast affects the blood sugar level you have before lunch.
- The Apidra or Novorapid (bolus) injection you have before lunchtime affects the blood sugar level you have before teatime.
- The Apidra or Novorapid (bolus) injection you have before teatime affects the blood sugar level you have before bedtime.

If you have one of your bolus (Apidra/Novorapid) injections before a meal but then you have to wait too long to eat it you might need to eat a snack while you are waiting. Your dietitian will tell you and your parents more about this.

Paediatric diabetes

What to do when your blood glucose level is too high or too low

If your blood glucose level is higher than your target level you will need to give yourself an extra dose of your bolus (Apidra or Novorapid) insulin. This is called a **correction dose**. Your diabetes team will tell you what your correction dose is and will write it in your record at the back of this book.

If your blood glucose levels are too high or too low at the same time each day for 3 days then you need to adjust your insulin doses and call the diabetes team or get your parents to call them.

How to adjust your insulin doses

First thing in the morning:

- If your blood glucose level is **high** (above 8mmol/L) for 3 days, you need to have an extra 1 – 2 units of Lantus at BEDTIME.
- If your blood glucose level is **low** (below 4mmol/L) for 3 days, you need to have 1 – 2 units less of Lantus at BEDTIME.

Before you eat your lunch:

- If your blood glucose level is **high** for 3 days, you need to have an extra 1 – 2 units of Apidra or Novorapid before BREAKFAST the next day.
- If your blood glucose level is **low** for 3 days, you need to have 1 – 2 units less of Apidra or Novorapid before BREAKFAST the next day.

Before you eat your tea:

- If your blood glucose level is **high** over 3 days, you need to have an extra 1 – 2 units of Apidra or Novorapid before LUNCHTIME the next day.
- If your blood glucose level is **low** over 3 days, you need to have 1 – 2 units less of Apidra or Novorapid before LUNCHTIME the next day.

Before you go to bed:

- If your blood glucose level is **high** for 3 days, you need to have an extra 1 – 2 units of Apidra or Novorapid before TEATIME the next day.
- If your blood glucose level is **low** for 3 days, you need to have 1 – 2 units less of Apidra or Novorapid before TEATIME the next day.

Very little children need to change add and take off less units than these. Your diabetes team will talk to you and your parents about this.

Food and diabetes

Eating healthy foods is an important part of your treatment for diabetes. It will help you control your blood glucose levels and means you are less likely to get other illnesses.

You don’t have to follow a special diet but should:

- Eat regular meals e.g. breakfast, lunch and an evening meal.
- Eat normal healthy foods.
- Eat different types of foods.
- Not have too many sugary foods and drinks.
- Not have too much fried or fatty foods.
- Avoid special diabetic foods because these are high in calories and expensive.
- Eat more high fibre foods – fruit and vegetables.

The amount of carbohydrate in the food you eat affects your blood glucose level. We will teach you how to count the amount of carbohydrate in your food so that you can have better control of your blood glucose level.

The leaflet ‘Healthy eating for young people with diabetes’ has a lot more information about the types of foods you should eat more of and the ones to eat less of. Your dietitian will also talk to you and your parents about this.

Hypoglycaemia

Hypoglycaemia is when your blood glucose (sugar) level is too low. There should be between 4 and 8 mmol/L of glucose in your blood so that your body can work normally. If there is less than 4mmol/l of glucose in your blood this is hypoglycaemia (also called a 'hypo'). When this happens your body does not have enough energy to carry out its activities.

Why does hypoglycaemia happen?

Hypoglycaemia happens when you have too much insulin in your body. This can happen because:

- You have taken your usual dose of insulin, but have eaten less carbohydrate than usual or missed a meal.
- You have taken you usual dose of insulin but have done more exercise than usual.
- (If you are old enough) have drunk alcohol without having something to eat.

What are the symptoms (signs) of hypoglycaemia?

Mild hypoglycaemia

If hypoglycaemia is mild (your blood glucose level is a bit low) you might not have any symptoms and will only know you are having a hypo when you check your blood sugar level. However you might:

- feel hungry
- feel shaky
- be sweaty
- feel moody
- look pale
- have a fast heart beat
- feel your heart beating
- have tingly lips

Moderate hypoglycaemia

If your blood glucose level is quite low this is 'moderate hypoglycaemia'. If you have this you might:

- find it hard to concentrate
- become confused
- behave strangely - a bit like you are drunk!
- feel sleepy

Severe hypoglycaemia
If your blood glucose is very low you might collapse or have a fit.

How do I know if I have hypoglycaemia?

