

ASK A MEDICAL PROFESSIONAL

Diabetes Camp: Lessons for a Lifetime

Few experiences in daily life let children with diabetes feel they are in the majority. Outside of home, they must confront a world that does not always wait for them to check their blood sugar levels or manage their disease. A diabetes camp provides a unique environment, where a supportive community will not only pause for these interruptions, but also nurture confidence in the child's ability to manage his or her health effectively. Katie Marschilok, a registered nurse and diabetes educator, recalls a summer at a diabetes camp where she witnesses her son taking time out of a ball game to inject himself with insulin, and the ensuing "wordless understanding" from his teammates that made the camp experience so meaningful.

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TOPICS IN TYPE 1 DIABETES

Sick Day Management Tips for Parents

Every parent of a child with type 1 diabetes knows that managing the disease is a full-time job. Throw a common cold or flu into the mix, and an already difficult health regimen becomes even more complicated—blood sugar levels are far less predictable, and some treatments intended to help your child may have the opposite effect. JDRF has prepared some tips to help better manage sick days.

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ASK A PARENT

Help from JDRF's Online Diabetes Support Team

Q: My daughter is 7 years old and was diagnosed six years ago. Since then she has had two daytime low blood sugar episodes, which I quickly treated. What happens if she drops low while everyone is asleep? I'm concerned that she will go low in the middle of the night and I won't know it.

A: I understand your concern about hypoglycemia, especially if your daughter is going low when she's asleep. As you know from years of experience, managing type 1 diabetes is a true balancing act, and the threat of hypoglycemia is something we must all deal with every day and night. Here are a few suggestions, based on our family's personal experience.

We've found there are some things to look for: Does your daughter ever wake up with a headache or feeling tired, or are

her readings lower early in the morning? Have you noticed her having a restless sleep? Doctors say these are possible signs. And my husband and I sometimes do middle-of-the-night blood sugar checks when we think there may be an increased chance of a nighttime episode, such as after a day of increased physical activity. Talk with your doctor about your concerns, particularly the possibility of nighttime hypoglycemic episodes. The doctor may advise you to do periodic or spot tests in the middle of the night just to see if she's getting lows. Some doctors believe that frequent nighttime testing may not be as critical for children who have not had many low blood sugar episodes. However, let me be clear that it is parents working with their doctors who must make this decision.

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WHAT'S NEW ON THE JDRF WEB SITE?

Control is an Attitude

Diabetes is more than just a matter of numbers, and good control can be hard to achieve in real life, especially for kids. The JDRF Kids Online website features an article for kids with diabetes, offering advice on how to stay as healthy as possible. Dealing with emotions or fear or lapses in daily management is part of the prescription, and experts offer their strategies. Included is an "attitude" quiz, "Are You in Control?" Your child can take the quiz online, then find out how he or she rates. Go to <http://kids.jdrf.org>.

WHAT A JDRF CHAPTER CAN DO FOR YOU

Guidance and Support

JDRF's Indiana State Chapter has a vibrant section on its website called "**Family Zone**." Go there, and you can tap into a babysitting network to serve as a resource to parents who need a night out and want an experienced sitter, or get information about diabetes camp, or join an exciting outreach Family Mentor Program, which matches families with a new diagnosis to other families of similar background and experience. It's a great support system for families dealing with the disease, so check out your local JDRF chapter and see how rewarding it can be to get involved with other parents and kids. Go to the JDRF website at www.jdrf.org and click on **Locations**.

You can let us know what you think of *Life with Diabetes* or subscribe today by sending an e-mail to info@jdrf.org. In subscription request, Please include **SUBSCRIBE LIFE WITH DIABETES** in the subject line.

ASK A MEDICAL PROFESSIONAL Diabetes Camp: Lessons for a Lifetime

By Catherine Marschilok, M.S.N., C.D.E.,
Board Certified in Advanced Diabetes Management

It's neither too early nor too late to think about a diabetes camp for your child this summer. A truly unique experience for those who attend it, diabetes camp might be the only place where children with diabetes are in the majority. To convey what makes the experience so special, I want to share with you a memory of mine from Camp Joslin, 1996.

Picture this....

It's a hot sunny day, and there is a group of 10 boys playing pick-up basketball, divided into Shirts and Skins. One member of the Skins team steps out of the game. A member of the opposing Shirt team follows him, picks up his fanny pack at court side, takes out a blood sugar meter, puts a strip in the meter, holds out a lancet.

While Skin pricks his finger, Shirt opens a juice box, knowing it will be needed. They both look at the blood sugar meter, then Shirt hands over his juice box. While Skin sips juice, Shirt opens some peanut butter crackers, gives several to Skin, munches a few himself.

Ten minutes pass, then Shirt again gets his meter ready. Skin pricks his finger. Both boys look at the meter reading, and only then do they utter the first word of this entire interaction. Both boys say, "Ready!" then together jump back into game.

