My Diabetes Journey

Type 1 Diabetes

NEMOURS
CHILDREN'S HEALTH

Wolfson
Children's Hospital

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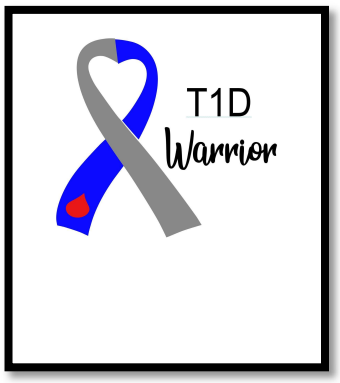

Endocrine Staff

Physicians

Matthew Benson, MD
Larry A Fox, MD
Reham Hasan, MD
Kelly Hildebrandt, MD
Nelly Mauras, MD
Monica Mortensen, DO
Camila Pereira-Eshraghi, MD
Ranjit Shenoy, MD
Lydia Snyder, MD
Lournaris Torres-Santiago, MD

Advanced Practice Providers

Keisha Bird, DNP, APRN, BC-ADM
Kaley Carroll, MSN, APRN
Carla Paul, APRN
Joe Permuy, MSN, APRN
Jennifer Pfieffer, APRN, PCNS-BC
Kaitlin Sikes, MSN, APRN
Catie Thomas, APRN

Diabetes Educators

Katy Alexander, MS, RN, LD/N
Calli Dukas, BSN, RN, CPN
Holly Farmer, MPH, BSN, RN
Mary Louise Fox, RD, LD/N, CDCES
Mary Ann Hickey, MS, CPNP, CDCES
Kim Poli, BSN, RN, CDCES
Gerrica Thaxton, RN
Danielle Walker, BSN, RN, CDCES

Clinical Social Worker

Erin Pfeffer Whitlock, LCSW

Wolfson Children's Hospital

NEMOURS CHILDREN'S HEALTH

NE Florida Pediatric Diabetes Center
at Wolfson Children's Hospital

800 Prudential Drive
Howard Building, Suite 303
Jacksonville, Florida 32207

Phone 904-697-3600
Fax 904-202-8020
diabetescenter@bmcjax.com

The first few days after diagnosis…

Monitoring: Check blood sugar at breakfast, lunch, dinner, bedtime, 2am, and with symptoms of high or low blood sugar.

Reporting blood sugars: Call the clinic or send a portal message if you are worried about your child's glucose levels.

Appointments at Nemours, 807 Children's Way, Jax:

To schedule call 904-697-3600

- 1st Diabetes Education Follow-up: _____
- 1st Nemours Children's Specialty Care Clinic Visit: _____

Discharge Doses:

Long-acting insulin and dose:	units at	am/pm
Rapid acting insulin for calculations:		
Insulin to Carbohydrate Ratio: 1 unit:	grams of carbs	(total carbs divided by)
High Blood Sugar Correction 1: >	(blood sugar minus	, divided by)
At Bedtime or 2am, only give a correction dose if glucose is above		

- School issues: Schedule a time to meet with the school nurse to review the Diabetes Medical Management Plan and provide the supplies needed on campus (listed in the DMMP).
- Prescriptions: You should leave the hospital with diabetes supplies for 1 month. You can have your prescriptions moved to any pharmacy by speaking with your preferred pharmacy team.
- Sign up for My Nemours to communicate with your Endocrinology team.
- If a Dexcom is to be ordered and will be started at the child's first Diabetes Education Follow Up appointment, be sure to place the Dexcom G7 app on the child's primary phone AND the Dexcom follow app on the parent's phone(s). Use the same Login/Password for all apps.

Wolfson Children's Hospital

NEMOURS CHILDREN'S HEALTH

BLOOD GLUCOSE LOG SHEET

Patient Name_____

Date of Birth_____

	Breakfast	Lunch	Snack	Dinner	Bedtime	2 am
Time:						
BG:						
Carbs:						
Insulin:						
	Breakfast	Lunch	Snack	Dinner	Bedtime	2 am
Time:						
BG:						
Carbs:						
Insulin:						
	Breakfast	Lunch	Snack	Dinner	Bedtime	2 am
Time:						
BG:						
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	Breakfast	Lunch	Snack	Dinner	Bedtime	2 am
Time:						
BG:						
Carbs:						
Insulin:						

Wolfson Children's Hospital
OF JACKSONVILLE

A Beginner's Guide to Learning Diabetes

Nemours Endocrinology
904.697.3600

Dear Families,

Dealing with the diagnosis of diabetes can be overwhelming for patients and families. We understand that you have other responsibilities and fitting diabetes education into a busy schedule may be challenging. We will make every effort to accommodate your family's needs.

The diabetes educators will provide you with information that is necessary to properly care for your child with diabetes at home. The inpatient diabetes education usually takes two to three mornings. Because the diabetes doctor (endocrinologist) meets with families in the morning, education is usually scheduled to follow that meeting. We cannot over emphasize the importance of all caregivers being available for education.

The education received in the hospital is " survival skills training". These skills will allow you to go home and provide safe diabetes care. Education will continue over the next several months and we will build on the foundation that is established in the hospital.

The diabetes team initially includes your family, the endocrinologist, the hospital nurse, the family support specialist and the diabetes educators. Once you are at home, your team may grow to include other family members, teachers, school nurses, coaches, neighbors, and friends.

We understand this may be more than you feel you can cope with but know there are many resources to assist you. Please let us know your needs and what we can do to make this a productive, positive experience for you and your family.

Diabetes, Endocrinology and Metabolic Healthcare Team

Wolfson Children's Hospital provides diabetes, endocrine and metabolic services in partnership with Nemours Children s Health, Jacksonville.

Nemours Children's Health

*Office visit with your Endocrinologist
*Outpatient education - Diabetes Educators

Division of Pediatric Endocrinology and Diabetes

807 Children's Way
Jacksonville, FL 32207
904-697-3600

Wolfsons Children's Hospital

*Emergency Care Hospitalization

Northeast Florida Pediatric Diabetes Center

Securely access your child's medical records, see a Nemours provider on demand and communicate with your care team, including the Diabetes Educators, with ***Nemours Care Anywhere.***

Scan the QR code to get started with the Nemours app.

Visit app.nemours.org to use the Nemours app on your computer.

