

For Parents: Diabetes Care (12 to 17 years)



Diabetes care in preteens and teens is not always easy. It might seem like there is a lot for you to remember. But you don't have to do it alone! You'll work with your child's healthcare provider, nurse, diabetes educator, dietitian, and others to develop a diabetes management plan. You should have a diabetes management plan that instructs you on the overall treatment plan for your child's diabetes. It should include:

- What medicines your child takes, how to take them, and when to use each
- How to check blood sugars
- What the symptoms of low blood sugar (hypoglycemia) are and how to treat it
- What the symptoms of high blood sugar (hyperglycemia) are and how to treat it
- How to count carbohydrates (carbs)
- What to do about physical activity and sports
- What to do if your child gets sick with a cold or the flu, for example
- What to do in an emergency

Also make sure you discuss daycare and school with your child's healthcare provider.

More and more teens are getting type 2 diabetes (instead of type 1). They will likely not need insulin shots, however, they will still need to check their blood sugar and learn about healthy food choices and exercise. They may need oral medicines, most of which should not cause low blood sugar levels.

Checking your child's blood sugar

At this age, keeping your preteen or teen's blood sugar in range may not be easy. This is due to the hormones that cause puberty. So don't worry that your child's blood sugar isn't perfect. Encourage your child to handle some of the responsibility for blood sugar checks as they get older. Your child must be prepared to check blood sugar regularly as directed by the healthcare provider. The best sites to do checks are the sides of the fingertips. Even if your child does their own checks, you must monitor your child's results. This is the only way to make sure that their blood sugar is staying in a healthy range. You can act as your child's coach. To do this:

- Sit down with your child at least once a week to talk about their blood sugar numbers.
- Download meter numbers to a computer. Or review the numbers in their log book.
- Discuss together if your child's blood sugar is staying on target.



Checking for ketones

You may sometimes need to check your child's urine for ketones. Ketones are chemicals that are produced when fat, instead of glucose, is burned for energy (ketosis). Follow the instructions that come with the strips and from your child's healthcare provider, nurse, or diabetes educator. If ketones are present, always call your child's healthcare provider right away. Some people also use home glucose and ketone monitors to check the blood for ketosis. Ask your child's healthcare provider, nurse, or diabetes educator for more information.

Managing low blood sugar

It's very important that your child's blood sugar does not get too low. So you and your child must manage their blood sugar as much as possible without letting it get too low. Over time, you and your child will learn what is normal for them. This will help you both recognize symptoms of low blood sugar. You can help support your child by paying close attention to how they are acting. Your child may have low blood sugar if they are:

- Too hungry
- Pale
- Very irritable
- Sweaty
- Lethargic (sleepy or drowsy)
- Staring into space or glassy-eyed
- Shaky
- Confused or having difficulty concentrating
- Complaining of vision problems, headaches, or nightmares
- Uncoordinated
- Dizzy

If you suspect your child has low blood sugar, check it right away. If the result is less than 70 mg/dL, or another number your child's healthcare provider has advised, take action. Treat your child right away with a fast-acting sugar as you were told by the healthcare provider. Check your child's blood sugar again in 15 minutes to be sure it's no longer low. If it's still low, give your child more of the fast-acting sugar. If your child is confused, unresponsive, unconscious, or having convulsions (seizures), they may have severely low blood sugar. Treat your child right away with injectable glucagon. This is a substance that raises your child's blood sugar very quickly. Always have an emergency kit with a shot of glucagon with you. (Your child's healthcare team will teach you how to give a glucagon shot.). Ask your child's doctor about nasal glucagon. It is approved for children 4 years and older.