If you have any of the symptoms of hypoglycaemia you should check your blood glucose level. If it is below 4mmol/L then you have hypoglycaemia (you are having a hypo).

What treatment do I need for hypoglycaemia?

If you have hypoglycaemia you need treatment with glucose to bring your blood glucose level back up to 4mmol/L or more. If you don’t have the treatment you will get worse and will become unconscious.

Mild hypoglycaemia

If you have mild hypoglycaemia you will need to:

1. Take 3 dextrose tablets or have a quarter of a glass (50 mls) of Lucozade (some children might need to have more or less than this – your diabetes team will tell you if you do).
2. Wait 10 minutes and check your blood glucose again.
   - If it is still low then take another 3 tablets of dextrose or 50 mls of Lucozade, wait 10 minutes and check your blood glucose again.
   - If it is getting higher then eat some toast, biscuits or a cereal bar. If you should be having a meal at this time, then eat your meal.

It is very important that you do not go to bed if your blood glucose level is low, you must make sure it has come up above 4mmol/L.

Moderate hypoglycaemia

If your hypo is more severe you need to put glucogel, honey, treacle or jam on the inside of your cheeks and then gently massage the outside of your cheeks. You should feel better after 10 – 15 minutes. Make sure you check your blood glucose level again after 10 minutes.

If you have severe hypoglycaemia and are unconscious

If you are unconscious someone will need to put you in the recovery position and give you an injection of glucagon. Glucagon will bring your blood glucose level up.

Only people who have been trained to give the injection should give it. If there is nobody around who has been trained to give the injection, an ambulance should be called.

It is important that nobody tries to put food or drink in your mouth if you are unconscious, as this could make you choke.

How can I prevent a hypo?

- Check your blood glucose level regularly so you know if it is getting low.
- Know what the symptoms of a hypo are so you can do something about it early and stop it getting worse.
- Eat regularly and don't miss meals.
- Eat some carbohydrate before and after you do any exercise.
- If you are old enough to drink alcohol you should not drink too much, should avoid alcopops and should eat a snack after drinking it.
- If you are ill and can't eat properly you are more likely to have a hypo so will need to check your blood glucose level more often and should drink small amounts of drinks that have sugar in them to prevent your blood sugars from dropping.

Be prepared

Make sure you are always prepared for a hypo:

- Always have dextrose tablets, a bottle of Lucozade and glucogel at home and at school.
- Always carry some dextrose tablets or a carton of fruit juice with you.
- Check your glucagon injection is in date.
- Carry some identification with you that says you have diabetes so people can give you the right help quickly.
- Make sure your friends and family know about your diabetes, the symptoms of a hypo and what to do.

Diabetic Ketoacidosis (DKA)

Diabetic ketoacidosis is when you have ketones in your blood, which make your blood acidic. This is very dangerous and can be life-threatening.

Why does diabetic ketoacidosis happen?

DKA happens when your blood glucose levels stay high. Because the glucose in your blood is not going into your cells to be used for energy, the cells have to get energy from somewhere else. Your body then starts to break down its store of fat for energy instead. When the fat store is broken down for energy, this produces ketones which get into your blood.

Your blood glucose levels can stay high if you are not taking enough insulin at the right times. They can also stay high when you are ill because your body might need more insulin than usual when you are ill.

What are the symptoms (signs) of DKA?

There are 2 stages of DKA. Stage 2 means the DKA is worse and you are more unwell.

When you have stage 1 DKA you might:

- feel thirsty more than usual
- need to wee a lot
- feel tired
- have ketones in your wee or blood

When you have stage 2 DKA you might:

- feel sick
- be sick
- breathe deeply and quickly
- have breath that smells like pear drop sweets
- feel sleepy
- lose consciousness (collapse)

How do I know I have DKA and what should I do?

If you have the symptoms of DKA you should check your blood glucose level and the level of ketones in your blood or wee (your nurse will have shown you how to do this). The table below shows you what the blood ketone level results mean and what you need to do:

Level of ketones in your blood	What you should do
Less than 0.6mmol/L	If your blood glucose level is higher than your target level, have your correction dose of insulin (extra insulin).
0.6 to 1.5mmol/L	• Have your correction dose of insulin immediately. • Check your blood glucose and blood ketones levels again in the next 2 hours and have another correction dose if your blood glucose is still high. • Drink plenty of sugar free fluids. • Phone your diabetes team or ask your parents to.
1.5 to 3mmol/L	You could develop DKA. • Have your insulin correction dose immediately. • Call your diabetes team straight away (or get your parents to) – the team might tell you to have more than your usual correction dose. • Drink plenty of sugar-free fluids.
More than 3mmol/L	You have DKA and need emergency treatment. • Give double your correction dose • Dial 999 for an ambulance or go to A&E immediately. • Ring your diabetes team too (or get your parents to). • Drink some sugar-free fluids.