Outpatient Care

at the Nemours Endocrinology Clinic

807 Children's Way Jacksonville, FL 32207

904.697.3600

1. Please park in the Nemours garage and proceed to the lobby.
2. At the back of the lobby, proceed to the patient elevators on the right.
3. Endocrinology is located on the 6th floor.
4. Proceed to the registration desk.

***Please allow at least 15 extra minutes in order for you to find parking in the visitor/patient parking garage

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Types of Diabetes

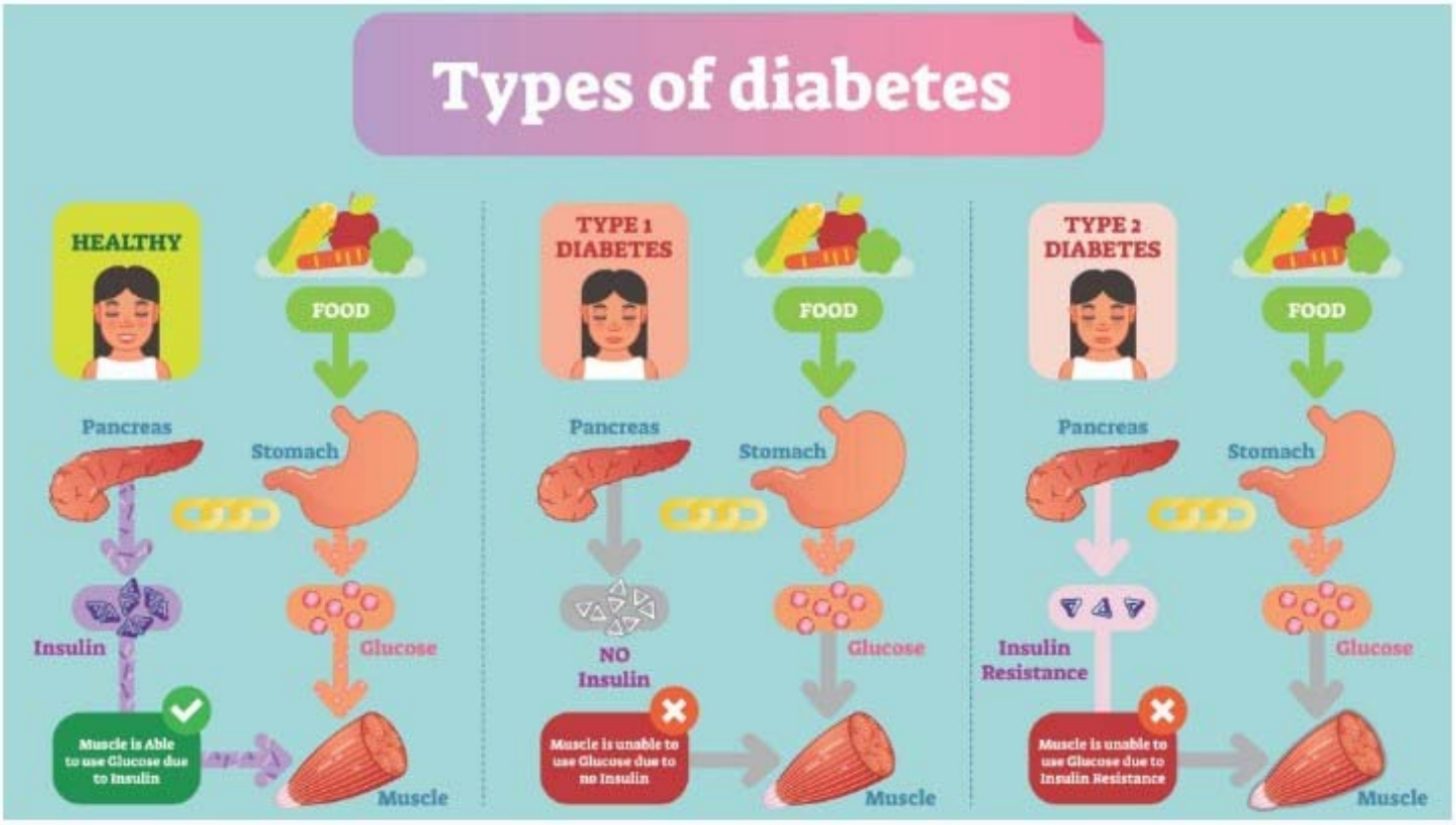
Type 1 diabetes:

Your body does not make insulin. A person with Type 1 diabetes must take insulin every day to be healthy and live.

If your cells can't get the sugar they need for energy, your blood sugar levels become high. Most people with type 1 diabetes are children or young adults, but you can get it at any age. People with Type 1 diabetes can lead full and happy lives.

Type 2 diabetes:

Your body is resistant to insulin. You may need to take pills or insulin to help control your diabetes. Type 2 is the most common type of diabetes worldwide and people with type 2 diabetes can live full and happy lives.



Blood Glucose Monitoring & Goals

Blood glucose levels will need to be checked a minimum of **5 x day: before breakfast, lunch, dinner, at bedtime and at 2am the first two weeks.** Often more blood glucose checks are needed especially before and after activity/exercise, with snacks, during times when symptoms of high or low blood glucose occur, and occasionally after meals.

Age	Goal for Fasting BG	Goal for 2-3 hours after meal	Goal for Bedtime / Overnight
All ages	70-130	Under 180	100-160

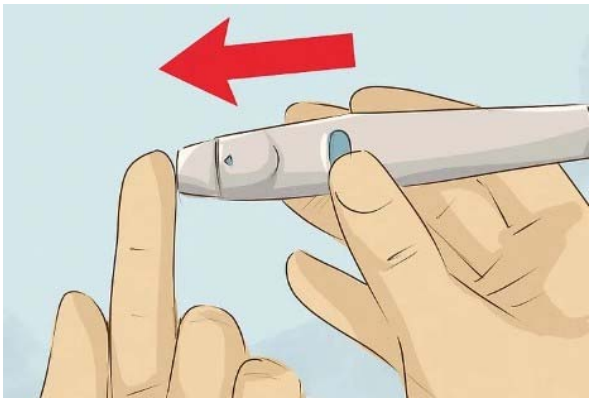
- Blood glucose trends help to provide a good visual of diabetes control.
- A blood glucose meter and a fast-acting sugar snack should be carried at all times and brought to every appointment.
- **Setting up blood glucose meter**
  Set date and time
  Clean finger with soap/water or alcohol Rotate to different fingers each time you check
  Apply blood to the strip **after** the strip is inserted into the meter
  Strips **DO** expire. Be sure to check the expiration date.
  Strips should not be exposed to too much heat, light, or humidity.
  The meter and supplies **SHOULD NOT** be left in the car.

