

warning signs of **type 1 diabetes** you might just save a child's life

These flu-like symptoms
could also be **type 1 diabetes**:

Extreme thirst

Stupor, unconsciousness

Frequent urination

Sudden weight loss

Increased appetite

Sudden vision changes

Fruity odor on breath

Nausea or vomiting

Drowsiness, lethargy

Heavy, labored breathing

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Warning Signs
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doctor's information
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10 things teachers should know about having a student with type 1 diabetes

When your student has type 1 diabetes, the body doesn't make the insulin needed to metabolize sugar into energy. People with type 1 must either give injections of insulin or wear an insulin pump to stay alive.

Basic info: Food raises blood sugar. Exercise and activity lower blood sugar.

- 1 An insulin pump isn't a cure**
It is hard to have diabetes, even when I have an insulin pump. My blood sugars will vary every day and there is no such thing as "control" with Type 1. Please be patient while I deal with low and high blood sugars.
- 2 I wear super cool gadgets that help keep me alive.**
My insulin pump and/or continuous glucose monitor may look like the latest ipod or mobile phone – some alarms even sound like a ring tone. Please don't take them away from me – you would be putting my health in danger.
- 3 Sometimes I need to eat in class**
I need to keep glucose tabs and snacks in my desk (or pockets) in case of emergency. If go low, even a trip to the nurse's office could be too risky without immediate fast acting sugar.
- 4 I may not be brave enough to speak up for myself**
I depend on you to put my health and well being first. It's not always easy to speak up when I'm low or high and need to take care of diabetes. It helps to know you're looking out for my best interests.
- 5 I need immediate attention when I tell you I feel low**
I may also need your help. Please give me a snack or let me check my blood sugar immediately. Don't leave me alone or send me to the nurse's office by myself. My body and brain won't be functioning properly and I could make a wrong turn or collapse in the hallway. I also cannot finish a test or complete my work until I have treated my low.
- 6 When my blood sugar is high, I use the restroom frequently**
This will not change, no matter how old I get. Please be patient when I need to take multiple restroom breaks throughout the day. This typically means my blood sugar is high and my body is reacting normally to flush extra glucose. When my blood sugar is high, I also need to drink more to help it go down.
- 7 Please don't call me diabetic**
Because I am defined by WHO I am, not by diabetes.
- 8 If I'm not listening well or following instructions, I may need to check my blood sugar**
Please don't assume that my lack of obedience or cooperation has anything to do with my attitude. If you notice I'm not paying attention or am acting odd, gently ask me to check my blood sugar.
- 9 Thank you for being patient with interruptions in class**
Checking blood sugar multiple times a day, adjusting insulin levels and treating lows or highs can be exhausting. Your compassion during these interruptions will help make school easier for me so that I don't feel like a burden to you or the class.
- 10 Some days are a roller coaster of highs and lows**
Days that include low and high blood sugars happen. And when they do, I may feel terrible. It's similar to how you feel when you have the flu or have had too much alcohol.



hypoglycemia

a.k.a. LOW BLOOD SUGAR

CAUSES:

Too much insulin, exercise, lots of activity,
not enough food or missing a snack

Low blood sugar (under 70) can happen suddenly
and should be treated as an emergency. If juice or
glucose is not given immediately, a person may pass
out or have a seizure.

SYMPTOMS:

Fatigue, Hunger

Irritable

Odd Behavior

Extreme Tiredness

Fast Heartbeat

Dizziness

Mood Changes

Weakness

Difficulty moving, slow to respond

Anxiousness

Paleness, Sweating

Trembling

Blurred Vision

Headaches

Inability to Concentrate



hyperglycemia

a.k.a. HIGH BLOOD SUGAR

CAUSES:

Illness, stress or excitement; eating too many carbohydrates in proportion to dosing too little insulin

ONSET:

Often starts slowly; may lead to medical emergency if not treated

SYMPTOMS:

Drowsiness
Dry Mouth
Extreme Thirst
Slow Healing Wounds
Blurry Vision
Hunger
Frequent Urge to Urinate
Dry Skin
Headaches
Fatigue
Difficulty Concentrating
Irritable

diabetes etiquette

FOR
PARENTS

what your TEEN would like you to know

A special note to parents: Being a parent to a teen with Type 1 diabetes can be a tough, frustrating job. You must walk a difficult path between taking good care of your teen while also encouraging independence. You need to care, but not care too much.

We hope this card will give you and your teen some new ideas about how to survive diabetes together. No need to follow all of these etiquette points and give yourself a pat on the back if you are doing any of them!

- 1 Make the effort to understand diabetes from my point of view**
If you don't have diabetes, you can't possibly know what I am going through. The reality is that diabetes is unfair, inconvenient, a lot of work, and it sucks. No need to cheer me up, or to tell me that it could be worse. You don't have to fix it; instead, just listen when I need to vent or complain.
- 2 Stop trying to scare me with diabetes statistics**
You've told me a million times that many years of high blood sugars can hurt me. I understand YOU are scared and want the best for me, but bugging me about complications just makes me what to tune you out. If I need motivation, it has to be something important to me right now, not way down the road.
- 3 When my blood sugars are high, don't assume I've done something stupid (although I may have)**
It may be hard to believe, but sometimes it really isn't my fault. Blood sugars can get whacky even when you do everything right. Instead of grilling me about why they are high (which may have no answer), or what I might've done wrong, let's figure out what to do now
- 4 Please acknowledge when I'm doing something right, not just when I've messed up**
You may not notice it, but taking care of diabetes is a lot of hard work. And it is not fun! I may not be perfect, but there are a lot of things I am doing right every day just to stay alive. A pat on the back for a job well done would be awesome.
- 5 Don't always be in my face about diabetes, but don't leave me completely alone with it either**
I know this is a touch balance. I don't want to be constantly hassled about what I should be doing. I need to handle diabetes more on my own. Still, though I hate to admit it, I am glad to know you've "got my back." Let's figure out where you can trust me to do things on my own and where I could still use your involvement.
- 6 Don't tell everyone about my diabetes, especially not during the first minute you meet them**
Do you have any idea how embarrassing this is? I know you mean well, but my goal is to fit in, not stick out. Everybody does not have to know. Give me a chance to let me tell people about diabetes when I am ready to do so.
- 7 Recognize that I am never going to be perfect with my diabetes care, no matter how much you want this**
I know it can make you nervous when you see a high blood sugar reading or notice that I haven't made the best food choice, but let's get real. No one can manage diabetes perfectly. I'll do my best (and yes, maybe I need to do even better) but I also need to have a life.
- 8 Don't limit my activities based on diabetes**
If you do, people may see me as fragile, sick, or think something is wrong with me. I can do anything those without diabetes can do, though it may require some creative problem solving. Sports, sleepovers, traveling, and parties are all things that can be done safely. Support me in figuring out a way to make it all possible.
- 9 Don't be the food police**
Yes, I make choices that you don't like (and sometimes aren't so smart). But trying to control what I eat isn't going to help; instead I'll just do my best to avoid YOU when I eat. Remember that good diabetes control is doable even if you don't eat healthy stuff all the time.

