

All aspects of personal hygiene should be emphasized for children with diabetes. Children should be cautioned against wearing shoes without socks, wearing sandals, and walking barefoot. Correct nail and extremity care tailored to the individual child (with the guidance of a podiatrist) can begin health practices that last a lifetime. These children's eyes should be checked once a year unless the child wears glasses and then as directed by the ophthalmologist. Regular dental care is emphasized, and cuts and scratches should be treated with plain soap and water unless otherwise indicated. Diaper rash in infants and candidal infections in teens may indicate poor diabetes control.

Exercise

Exercise is an important component of the treatment plan. If the child is more active at one time of the day than at another time, food or insulin can be altered to meet that activity pattern. Food should be increased in the summer, when children tend to be more active. Decreased activity on return to school may require a decrease in food intake or increase in insulin dosage. Children who are active in team sports will need a snack about a half hour before the anticipated activity. Races or other competition may call for a slightly higher food intake than at practice times.

Food intake will usually need to be repeated for prolonged activity periods, often as frequently as every 45 minutes to 1 hour. Families should be informed that if increased food is not tolerated, decreased insulin is the next course of action. If the timing of the exercise is changed so that the supper meal is delayed, the insulin in the second or third dose of the day may be moved back to precede the mealtime. Sugar may sometimes be needed during exercise periods for quick response. Elevated blood glucose levels after extreme activity may represent the body's adrenergic response to exercise. If the blood glucose level is elevated (>240 mg/dl) before planned exercise, urinary ketones should be checked, and the activity may need to be postponed until the blood glucose is controlled.

Nursing Alert

Ketonuria in the presence of hyperglycemia is an early sign of