Checking your blood sugar with a meter

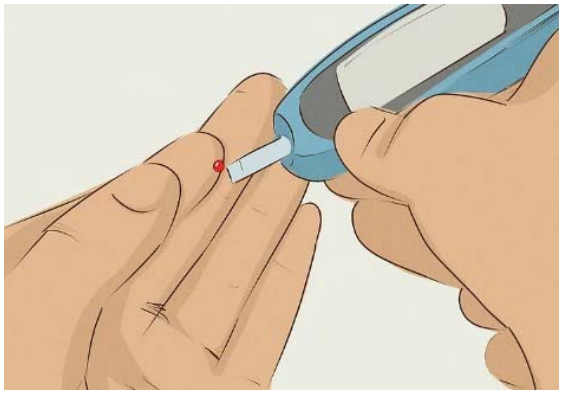
1. Clean finger with soap/water or alcohol.

2. Turn your meter on and insert a test strip.

3. Use the lancet to puncture the side of your finger, drawing up a drop of blood.



4. Place the drop on the test strip and wait for your meter to read it.



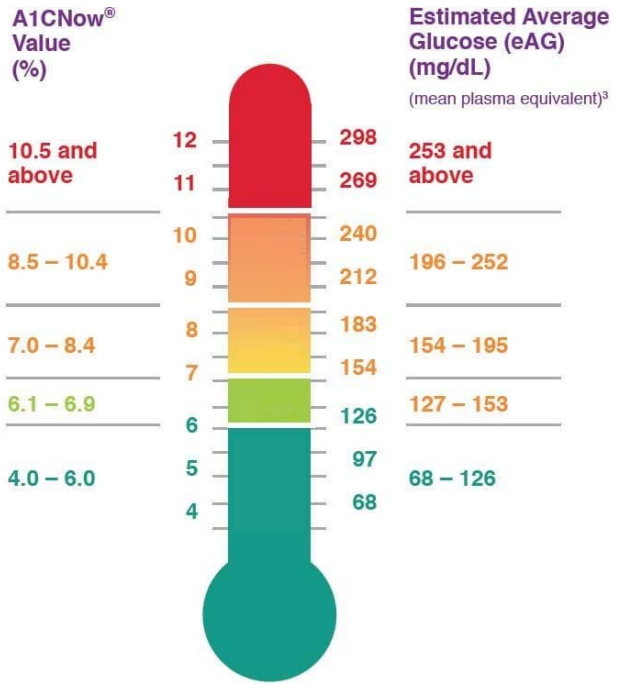
- Rotate to different fingers and use a different lancet (needle) each time you check.
- For more specific information about the blood glucose meter being used, refer to the user's manual.

Here's the challenge!

What are the 4 definite times during the day that blood sugar should be checked?

Hemoglobin A1c

- Hemoglobin A1c (glycosylated hemoglobin) is a lab test estimating the average blood sugar over 2-3 months.
- The test actually measures the amount of glucose (sugar) that has attached to hemoglobin in your red blood cells.



- This test is typically performed every 3 months, and will be done with each visit to the endocrinologist.
- Striving for better hemoglobin A1c values means better blood glucose control and less chance for complications to occur.
- **Goal for Hemoglobin A1c is less than 7%.**

REMINDER:

While an A1c test is very important, there are many factors in assessing overall diabetes management. Please remember your child is more than a percent average and this number does not reflect how much you love your child. This A1c will not reflect how hard you are trying but does provide insight on where we can assist.

Types of Diabetes Medications

ORAL

Metformin

OTHER INJECTABLES

GLP-1 Analogs

INSULIN

	Product	Onset	Peak	Duration
Rapid Acting	Lispro (Humalog/Admelog)	15-20 minutes	1-1.5 hours	3-6.5 hours
	Aspart (Novolog)	10-20 minutes	1-2 hours	3-5 hours
Long Acting	Glargine (Lantus/Basaglar/ Semglee)	1.5 hours	Minimal-None	24 hours
	Tresiba (degludec)	1 hour	Minimal-None	42 hours

INSULIN STORAGE

-Unopened insulin should be stored in the refrigerator until the expiration date printed on the packaging.
-Opened insulin pens may be kept at room temperature for 28 days. Never expose insulin to extreme heat or cold
-Tresiba may be used up for 8 weeks.

Please read the package insert describing insulin storage for your insulin as instructions may vary slightly.

Basal-Bolus Therapy

Long-Acting Insulin/Basal Therapy: Glargine (Lantus/Basaglar) or Tresiba

- Basal is a term used to describe the slow, steady release of insulin needed to help keep blood sugars stable.
- A basal dose cannot be mixed with any other insulin if rapid acting insulin is necessary when basal insulin is given, administer a separate injection in a different body part.

Lantus/Basaglar

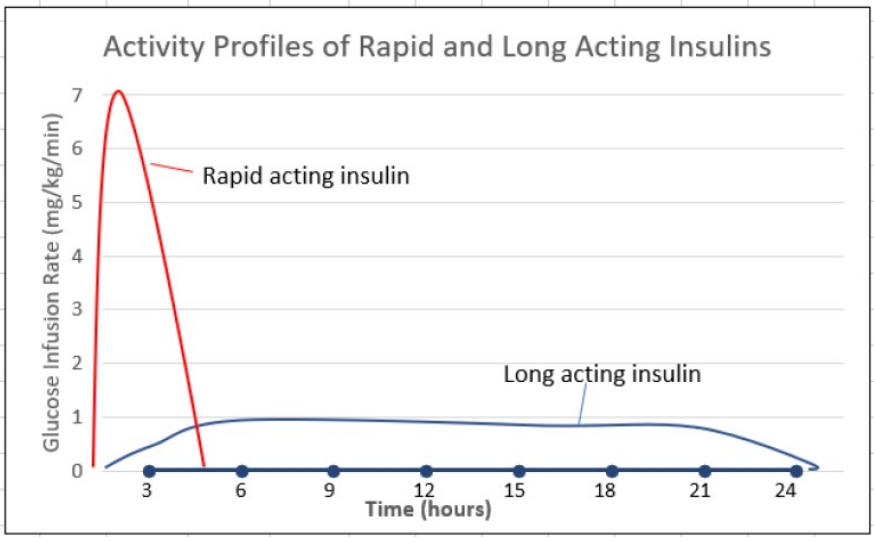
- A once-a-day, insulin that has coverage for up to 24 hours.
- Is taken at the same time every night, usually at bedtime.