Low blood sugar: When to call the healthcare provider

Call your child's healthcare provider right away, call 911, or go to the hospital emergency department if your child has any of the following symptoms. Your child:

- Is hard to wake or unresponsive
- Passes out (faints)
- Has blood sugar below the "danger number" given to you by the healthcare provider
- Needs glucagon
- Has a seizure

Managing your child's shots

If your child has type 2 diabetes, they may not need insulin. Those with type 1 diabetes, however, do need to have insulin shots. The amount of insulin your child needs, and how often it's needed, may vary. This includes both slow-acting and fast-acting insulin. Basal or background insulin is always needed in type 1 diabetes whether your child is eating or not. Meal-based insulin is adjusted based on how much your child eats. Your child might show an interest in doing their own insulin shots. But all shots **MUST** still be supervised, at home and school. Give insulin in the fatty parts of the:

- Backs of the upper arms
- Sides of the thighs
- Belly (don't inject within 2 inches of the belly button)
- Buttocks

Ask your child's healthcare provider to teach you how to correctly rotate the injection site and how to stay away from areas of lipohypertrophy. This is a bump under the skin caused by injecting insulin in the same spot multiple times. Also, ask about correct insulin injection technique and how to prevent injecting insulin into the muscle. Accidentally injecting into the muscle or into an area of lipohypertrophy can affect how insulin is absorbed.

Let your child decide when they are ready for more responsibility. You can support your child's efforts to take over their diabetes care. But be prepared to manage your child's shots when needed, such as when your child is sick.

Coping with giving shots

It's not unusual for children to be upset about having insulin shots at first. But most children adjust quickly to diabetes care. How quickly your child adjusts may depend on how comfortable you are giving shots. At first, you may have your own concerns. If you are nervous, here are some things that can help:

- You may want to practice on yourself first. Ask your child's healthcare provider about giving yourself an injection of sterile saline to learn how a shot feels.
- If you are afraid of needles, using an injection device may help ease your fear.
- Treat shots as a normal routine. This helps speed up the adjustment process for you and your child.

If you are still having trouble, discuss your concerns with your child's healthcare team. They can help you adjust.

Helping your preteen or teen deal with diabetes

Most children don't want to be seen as being different from their peers. This can get in the way of diabetes care, especially when your child is away from home. Encourage your child to learn more about diabetes and to take on more responsibility when ready. But remember that things may not always go smoothly. This doesn't mean that your child has failed at diabetes management. Just know that your child may need more support. If your child is having a hard time adjusting to life with diabetes, counseling may help. Talk to your child's healthcare provider about this. As your child comes to the end of their teen years, you can start to explore with them ways of moving on to adult care providers. Check into diabetes summer camp opportunities. There young people with diabetes can get together to share coping skills among themselves.

Food and your child

Your child will need to learn about foods that affect blood sugar the most. Keep these things in mind:

- Your child's healthcare provider, nurse, or diabetes educator will teach you and your child about carbohydrates. Carbohydrates are foods that give your child the energy they need to grow. But

they also raise blood sugar higher and faster than other kinds of foods. Not all carbs are the same. Complex carbs, such as those in vegetables and whole grains, do not raise blood sugar levels as much as processed or simple carbs, such as those in candies, cakes, and juices. You and your child will learn about “carb counting.” This is a technique to help you figure out how many carbohydrates your child eats each day. Carb counting helps you decide how much insulin your child needs.

- If needed, you can write the carb count of each food on a piece of paper. Then put the paper into your child’s lunch bag when they go to school. This helps both your child and the teachers know how many carbohydrates are being eaten. It will also help your child learn to connect carbohydrates with their insulin dose.
- Your child’s healthcare provider, nurse, or diabetes educator will also teach you and your child about fat and protein. Meals with more fat and protein may cause blood sugar to drop too soon after eating, or make it rise later than usual. You and your child will learn how to adjust insulin dosing to help keep a more stable blood sugar depending on meal content.
- Remember that kids will be kids! While it may be necessary to limit eating at times to control glucose, no foods should be “off limits.” Children will sneak treats, especially those that they love. So work the foods your child likes to eat into their meal plan. Adjust insulin dosages as needed. You and your child will learn how to adjust insulin based on what your child eats.
- At this age, food and eating may be a sensitive issue for your child. So be aware of problems that can affect blood sugar management. One such problem is called diabulemia. People with diabulemia skip shots or take too little insulin. They do this to lose weight or to keep from gaining weight. Diabulemia is a dangerous condition. Watch for any signs that your child is having trouble following their meal plan. If needed, contact your child’s healthcare provider for advice and assistance.

