

# Going Home: What You Need to Know

1. Parent/carer support
2. Recording of blood glucose results and carbohydrate intake
3. Insulin doses and the partial remission phase
4. Contact details: who to call?
5. Future follow up
6. Nursery and school support

## 1. Parent/carer support

---

Parents need time off work to support their children. It is a stressful time for all the family.

We would expect that one parent would need to be at home to support their child for the first week after diagnosis, and longer if they are very young.

We would hope that employers would be supportive of this. If you require a letter of support please inform the diabetes team.

## 2. Recording of blood glucose results and carbohydrate intake

---

Before you leave the ward, you will be given a blood glucose (BG) diary and a food diary. You will be shown how to record all BG readings in the BG diary, and how to document in the food diary all carbohydrates eaten, before your first clinic visit. Both diaries must be brought to the first clinic visit.

It is very important that you record the BG readings and carbohydrate intake each day.

The target for BG readings is 4-7 mmol/L pre-meal and 4-9 mmol/L at the 2 hour post meal check.

The blood glucose readings are likely to be above target initially. This should resolve as a normal daily routine of exercise, activities and school is re-established.

## 3. Insulin doses and the partial remission phase

---

Before you leave the ward, one of the doctors in the team will write down on a chart your/your child's basal and bolus insulin doses.

However, the dose of insulin required **will** change and the team will support you/your child in making changes.

During the first two or three weeks the pancreas gland may partially recover and produce small amounts of insulin. This is common, and is known as the partial remission phase or the 'honeymoon' period. The blood glucose readings may fall and the appetite decrease at this stage. The insulin doses will need to be reduced when this occurs.

The partial remission phase may last from a few weeks up to two years. The insulin production from the pancreas then gradually declines, and the blood glucose levels start to rise.

Unfortunately there is no treatment to prevent the pancreas completely stopping insulin production. This is an expected progression of diabetes. As the natural insulin production decreases, the body's requirement for injected insulin increases.

## 4. Contact details: who to call?

---

### **If your child is ill or you need prompt or urgent help**

There is an emergency help line that you can call any time of the day or night.

Please call **ward 1** (see Contact List)

You will either be transferred to one of the diabetes team members or the ward staff will take down your details and an on call doctor will return the call.

### **Concerns about blood glucose levels – TOO HIGH OR TOO LOW**

Please call the diabetes team (see Contact List for the diabetes nurse specialists and the dietitians).

Importantly please call the diabetes team within 3 days of discharge from the ward.

It is important that you stay in regular contact.

### **If you have any queries about school, the prescriptions, or any other diabetes-related concerns.**

Call the DNS (see Contact List)

## 5. Future follow up

---

### **Home visit**

One of the diabetes nurses will come and visit you at home within two weeks of discharge.



### **Education programme for newly diagnosed patients**

The new patient clinic is held on Monday afternoons in the main outpatient area at the Royal Hospital for Sick Children. Before you leave the ward you will be given an appointment for this clinic.

The clinic provides a structured education programme for patients newly diagnosed with diabetes.

BG readings and insulin doses will be reviewed, so please bring your BG diary, and BG meter to all clinic visits. Please also bring your food diary to the first three visits with the dietitian.

There are a total of five visits. Please see the clinic section for more detail.

## 6. Nursery and school support

---

**The diabetes nurse specialist will contact the school or nursery shortly after discharge. They will plan the following:**

### Nursery

- A meeting at the nursery. As many staff as possible are invited to attend. Parents will be present.
- Guidelines will be given and discussed.
- Parents are expected to provide support to staff with blood glucose monitoring and insulin injections until staff are confident to take over these procedures.

### Primary school

- A meeting with the class teacher, head teacher, support staff and other staff involved. Parents will be present.
- Guidelines will be given and discussed.
- Parents are expected to provide support to staff with blood glucose monitoring and insulin injections until staff are confident to take over these procedures.

### Secondary school

- The guidance teacher will be informed of the diagnosis.
- Staff may meet with the diabetes nurse specialist.
- If necessary guidelines will be given and discussed.
- Many secondary schools will already have pupils attending who have diabetes.

### Additional school issues

#### 1. Exams

Exams are a stressful time and blood glucose readings can be affected. It is important to notify staff of your/your child's diabetes, and to have blood glucose monitoring equipment and hypo treatment in the examination room. A letter is available to give to school staff. This includes advice that 45 minutes is required to fully recover once a hypo has been treated ( $BG \geq 4$  mmol/L).

#### 2. Residential school trips

The diabetes nurse specialists are able to provide support and advice to families and school staff regarding trips.

- A sheet with general guidelines is available and school staff can contact the DNS on the usual phone number.
- Advice will be given and if necessary a visit with staff/parents will be arranged.
- Parents should contact the DNS the week before a trip to discuss the necessary adjustment to insulin doses. Current insulin regimen and recent blood glucose readings will be required for this consultation.



**It is important that an adult carer, whose number is provided as a contact, is available at all times in case school staff have any queries.**