One of Skin's teammates passes him the ball, Shirt rushes to cover his man, and the game goes on....

"Skin," as you might have guessed, was my own son, David. Dropping him off for the first time at Camp Joslin, only four months after his diagnosis at age 8, was one of the hardest things my husband and I ever had to do. But it was one of the best. What's so special about diabetes camp is the wordless understanding, the knowledge born of experience that everyone with diabetes has to jump out of the game of life to do yet another annoying task of taking care of diabetes, or help someone else to do so. At Joslin, and so many other wonderful diabetes camps around the country, the kid with diabetes does not take that step out of the game alone. He steps out with support and a band of brothers behind him. And the player of the game does not worry that he is letting his teammates down, or that once his blood sugar is back to normal, there won't be a place for him in the game.

What do diabetes camps offer?

As you may have already gathered, diabetes camp, like any other summer camp, is for fun. Kids do the same activities—from rock climbing to team sports to art—as other camps. In fact, as diabetes camps have become more and more popular over the years, they offer endless options. There are day camps and sleep-away camps, girls- or boys-only camps, family camps, camps specializing in horseback riding, basketball, or scuba diving.

But beyond these activities, diabetes camps are so much more. Because all the other kids and the counselors share this condition (and so may the medical and other staff members), your child will learn that he or she is not the only one with diabetes. Camp is where many kids learn how to give themselves shots for the first time, or use a pump by themselves, or learn the newest technology. If they're newly or recently diagnosed, they will see older campers, counselors, and staff who live happy, healthy, active lives with type 1 diabetes. They will learn they are not alone with diabetes and that there are a lot of other kids just like them. Whatever frustration your child feels about having diabetes and its daily management, it is felt and understood by everyone else. Campers feel free to express their feelings, because there are so many others who have been there, done that, and gone beyond it. These are important and empowering experiences.

A typical day at camp might start at dawn, when everyone wakes up and tests their blood sugars followed by the day's first insulin dose and a breakfast that fits into their individual meal plan. During the day, blood tests, insulin therapy, and meals are scheduled between activities. Campers' diabetes control often improves while at camp. This happens because activity and meals are scheduled with a flow that helps prevent lows or highs. There's healthy food, with carb counts and serving sizes usually posted for everyone to see. Skilled eyes—including doctors and nurses—are looking at blood sugars and overall health several times a day, and adjustments in insulin doses are made on a daily basis to meet every child's needs.

HOW MUCH DOES IT COST?

Most, but not all, diabetes camps cost money. The fees vary depending on the type of camp and how long it lasts. For families who may not be able to afford the fee, there are often scholarships available. Sometimes the camp itself has a payment plan or offers scholarships ("camperships") for a certain number of campers. Otherwise, doctors, hospitals, community philanthropic organizations, and pharmaceutical companies are also good sources for help. Camps provide families with an itemized listing of medical expenses, which many health insurance companies reimburse.

HOW DO WE FIND A CAMP?

To see if there's one that looks right for you, check the web (try www.diabetescamps.org or www.childrenwithdiabetes.com/camps). Remember, you can relax knowing your child is in a safe environment. If you have questions about any aspect of a camp you are considering, have an open, honest discussion with camp staff before you sign up.

Friends for life

Camp can also set the stage for long-term friendships that can make a difference later in life. I have three very close friends, Jay, Paul, and Joe, who enjoy a special friendship forged over 40 years ago during their summers at Camp Joslin. When his parents wanted to send him away to a special diabetes camp, Paul remembers that he had no idea why. "I didn't want diabetes to be my specialty," he told me. But he had such a good time that he ended up managing the camp himself many years later. "My goal was to give them what I got—the skills and the emotional support to take away and use anywhere for the rest of your life," he says. Joe adds, "These friendships have been a source of courage, strength and inspiration all my life, and I might add that it gave my parents a much-needed break!" I'm sure it's no coincidence that all three are living happy, healthy lives with diabetes. They'll tell you they had fun, tried things for the first time they might have at any camp, but more importantly they made lifelong friendships and learned how to win at their most important game: life with diabetes.

TOPICS IN TYPE 1 DIABETES

Sick Day Management Tips for Parents

JDRF has prepared the following general guidelines to help you better manage sick days—but be sure to talk to your doctor as well. These general guidelines will most likely need to be adjusted depending on the child and the nature and severity of the illness.

Monitor blood sugar levels more frequently

When you are under stress from illness or injury, your body releases hormones that can cause blood sugar levels to skyrocket. Loss of appetite, nausea, and vomiting, on the other hand, may result in extremely low blood sugar levels. Since you can't be sure how an illness will affect your child's blood sugars, it is important to check them often. How often depends on the child and the seriousness of the illness, but a general target is at least every 2-3 hours.

