

day off when the responsibility for testing and recording blood glucose is delegated from the child to the caregiver (or vice versa).

Adolescents appear to have the most difficulty adjusting. Adolescence is a time of stress in trying to be perfect and similar to one's peers, and no matter what others say, having diabetes is being different. Some adolescents are more upset about not being able to have a candy bar than about injections, diet, and other aspects of management. If children can accept the difference as a part of life—in other words, that each person is different in some way—then, with adequate parental support, they should be able to adjust well (see [Critical Thinking Case Study](#) box).

Critical Thinking Case Study

Type 1 Diabetes Mellitus

Shelly, a 14-year-old adolescent with a 3-year history of type 1 DM, has been admitted to the pediatric intensive care unit for treatment of DKA. This is her fifth hospital admission for DKA in the past year. Shelly's parents are divorced, and she has four younger siblings, none of whom has diabetes. Shelly's mother has maintained two jobs for the past 5 years and frequently leaves Shelly in charge of the household. In anticipation of her discharge, you are planning a patient education program for Shelly and her mother. What important issues regarding Shelly's unstable diabetes management must you consider to plan the education program?

Questions

1. Evidence: Is there sufficient evidence to draw conclusions about Shelly's recurrent episodes of DKA?
2. Assumptions: Describe an underlying assumption about each of the following:
 - a. Type 1 DM in adolescence
 - b. Type 1 DM and menses