Tresiba

- Ultra-long-acting insulin that has coverage for up to 48 hours.
- Is taken at the same time every night, usually at bedtime.

Rapid Acting Insulin: Lispro or Aspart (Admelog/Novolog/Humalog)

- Rapid acting insulin needs to be given **every** time you eat and for elevated blood sugars.
- Rapid acting insulin needs are determined by your prescribed insulin to carbohydrate ratio and your correction factor and is called a bolus" of insulin.
- A bolus of insulin is defined as a spurt of rapid acting insulin given to cover your food or a high blood sugar, or both at the same time. A bolus of insulin should only be given every 2-3 hours.



Typical T1D Schedule

Time	12 am	1 am	2 am	3 am	4 am	5 am	6 am	7 am	8 am	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm
Blood Sugar																								
Meal Carbs																								
Correction Dose																								
Carb Dose																								

	Breakfast	Lunch	Snack	Dinner	Bedtime	2 am (if applicable)
Check Blood Sugar	◇	◇	◇	◇	◇	◇
Count Carbs	◇	◇	◇	◇	◇	
Give Correction Dose (if needed)	◇	◇	◇	◇	◇	◇
Give Carb Dose	◇	◇	◇	◇	◇	
Give Basal Insulin					◇	

Bolus Insulin Steps (apps available: BolusCalc or T1D1)

1) Use a calculator because it's better to be RIGHT than smart

2) Check blood sugar and record

3) Count carbs in meal and record

4) Calculate correction bolus dose using a calculator and record

5) Calculate carb bolus dose and record

6) Add carbohydrate bolus correction bolus, and give total bolus insulin dose

7) EAT

Bolus Insulin Dose Calculator

1) Correction Bolus Dose

( ) − ( ) = ( ) ÷ ( ) = ( )

Current Blood Sugar | Correction Target | Amount to Correct | Correction Factor | Correction Bolus Dose

2) Carbohydrate Bolus Dose

( ) ÷ ( ) = ( )

of Carbs › Eat | Carb Ratio | Carb Bolus Dose

3) Total Bolus Dose

( ) + ( ) = ( )

Correction Bolus Dose | Carb Bolus Dose | Total Bolus Insulin Dose

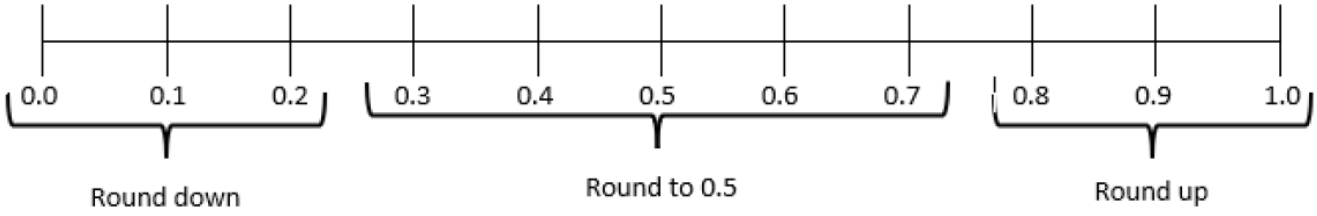
Do not calculate a correction bolus dose if:

- The blood sugar is lower than the target blood sugar
- It has been less than 2-3 hours since your last correction dose
- It has been less than 1 hour after exercise.

Rounding Insulin Doses to the Half Unit

Your physician or diabetes educator will tell you if rounding to the half unit is appropriate for your child. There are insulin syringes and insulin pens that can supply half units of insulin. Please use the example below as a guide to determine the correct dose.

- Insulin dosages ending in 0.0 0.2 will round down to 0.0
- Insulin dosages ending in 0.3 0.7 will round to 0.5
- Insulin dosages ending in 0.8 0.9 will round up to 1.0



Examples:

- After calculating total insulin dose, the insulin amount is 7.8 units. You would round this to 8.0 units.
- After calculating total insulin dose, the insulin amount is 3.4 units. You would round this to 3.5 units.
- After calculating total insulin dose, the insulin amount is 2.7 units. You would round this to 2.5 units.
- After calculating total insulin dose, the insulin amount is 4.2 units. You would round this to 4.0 units.

Practice rounding these insulin totals:

2.2 _____

0.7 _____

6.6 _____

5.4 _____

3.9 _____

Example Calculations: Insulin-to-carb and correction dose

Please use your prescribed insulin ratios to complete the examples below: Insulin to carb ratio and correction bolus dose:

1. Total carbohydrates for the meal: 60 grams
   Blood glucose before meal: 182

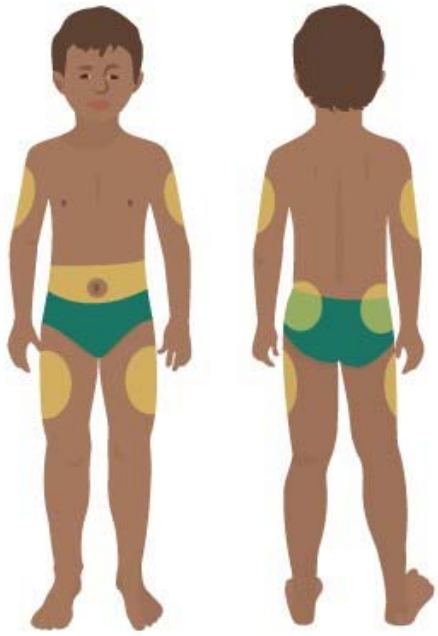
2. Total carbohydrates for the meal: 72 grams
   Blood Glucose before the meal: 202

3. Total carbohydrates for the meal: 45 grams Blood Glucose before the meal: 75

4. Total carbohydrates for the meal: 0 - not eating any carbs
   Blood Glucose before the meal: 165

Injection Sites

- Insulin must be injected into the fatty tissue.
- Rotation of sites is very important in order to prevent problems with injection sites that affects the way insulin works.



REMINDER:
Long acting and short acting cannot be mixed and need to be given in two separate body parts.