If you have DKA you need treatment in hospital. You will be given some fluids through a little tube into one of your veins and will be given insulin to bring your blood glucose levels back to normal. This treatment will bring your blood glucose levels back down so that your body doesn’t keep producing ketones. If you don’t have treatment for DKA this is can be life-threatening.

How can I prevent DKA?

- Check your blood glucose level regularly so you know if it is getting high.
- If your blood glucose level is high, have your correction dose of insulin (extra insulin) to bring it back down, so that it doesn’t stay high and cause DKA.
- Know what the symptoms of DKA are so you can do something about it early and stop it getting worse.
- If you are unwell you are more at risk of DKA so should check your blood glucose levels more often and check your blood or wee for ketones.

Be prepared

- Carry some identification with you that says you have diabetes so people can give you the right help quickly.
- Make sure your friends and family know about your diabetes, the symptoms of DKA and what to do.

What to do when you aren’t very well

When people with diabetes aren’t very well they are more likely to have a hypo or DKA, so should follow the ‘sick day rules’ below.

Sick day rules:

1. Test your blood glucose levels more often e.g. every 2 hours.
2. Test your wee or blood for ketones. Call the diabetes team for advice if there are any ketones.
3. Drink extra sugar-free fluids throughout the day.
4. If your blood glucose levels are high, have your insulin correction dose.
5. If you are being sick or can’t eat properly and your blood glucose levels are low or normal, drink small amounts of fluids containing sugar to prevent your blood glucose from dropping too low.
6. If you are being sick a lot and can’t keep any food or drink down contact the diabetes team straight away.
7. If you aren’t sure what to do or are worried, phone the diabetes team for help and advice as soon as possible.

Damage diabetes can cause to your body

If your blood glucose levels aren't managed well and are too high or low too often some parts of your body could become damaged. The parts of your body that are most likely to become damaged are your:

- **eyes**
- **kidneys**
- **nerves**
- **blood vessels**

If your **eyes** become damaged you might have problems seeing, or could even become blind. The medical term for damage to your eyes is retinopathy.

If your **kidneys** become damaged they might not be able to get rid of waste from your body properly, or could make your blood pressure high. The medical term for damage to your kidneys is nephropathy.

If your **nerves** become damaged you might get pain, weak muscles and not be able to feel things properly. The medical term for damage to your nerves is neuropathy.

If your **blood vessels** become damaged this could lead to problems with your heart, problems with getting enough blood to the muscles in your legs or a stroke (which affects your brain).

How can I prevent this damage to my body?

The damage is caused by diabetes not being well-managed, so the best way of preventing it is to make sure your diabetes is well-managed. To do this you need to:

- Try to keep your blood glucose levels between 4 and 8mmol/L before you eat a meal.
- Aim to have an HbA1c result of less than 7.5%. HbA1c shows how well you have been managing your blood glucose levels over a long period of time.
- If your blood glucose levels are high or low for a few days, or you are finding it hard to manage your blood glucose levels, contact your diabetes team so they can help.

It is also important that when you are old enough you don't smoke because smoking makes damage more likely to happen.

Other places you can get information about diabetes from

Diabetes UK
Diabetes UK also provides information for children and teenagers about diabetes on their website:

www.diabetes.org.uk/Guide-to-diabetes/My-life/Kids/
www.diabetes.org.uk/Guide-to-diabetes/My-life/Teens/

JDRF (Juvenile Diabetes Research Foundation)
You can find information for children and teenagers about diabetes at:
www.jdrf.org.uk/life-with-type-1/kids-stuff

Other places your parents and carers can get information and support from

Local support

Sandwell Diabetes Support Group
Sandwell Diabetes Support Group is a local Diabetes UK support group for people with diabetes, their families and healthcare professionals, and anyone who has an interest in diabetes. The group meets every other month at Sandwell General Hospital. Meetings involve discussion about common problems and a guest speaker.

Tel: 0121 553 2253

Email: *sdsg@blueyonder.co.uk*

Website: *http://sandwell.diabetesukgroup.org*

Spiritual support from the hospital
A team of Spiritual Care Chaplains, Specialist Faith Chaplains and volunteers are available to listen to you and help you explore your experiences and feelings. The team are there for all people, regardless of their beliefs. They can also offer help with prayer, spiritual counselling or other religious practices.

