become increasingly important in dietary planning because of its influence on digestion, absorption, and metabolism of many nutrients. It has been found to diminish the rise in blood glucose after meals.

For growing children, food restriction should never be used for diabetes control, although caloric restrictions may be imposed for weight control if the child is overweight. In general, the child's appetite should be the guide for the amount of calories needed, with the total caloric intake adjusted to appetite and activity.

Exercise

Exercise is encouraged and never restricted unless indicated by other health conditions. Exercise lowers blood glucose levels, depending on the intensity and duration of the activity. Consequently, exercise should be included as part of diabetes management, and the type and amount of exercise should be planned around the child's interests and capabilities. However, in most instances, children's activities are unplanned, and the resulting decrease in blood glucose can be compensated for by providing extra snacks before (and if the exercise is prolonged, during) the activity. In addition to a feeling of well-being, regular exercise aids in utilization of food and often results in a reduction of insulin requirements.

Hypoglycemia

Occasional episodes of hypoglycemia are an integral part of insulin therapy, and an objective of diabetes management is to achieve the best possible glycemic control while minimizing the frequency and severity of hypoglycemia. Even with good control, a child may frequently experience mild symptoms of hypoglycemia. If the signs and symptoms are recognized early and promptly relieved by appropriate therapy, the child's activity should be interrupted for no more than a few minutes.

Nursing Alert

Hypoglycemic episodes most commonly occur before meals or when the insulin effect is peaking.