Carbohydrate Counting for Diabetes

A lot of people think that if you have diabetes, you can't eat anything good" anymore. Well, that's not true. Eating a variety of healthy foods is an important part of diabetes management.

The most common method of meal planning for diabetes is carbohydrate counting. It focuses on the total amount of carbohydrates consumed at each meal and snack.

Even though carbohydrates raise your blood sugar they are still good for you so don't stop eating them, just choose healthy ones.

Remember: Sugar free does NOT mean carbohydrate free!

Carbohydrates

- The body's main energy source primarily turns to glucose.
- Starches, sugars, and fiber.
- Have the greatest effect on blood glucose levels.
- Need to be covered with insulin based on total grams consumed.

What foods contain carbohydrate?

- Grains and starchy vegetables (potatoes, corn, peas, beans except green or string beans)
- Fruit and fruit juices
- Milk and yogurt
- Desserts and snack foods
- Condiments: ketchup, bar-b-que sauce, honey mustard, and dipping sauces

Protein

- Required for growth, development, and repair of skin, bones, and muscles.
- Minimal effect on blood glucose levels when eaten in reasonable amounts.
- Slows the digestion and absorption of carbohydrate. Foods that are high in protein, such as hamburger or chicken, may cause your blood sugar to rise more slowly. - Typically do NOT need to be covered with insulin

What foods contain protein?

- Meat, poultry, and fish
- Eggs
- Cheese
- Nuts

Fat

- Helps protect your organs and bones.
- Helps with the absorption of vitamins A, D, E and K.
- Adds flavor to food and keeps you full longer.
- Minimal effect on blood sugars when eaten in reasonable amounts.
- Slows the digestion and absorption of carbohydrate. Foods that are high in fat, such as pizza or macaroni and cheese, may cause your blood sugar to rise more slowly and peak several hours after a meal.
- Typically, do NOT need to be covered with insulin

What foods contain fat?

- Butter or margarine
- Oil
- Cream cheese
- Peanut butter

Reading food labels and using nutritional guides will help you see the amount of carbohydrates. Food label and nutritional guides will be resources to help you carbohydrate count successfully.

Reading a Food Label

If you have a food label, this will be the BEST way to figure out your carbohydrates. Follow these steps:

1. Look at the **Serving Size** of the food item (2/3 cup).
2. Look at the **Total Carbohydrate grams** (37 g)

Step 1
Serving

Step 2

*Please see food label.

Nutrition Facts

8 servings per container

Serving size **2/3 cup (55g)**

Amount per serving

Calories **230**

	% Daily Value*
Total Fat 8g	**10%**
Saturated Fat 1g	**5%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 160mg	**7%**
Total Carbohydrate 37g	**13%**
Dietary Fiber 4g	**14%**
Total Sugars 12g	
Includes 10g Added Sugars	**20%**
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

REMINDER:

If you eat more than the serving listed, the carbohydrate amount increases as well. For example, if you eat 2 servings of this food, you actually count 74g carbohydrate.

Carbohydrate Choices (foods that need to be covered by insulin)

Starches/Grains/Beans/Vegetables	Amount	Grams of Carbs
Bagel	½ (1 oz)	15g
Bread, White, Wheat	1 slice (1 oz)	15g
English Muffin	½ muffin	15g
Croissant, small	1 whole	15g
Bun, hamburger or hotdog	1 bun (2 oz)	30g
Pita bread (6”-8” across)	½	15g
Dinner Roll 1 roll	1 oz	15g
Cereal, sweetened	½ cup	15g
Cereal, unsweetened	¼ cup	15g
Grits	½ cup	15g
Pasta or Rice (macaroni, noodles, spaghetti)	1/3 cup cooked	15g
Couscous	1/3 cup	15g
Tortilla (flour or corn)	6” across	15g
Baked Beans	1 cup	15g
Corn	½ cup, 3” cobb	15g
Mixed vegetables with corn, peas, or pasta	1 cup	15g
Peas, green	½ cup	15g
Potato, baked or boiled	1 (6 oz)	15g
Potato, mashed	½ cup	15g
Sweet Potato, baked or boiled	1 (6 oz)	30g
Sweet Potato, mashed	½ cup	15g
Pumpkin and Squash (acorn, butternut, spaghetti)	1 cup	15g
Beans (pinto, black, red, lentils) cooked/baked	½ cup	15g

Hummus	½ cup	15g
Graham crackers	2 ½ inch squares, 3 squares	15g
Animal crackers	8 crackers	15g
Saltine-type crackers	6 crackers	15g
Pretzels, small	12 pieces	15g
Corn bread or biscuit	2” X 2”, 1 piece	15g
French fries	10 – 15 fries	15g
Muffin, small	1 muffin (2 oz)	15g
Pancake, 4” across, ¼” thick	1 pancake	15g
French toast	1 piece	15g
Potato chips	10 chips	15g
Popcorn (plain, popped)	3 cups	15g
Oatmeal or Cream of Wheat	1 packet	30g

Fruit / Fruit Juice	**Amount**	**Grams of Carbs**
Apple, orange, peach, or pear (small)	1 whole	15g
Apple sauce, unsweetened	½ cup	15g
Banana, medium	1 banana	30g
Fruit canned, in light syrup or juice	½ cup	15g
Grapes, cherries	12 – 15	15g
Strawberries	1 cup	15g
Blueberries	2/3 cup	15g
Kiwi, small	2 wholes	15g
Pineapple, fresh	¾ cup	15g
Grapefruit, small	½ grapefruit	15g
Nectarine, small	1 whole	15g

Raisins	2 tablespoons	15g
Mango, fresh (small)	½	15g
Papaya	1 cup	15g
Plum, small	2 wholes	15g
Melon (cantaloupe, honeydew, watermelon)	1 cup	15g
Juice (orange, apple, grapefruit)	½ cup (4 oz)	15g
Juice (cranberry, grape, prune)	1/3 cup (3 oz)	30g

Milk / Yogurt	**Amount**	**Grams of Carbs**
Chocolate milk	1 cup (8 oz)	30g
Hot chocolate	1 package	15g
Skim, 1%, 2%, or whole milk	1 cup (8 oz)	12g
Soy milk, low-fat	1 cup (8 oz)	15g
Yogurt, artificially sweetened or plain	¾ - 1 cup (6 – 8 oz)	15g
Yogurt, sweetened with fruit	¾ - 1 cup (6 – 8 oz)	30 – 45g
Fairlife milk	1 cup	6g
Almond milk, unsweetened vanilla	1 cup	30 – 45g