Members of the team come from a variety of traditions and beliefs, including the Church of England, the Free Churches, Hinduism, Islam, Roman Catholicism and Sikhism. The team can also try to put you in touch with representatives from other traditions and communities.

City hospital Chaplaincy: 0121 507 4055

Sandwell hospital Chaplaincy: 0121 507 3552

The hospital Patient Advice Liaison Service (PALS)
PALS can give you information and advice, direct you to support organisations and support you in resolving any concerns you might have about your child's care. The role of PALS is to be the voice of patients, their carers and relatives, and to be a listening ear. You can contact PALS by emailing them at *swb-tr.pals@nhs.net*, or calling them on 0121 507 5836 (Monday – Friday, 9am – 4.30pm).

More information about our hospitals and services
You can find out more about our hospitals and services on our websites *www.swbh.nhs.uk* and *www.swbhengage.com*, or by following us on Twitter *@SWBHnhs* and Facebook *www.facebook.com/SWBHnhs*.

Carers Advice and Resource Establishment, Sandwell (CARES)
CARES offers a free and confidential information and advice service for carers and the people they care for within Sandwell.

Tel: 0121 558 7003

Monday – Friday, 10am – 4pm

Birmingham Carers Centre
Birmingham Carers Centre provides support, information and advice to people who care for friends and family with disabilities.

Tel: 0121 262 3033

Monday – Friday, 9am – 4.30pm

Local Involvement Networks and Health watch
Local Involvement Networks (LINKs) are independent organisations that help people have their say about local health and social care services. From April 2013 LINKs will be replaced with local and national Health watch organisations, which will gather and represent views of the public.

Birmingham LINK	**Sandwell LINK**
08006 525 278	0121 561 1969
www.birminghamlink.org	*www.sandwelllink.org*
info@birminghamlink.org	*SandwellLINk@bcha.co.uk*

Health watch
www.healthwatch.co.uk

National information and support organisations

Diabetes UK
www.diabetes.org.uk
Diabetes UK Careline: 0845 120 2960, Monday – Friday, 9am – 5pm
Email: *careline@diabetes.org.uk*

JDRF (Juvenile Diabetes Research Foundation)
www.jdrf.org.uk

Financial support

Children with diabetes may be eligible for the care component of Disability Living Allowance (DLA), for help with personal care needs and 'extra looking-after'. DLA is a non means-tested, tax-free benefit. You can apply for DLA 3 months after your child has been diagnosed with diabetes, not before this time. The amount of DLA your child gets will depend on how much extra care they need.

You can apply for DLA in 3 ways:

- Online at *www.gov.uk/dla-disability-living-allowance-benefit/*how-to-claim
- Downloading a claim pack from *www.gov.uk/dla-disability-living-allowance-benefit/how-to-claim* and posting it back.
- Calling the Benefits Enquiry Line on 0800 88 22 00 (Monday – Friday, 8am – 6pm) and asking for a child DLA claim pack.

Advice on filling in the form can be found on the Diabetes UK website:

www.diabetes.org.uk/Guide-to-diabetes/Living_with_diabetes/Financial_entitlements/Disability_Living_Allowance

Other useful contacts

Sharps bins
If you are using insulin injections you will be given some sharps bins by the hospital. When the first bin is full your parents should contact the correct number for where you live below to arrange for it to be collected and replaced with a new one. They will need to do this each time a bin is full.

If you live in Sandwell: 0121 507 3869

If you live in Birmingham: 0121 303 7805

When to contact the diabetes team

You, or your parents or carers should contact the diabetes team if:

- You or they are worried and need to talk or ask questions about your diabetes.
- Your blood glucose levels are under 4mmol/L for 2 or 3 days in a row.
- You have a hypo but don’t know why.
- Your blood glucose levels are higher than your target level for 3 days in a row.
- Your blood glucose level is higher than 17mmol/L.
- You don’t feel well or are being sick.
- There are ketones in your blood or wee.

Your personal record

Date	Your target blood glucose is	Your correction dose is	Your insulin doses are

My diabetes handbook

Information and advice for children with type 1 diabetes and their parents

Paediatric diabetes

Date	Your target blood glucose is	Your correction dose is	Your insulin doses are

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5420 or email: **swb-tr.swbh-gm-patient-information@nhs.net**

The Information Standard
Certified member

This organisation has been certified as a producer of reliable health and social care information.
www.theinformationstandard.org

A Teaching Trust of The University of Birmingham
Incorporating City, Sandwell and Rowley Regis Hospitals

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