ketoacidosis and a contraindication to exercise.

Record Keeping

Home records are an invaluable aid to diabetes self-management. The nurse and family devise a method to chart insulin administered, blood glucose values, urine ketone results, and other factors and events that affect diabetes control. The child and family are encouraged to observe for patterns of blood glucose responses to events such as exercise. If lapses in management occur (e.g., eating a candy bar), the child should be encouraged to note this and not be criticized for the transgression.

Self-Management

Self-management is the key to close control. Being able to make changes when they are needed rather than waiting until the next contact with health care professionals is important for self-management and gives the individual and family the feeling that they have control over the disease. Psychologically, this helps family members believe they are useful and participating members of the team. Allowing the child to learn to look at records objectively promotes independence in self-management support. As children grow and assume more responsibility for self-management, they develop confidence in their ability to manage their disease and confidence in themselves as persons. They learn to respond to the disease and to make more accurate interpretations and changes in treatment when they become adults.

Puberty is associated with decreased sensitivity to insulin that normally would be compensated for by an increased insulin secretion. Health care professionals should anticipate that pubertal patients will have more difficulty maintaining glycemic control. Insulin doses commonly need to be increased, often dramatically (Tfayli and Arsianian, 2007). Patients should be taught to give themselves additional doses of rapid-acting insulin (5% to 10% of their daily dose) when their blood glucose levels are increased. The use of supplemental rapid-acting insulin is preferred to withholding food in adolescents.

Child or Adolescent and Family Support