Desserts / Sweets	**Amount**	**Grams of Carbs**
Brownie, unfrosted, or cake, frosted	1 piece (2” X 2”)	30g
Ice cream	½ cup	15g
Pudding, regular	¼ cup	15g
Pudding, sugar free	½ cup	15g
Vanilla wafers	5 wafers	15g

Frozen yogurt	½ cup	15g
Danish, medium	1 whole	45g
Cookie 3” across	1 cookie	15g
Ginger snaps	3 snaps	15g
Granola bar	1 whole	15g

Fast foods	**Amount**	**Grams of Carbs**
Chicken nuggets	6 pieces	15g
Fried chicken	2 pieces	15g
Pizza, small	1 slice	15g
Pasta/seafood salad	¾ cup	15g
Fruit pie, fried	1 pie	30g
Milk shake	12 oz	60g
Bean/beef burrito, medium	1 burrito	30g
Taco, small	1 taco	30g
Taco salad, with shell	1 cup	15g
Cheeseburger/hamburger, medium	1	30g
Corn dog	1	22.5g
Chicken sandwich, fried	1	30g
French fries	10 – 15 fries	15g

Non-Carbohydrate Choices

These are foods you will not cover with insulin, depending on the amount of servings consumed.

Meat / Meat substitutes

Very lean meats

Chicken, Turkey
Shellfish (clams, crab, shrimp)
Fish, fresh, frozen, or canned in water
Cheese (1 gram of fat or less/oz.)

Lean meats

Cottage cheese (4.5% fat)
Lean ground beef (round, flank, sirloin)
Cheese (1-3 grams fat/oz.)

Medium-fat meats

Cheese (5 grams fat or less/oz.) Eggs
Pork (top loin, chop, cutlets) Chicken,

turkey (dark meat, skin) Beef

High-fat meats

Cheese, all regular
Chitterlings
Sausage, wieners, chorizo, kielbasa or Spam®
Pork (spareribs, BB)
bacon

Vegetables, serving size: 1 / 2 cup cooked or 1 cup raw

Asparagus
Greens (Collard, Kale, Mustard, Turnip) Green, Wax, Italian Beans
Mushrooms
Beets
Onions
Broccoli
Peppers
Brussels Sprouts
Radish
Cabbage
Salad Greens (Endive, Escarole, Lettuce, Romaine, Spinach)
Carrots
Spinach
Cauliflower
Summer squash
Celery
Tomato
Cucumber
Zucchini
Eggplant

Fats

Monounsaturated fats

Avocado
Oil (canola, olive, peanut)
Peanut butter Pesto sauce

Polyunsaturated fats

Margarine (tub or squeeze)
Mayonnaise
Oil (corn, safflower, soybean)

Saturated fats

Bacon
Butter
Chicken or beef fat
Lard
Cream (light, coffee, sour)

Carb Free Foods

These are foods that contain less than 5 grams of carbohydrate and 20 calories per serving.

Sugar free Jello
Diet soft drinks
Flavored water
Unsweetened iced tea
Sugar free popsicles
Pickles
Olives
Vegetables
Eggs

*Nuts
Meat
*Peanut butter
Cheese slices or string cheese
Cottage cheese

Condiments:
Mayonnaise
Most marinades
Margarine
Sour cream
Mustard
Cream cheese
Most salad dressings
Sugar substitutes

Remember that free foods are only free if the total consumption is less than 5 grams of total carbohydrate.

Hyperglycemia

(High blood glucose)

Causes: Too much food, too little insulin or diabetes pills, illness, or stress.

Onset: Often starts slowly.

Some Symptoms:

EXTREME THIRST

NEED TO URINATE OFTEN

DRY SKIN

HUNGRY

BLURRY VISION

DROWSY

SLOW HEALING WOUNDS

HIGH BLOOD GLUCOSE MAY LEAD TO A MEDICAL EMERGENCY IF NOT TREATED.

What Can You Do?

CHECK BLOOD GLUCOSE

If your blood glucose levels are higher than your goal for three days and you don't know why,

CALL YOUR HEALTHCARE PROVIDER

Ketone Testing

Sugar is what most of our cells use for energy. In order for sugar to move from the bloodstream into your cells, your body needs insulin. If there is not enough insulin available in the body to move the sugar into the cells the body looks for other kinds of fuel to burn, such as fat.

Ketones are leftover when your body burns fat for energy. When too much fat is burned too quickly, there may be ketones in your blood. Ketones are removed from your bloodstream into your urine.

Too many ketones in the bloodstream can lead to a serious problem called ketoacidosis. Without proper treatment this can lead to coma or even death. People with type 1 diabetes develop ketones more easily than people with type 2 diabetes. However, everyone with diabetes should know when to test for ketones.

When to test for ketones

- If 2 consecutive blood sugars checked 2 - 3 hours apart are above 300
- If you are sick
- If you are vomiting and/or have diarrhea
- If you miss a dose of insulin

Reading the ketone results

Negative	Trace .5	Small 1.5	Moderate 4.0	Large 8.0	Large 16

- After getting urine on the strip wait 15 seconds before reading the result.
- If your results indicate that a trace or small amount of ketones are present, you will want to increase your sugar-free fluid intake, check your blood sugar every 2-3 hours, and test for ketones each time you urinate.
- If your results indicate that a moderate to large amount of ketones are present, you may need to contact your diabetes care provider immediately for possible insulin dose increases. Your child may require additional amounts of insulin to prevent ketoacidosis.

Ketoacidosis can develop quickly and turn into a serious problem, if not caught early. Early signs of diabetic ketoacidosis (DKA) are fatigue, abdominal pain, nausea/vomiting, rapid breathing, and fruity smelling breath.

Storage and Expiration

- Please keep the ketone strip container closed tightly to avoid moisture and light. You may want to store the strips away from the steam of the shower area. Ketone strips have an expiration date printed on the label unless opened. Once opened the strips expire in 6 months.

REMINDER:

Exercise should be avoided when you have moderate or high ketones. It is important to check for ketones during illness or with 2 consecutive blood sugars over 300 mg/dL. If ketones are present, it is important to drink a lot of sugar-free fluids and to avoid exercise until the ketones become negative.

Hypoglycemia
(Low blood glucose)

Some Symptoms:

Causes: Too little food or skipping a meal; too much insulin or diabetes pills; more active than usual.