Don't stop taking insulin

People with type 1 diabetes should never completely stop taking their insulin, even when they're not eating anything. Insulin is necessary to maintain normal metabolism, and without it, the body starts to burn fat, which can lead to diabetic ketoacidosis. Therefore, even if your child is vomiting or unable to eat, he will still need to take insulin. To determine the proper dosage, use blood sugar numbers to guide you, or call your doctor for help.

Check urine for ketones

This is very important for people with type 1 diabetes. The presence of ketones in the urine, regardless of blood sugar level,

shows that the body is in serious need of insulin. This could become a life-threatening situation if not corrected. If you find ketones in the urine, give your child additional insulin and lots of fluids. If the ketones don't clear up in a few hours, call your doctor.

Be careful with over-the-counter medicines

Over-the-counter remedies for colds, allergies, upset stomachs, etc., may contain ingredients that raise or lower blood sugars, or that imitate the symptoms of high or low blood sugar. Be sure to read the labels before you buy any over-the-counter medication. Some recommend that people with diabetes check with their doctors before using the product.

Have a game plan, but don't hesitate to ask for help

Ideally, you and your doctor should come up with a strategy for managing sick days before your child ever gets sick. Put it in writing, and then make adjustments as you gain experience with sick days. Discuss the possibility of using smaller, more frequent doses of short-acting insulin to better avoid high blood sugars. For low blood sugars brought on by vomiting or loss of appetite, you'll need to replace carbs—perhaps with liquids or soft foods.

Call your doctor if: your child has a fever or illness that lasts longer than two days, or vomiting or diarrhea that lasts more than eight hours; your child's blood sugar is higher than about 250-300 mg/dl and you can't bring it down; you find ketones in the urine and they don't go away within a few hours; your child can't keep any food or liquid down; or any time that you just feel uncomfortable or confused about what to do. In order to communicate effectively with the doctor, be sure to keep accurate records of blood glucose readings, ketones, medication, fever, and all symptoms.

Remember that the care of diabetes is a group effort involving you, your doctor, and other members of your diabetes care team. These tips should not replace or supersede this team effort.

ASK A PARENT

Help from JDRF's Online Diabetes Support Team,

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As for treating hypoglycemic episodes in general, here are a few other things we've found useful in our experience: First, if hypoglycemia happens much too often, an adjustment to your daughter's insulin dosing or meal plan may help decrease the number of episodes. With your doctor's guidance, you can set your daughter's target blood sugar range a little higher. Early in my daughter's life with diabetes, we tried to keep her as close to normal as possible, but she still experienced many episodes of low blood sugar. Our diabetes educator told me that we were managing her

too tightly and may have been putting her at some risk for lows. We raised her target range and decreased the number of lows she experienced. Again, be sure to work with her doctor before making any changes to your daughter's target ranges and insulin dosing. Every person is different, and what worked for my daughter might not be appropriate for your daughter.

Second, test frequently! Remember that with intensive diabetes management comes the risk of hypoglycemia. Everyday activity, stress, and excitement can make low blood sugar more likely as well. Therefore, frequent glucose testing is the real safety net. If you see that your daughter is having too many lows, see if they follow a pattern. Do they come at the same time, or after she eats less than usual, or after exercise? The more (and the harder) your daughter exercises, the more you should watch out for signs of hypoglycemia. If you see a pattern, discuss what you see with your doctor.

Third, since you can't prevent all lows, remember to be prepared and to treat your daughter's lows with the quickest possible glucose source. The idea is to treat any low (even mild ones) before the body has a chance to seek the emergency glucose stored in the liver. So, if your daughter is low just before a meal, don't just feed her quickly, but give her a half cup of juice or a glucose tab(s) to get some glucose back in her system immediately and then let her have her normal meal minus the carbs in the juice or tab. This keeps the body from

going after emergency sugars during the hours it takes to digest normal foods. This method will also help guard against future hypoglycemia unawareness, in which a person loses the warning signs of low blood sugar.

Keeping a glucagon kit at home and at school is a necessity for someone on insulin therapy. We order three kits every year and keep one with our daughter at all times. If your daughter is unconscious or unable to take a glucose source by mouth, a glucagon injection will force the liver to convert more of its stored glycogen into glucose, which it secretes into the bloodstream, raising blood sugar levels.

And finally, consider insulin pump therapy, because it helps to manage blood sugar tightly while lowering the risk of hypoglycemia. Because insulin pumps use only fast-acting insulin, they eliminate the unexpected peaks that can occur with longer-acting insulin. This makes it easier to regulate insulin dosing and match it to your daughter's carbohydrate intake and exercise. The pump requires a lot of work and glucose testing and can have other drawbacks, but it can pay off in better control with less risk of low blood sugar.

*Have a question? Go to the [JDRF Online Diabetes Support Team at *jdrf.org*](#).*