Physical activity and your child

Like food and insulin, physical activity plays a big role in managing your child’s blood sugar. Being active helps reduce the amount of glucose in your child’s blood. But too much activity can cause their blood sugar to get too low. That’s why it’s important for your child to check their blood sugar closely during activity. Talk to the healthcare provider to learn how your child should balance activity with food and insulin. The American Diabetes Association advises at least 60 minutes of physical activity each day for children and teens with diabetes.

School and your child

Your child should receive proper diabetes care and support at school:

- To make sure your child’s needs are met, write down their diabetes care plan. This is also known as a 504 plan. At the start of the school year, meet with your child’s teachers and other school staff. Explain your child’s treatment plan. Encourage your child to wear their medical alert ID at all times.
- Talk with the staff about your child’s need to check blood sugar levels and to have food or drinks as needed.
- Someone at the school will need to give or supervise your child’s insulin shots. It may be the school nurse, if one is present.
- Your child will need to carry a kit for diabetes supplies. This includes testing supplies, medicines, and fast-acting sugar for emergencies.
- Inform the school that your child can still be active and participate in all school activities.
- Your child’s healthcare provider can teach your child how to talk about diabetes with classmates.

Diabetes and driving

It’s important to let your teen know that driving carries extra responsibility. Your child must check their blood sugar each time before driving. This is because low blood sugar can affect your child’s ability to drive. Your child must keep blood sugar supplies close at hand (not in the trunk or back seat). Your teen must pull over

immediately and eat fast-acting carbohydrates if they feel any symptoms of hypoglycemia (low blood glucose). Work with your child's healthcare provider to help your child learn to stay safe when driving.

Diabetes and sex

Sex is a sensitive subject for many families. But when your child has diabetes, there are extra topics to discuss. Sex, like any physical activity, can cause blood sugar to rise or fall quickly. Getting pregnant can be very risky for a teen with diabetes. This is because high blood sugar can be dangerous for both the teen and the fetus. So your child needs to be aware of the risks of unplanned pregnancy. High blood sugar levels may also increase the risk of getting STIs (sexually transmitted infections). If sex is hard for you to talk about at home, ask your child's healthcare provider for help.

Smoking, drinking, and illegal drugs

Smoking, including e-cigarettes, drinking alcohol, and using illegal drugs are especially unsafe for children with diabetes. Ask your child's healthcare provider to talk to your child about the importance of staying away from these substances. You should also stay alert for signs that your child is smoking, drinking, or using illegal drugs. This means staying involved in their life (see "Staying Involved" below). Talk with your child's healthcare provider if you think your child is smoking, drinking, or using illegal drugs.

Stress, burnout, and depression

Managing diabetes can be a lot of work. You or your child may sometimes feel worn out or overwhelmed. This can lead to burnout. Your child might slip up more often on blood sugar management. If you or your child are feeling burned out, ask for help!

Another result of burnout can be depression. Depression may be an issue as your child realizes that diabetes isn't going away. Contact your child's healthcare provider right away if you notice that your child:

- Loses interest in activities
- Withdraws from family and friends
- Shows signs of feeling helpless or hopeless
- Sleeps too much or too little
- Has trouble concentrating
- Shows signs of fatigue, nervousness, or anxiety
- Cries often

Staying involved

The best way to support your child is to remain involved in their life. Preteens and teens do best with diabetes care when parents help them every step of the way. Work with your child to develop a management plan that suits the family. Help your child follow the plan by acting as their coach. The plan will need adjustment sometimes. So stay in close contact with your child's healthcare provider. And don't hesitate to ask for advice when you need it.

To learn more

For more information about diabetes, visit these websites:

- [American Diabetes Association at www.diabetes.org](http://www.diabetes.org)
- [Children with Diabetes at www.childrenwithdiabetes.org](http://www.childrenwithdiabetes.org)
- [Juvenile Diabetes Research Foundation at www.jdrf.org](http://www.jdrf.org)

- [American Association of Clinical Endocrinologists at www.aace.com](http://www.aace.com)
- [National Institute of Diabetes and Digestive and Kidney Diseases at www.niddk.nih.gov/health-information/diabetes](http://www.niddk.nih.gov/health-information/diabetes)
- [Endocrine Society at www.endocrine.org](http://www.endocrine.org)

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