Onset: Often sudden.

IF LOW BLOOD GLUCOSE IS LEFT UNTREATED, YOU MAY PASS OUT AND NEED MEDICAL HELP.

What Can You

CHECK your blood glucose, right away. If you can't check, treat anyway.

TREAT by eating 3 to 4 glucose tablets or 3 to 5 hard candies you can chew quickly (such as peppermints), or by drinking 4-ounces of fruit juice, or 1/2 can of regular soda pop.

CHECK your blood glucose again after 15 minutes. If it is still low, treat again. If symptoms don't stop, call your healthcare provider.

Frequent causes of a low blood sugar include

- Missing meals and snacks
- Extra exercise that burns more sugar than usual
- Too much insulin (e.g., making a mistake with the insulin dose)

Common symptoms of a low blood sugar include (these will vary from person to person)

- Hunger - feelings of hunger or an upset stomach
- Shakiness - hands or body may become shaky
- Sweatiness - sweating more than usual, often a cold" sweat
- Color - the face may become pale or red
- Weak
- Headache
- Confusion - feeling or looking dazed or "spacey"
- Drowsiness - feelings of sleepiness, yawning, or difficulty thinking clearly
- Behavioral changes - crying, acting intoxicated, or irritability
- Double vision - seeing double" or large pupils the eyes may appear glassy
- Loss of consciousness & seizure or convulsions - both occur late in the reaction they are usually the result of not treating a low blood sugar quickly enough

Blood sugars should be checked in the middle of the night to assess for low blood sugars.

- If nighttime lows occur, treat appropriately. Think about what was different the previous day to prevent a similar occurrence in the future.

Treatment of a low blood sugar below 70 mg/dL using the "Rule of 15"

Step 1: Eat or drink 15 grams of carbohydrate

If your blood glucose is below your target level, or you have symptoms of low blood glucose, eat or drink something with 15 grams of rapid-acting carbohydrate.

Step 2: Wait 15 minutes

Wait at least 15 minutes. This is how long it usually takes for the treatment to work.

Step 3: Check your blood glucose

See if your blood glucose is 70 mg/dL or above, or at your target level.

Step 4: Still less than 70 mg/dL? Repeat steps 1 to 3

If your blood glucose is 70 mg/dL or above, or at your target level, but your next snack or meal isn't for at least 30 minutes, have another small snack with 15 grams of carbohydrate and some protein. Then, wait for 15 minutes and check your blood glucose again.

REMINDER:
If unable to swallow, unresponsive, or having a seizure skip this section and follow emergency glucagon administration steps outlined on the next page.

Food with grams of carbohydrate content		
Simple/Fast acting sugar		**Recommended amount**
Glucose tablets	3-4 grams each	3-4 tabs
Instant glucose		1/2-2/3 tube
Cake gel	1 small tube= 12 grams	1-2 tubes
Apple or Orange juice	1/2 cup = 15 grams	½ cup
Sugar	1 tsp = 4 grams	3-4 tsp
Honey	1 tsp=5 gms; do not use in children under 2 years	2-3 tsp
Regular soda	1 oz=3 grams	4-5 oz
Lifesavers®	2.5 grams each	4-6 pieces
Skittles®	1 gram each	10-15 pieces
Sweet Tarts®	1.7 grams each	6-8 pieces
Honey Stinger Chews	3.9 grams each	4 pieces

Glucagon

How to prepare and administer

Glucagon is a hormone made in the pancreas that raises blood sugar. Possible side effects are nausea and vomiting.

Glucagon comes in a kit, a pre-filled syringe or nasal powder. The kit contains everything you need in case your child has a severe low glucose, including a bottle of glucagon (dry powder) and a syringe of clear liquid. The nasal powder, pre-filled syringe and autoinjector pen are mixed and ready to administer.

A.	B.	C.	D.
			
BAQSIMI® (glucagon) nasal powder 3mg (Lilly)	Gvoke® (glucagon injection) prefilled syringe and Gvoke® HypoPen®	Glucagon Emergency Kit (Eli Lilly) and GlucaGen® HypoKit® (Novo Nordisk®)	ZEGALOGUE® (glucagon injection) Autoinjector

Points to Remember:

- Check the manufacturer's expiration date on the kit or on the vial that contains the glucagon at the time of purchase. Write the expiration date of your kit on your calendar.
- Order an extra kit for your child s school.
- When your kit expires, practice mixing and drawing up glucagon before throwing it away.
- After mixing, solution should be clear and used immediately. Discard any unused portion and reorder kit.
- Do not remove shrink wrap the Baqsimi® until time of use.
- Do not open pouch of Gvoke® until time of use.

Here's the challenge!

You were out riding your bike all afternoon with your friends. At dinnertime you check your blood sugar and it is 54 mg/dL. Your mother states that dinner will be ready in 10 minutes. What should you do?

Exercise Planning for Diabetes

Regardless of the type of diabetes you have, regular physical activity is important for your overall health and wellness. Planning ahead and knowing how your blood sugar and body respond to exercise can help you keep your blood sugar from going too low or too high.

Exercise should be avoided when you have moderate or high ketones.

Preventing lows

Your blood sugar response to exercise will vary depending on:
- your blood sugar level before you start
- the intensity of the activity
- the length of time you are active
- the changes you've made to insulin doses

Sometimes people experience a drop in blood sugar during or after exercise, so it is very important to check your blood sugar, plan ahead, and be prepared to treat hypoglycemia (low blood sugar).

To learn how different types of activity affect you, you should check your blood sugar before, during and after an exercise session. Some activities may cause your blood sugar to drop quickly while others do not.

Snack Guidelines for Exercise

Expected Length of Exercise	Blood Sugars	Snack without Insulin	Examples of Foods
Short (15-30 minutes)	70-150 mg/dl	15 gram snack	4 ounces juice; 8 ounces Gatorade; 6 crackers; 1 slice toast; or 1 small granola bar
	> 150 mg/dl	None	None
Longer (30-120 minutes)	70-150 mg/dl	15-30 gram snack + protein	½ to whole sandwich with deli meat/cheese; small granola bar with cheese stick; 6-10 peanut butter crackers; small apple with peanut butter
	> 150 mg/dl	15 gram snack + protein	½ sandwich with deli meat/cheese; 6 peanut butter crackers; small apple with cheese
Longest (2-4 hours)	70-150 mg/dl	30-45 gram snack + protein	Juice /Gatorade & whole sandwich with meat/cheese
	> 150 mg/dl	15-30 gram snack + protein	½ to whole sandwich with deli meat/cheese; small granola bar with cheese stick

Suggested items to carry with you

Insulin and supplies

- Insulin vials or insulin pens
- Syringes or pen needles

Testing supplies

- Blood glucose monitor and testing strips
- Lancet devices
- Alcohol wipes
- Logbook to record blood glucose levels
- Sharps container

Dose Calculations

- Calculator
- Carbohydrate counting guide
- Cell phone

Treatment for hyperglycemia and hypoglycemia

- Fast acting carbohydrates to treat low blood sugars
- Snacks that contain protein, fat, and complex carbohydrates
- Glucagon
- Ketone strips

Don’t forget!

- Always wear a diabetes medical alert
- Always carry emergency contact numbers for your family, diabetes team and pharmacy
- Always carry a cell phone or receiver for your continuous glucose monitor
- Always carry a cell phone with diabetes apps

Other Considerations

Sharps Disposal

Disposal using your garbage collection: Place needles, syringes with needles, lancets, and other sharp objects into a hard-plastic or metal container with a screw-on top or other tightly fitting lid (e.g., an empty liquid-detergent bottle or paint can). Before the container is full all the way to the top, put on the top or lid and tape it on with heavy-duty tape. Put the container in the center of your trash when you throw it out. Do not put needles and other sharp objects in any container you plan to recycle. Do not use clear-plastic or glass containers. Do not throw loose or unprotected needles into your garbage.

Vaccinations

The American Diabetes Association along with your endocrinologist recommends:

1. Influenza or flu' vaccine

2. Pneumococcal vaccine:
   - PCV13 for children under 2 years old
   - PPSV23 for children 2 years and older

Medical Alert

Your child needs to wear an alert. The most visible are necklaces or bracelets. However, necklaces should be avoided with infants and toddlers. You may also consider setting information on the lock screen of their cell phone. There are many medical alert companies to choose from that have a children's section. Below is a sample list of supplies. We do not have affiliation with any of the companies listed.

American Medical ID
Americanmedical-id.com
800-363-5985

Laurens Hope
Laurenshope.com
800-360-8680

Medic Alert
medicalert.org
888-633-4298

Amazon.com
medical-bracelet-kids

DISTRICT SUPPORT FOR STUDENTS WITH DIABETES

Florida Statutes. Section 1002.20 - K-12 Student and Parent Rights - establishes rights for students with diabetes with respect to school assignment and the management and care of their diabetes while in school.

Therefore, Florida Schools will not restrict the assignment of a student who has diabetes to a particular school on the basis that the student has diabetes, that the school does not have a full-time school nurse, or that the school does not have trained diabetes personnel.

In addition, students with diabetes whose parent and physician provide their written authorization to the school principal may carry diabetes supplies and equipment on their person and attend to the management and care of their diabetes while in school, participating in school-sponsored activities, or in transit to or from school or school-sponsored activities to the extent authorized by the parent and physician and within the parameters set forth by State Board of Education rule. The written authorization shall identify the diabetes supplies and equipment that the student is authorized to carry and shall describe the activities the child is capable of performing without assistance, such as performing blood-glucose level checks and urine ketone testing, administering insulin through the insulin-delivery system used by the student, and treating hypoglycemia and hyperglycemia.

The District will encourage every school in which a student with diabetes is enrolled to have personnel trained in routine and emergency diabetes care. In accordance with Florida Statute, the District, Duval County Health Department, and the District public-private partner nursing agency personnel, and the employees and volunteers of those entities, shall be indemnified by the parent of a student authorized to carry diabetes supplies or equipment for any and all liability with respect to the student's use of such supplies and equipment pursuant to this paragraph.

STATUTORY AUTHORITY: LAW(S) IMPLEMENTED:	Section 1001.43(7), F.S. Section 1002.20(3)(j), F.S.

STATE BOARD OF EDUCATION RULE(S): GA-6.0253

HISTORY: ADOPTED:
REVISION DATE(S):
N/A FORMERLY: NEW

Need to Know

Social Services

Our Licensed Clinical Social Worker (LCSW) is a mental health professional with a master's degree and experience in providing individual, group, and family therapy. The social worker/ family counselor can help you deal with a variety of personal, emotional, and family struggles related to having diabetes.

They can also help connect you with helpful resources in the community, such as for financial support, employment, and health insurance.

Continuous Glucose Monitors and Insulin Pumps

Many patients express an interest in utilizing advanced technology to aid in diabetes management. Currently there are two advances that you may want to consider:

1. Continuous glucose monitoring
2. Insulin pump therapy

Continuous glucose monitors (CGMs) may be ordered with physician approval. However, your insurance company may require special authorizations before coverage is approved. CGMs may be discussed while hospitalized or at your first outpatient appointment at Nemours.

Insulin pump therapy requires a history of safe diabetes management, additional education, and approval from your child s provider. You may discuss your readiness to begin advanced pump therpy with your child's physician at future office visits.

Diabetes Web Resources

Diabetes Organizations / Foundations

Breakthrough T1D: www.breakthrought1d.org

The American Diabetes Association: http://www.diabetes.org

Nemours Kid's Health: http://www.kidshealth.org

Students with Diabetes (College Students): http://studentswithdiabetes.health.usf.edu/

CDC Diabetes Public Health Resource: http://www.cdc.gov/diabetes/

National Diabetes Education: http://ndep.nih.gov/

BD Educational Literature:
https://www.bd.com/en-us/products-and-solutions/solutions/diabetes-care?cat=3066&id=3120

Nutrition and recipe kids: MyPlate https://www.myplate.gov/life-stages/kids

Education / Tips

Nemours Children's Health: Education for parents, teens and younger children, search diabetes':

To access the video series: http://video.KidsHealth.org
Login: Nemours
Password: KidsHealth

University of Michigan: Type 1 Diabetes Modules:
https://youtube.com/playlist?list=PLNxqP-XbH8BIxZM9bknrNDe3eep5v4zSN)

From The Desk of Dr. Smarty:
http://deskofdrsmarty.com/what-is-type-1-diabetes/

Children with Diabetes:
http://www.childrenwithdiabetes.com

National Diabetes Education Program for Teens:
http://ndep.nih.gov/teens/index.aspx

Section 504 Plan: Prohibit Discrimination in the School Setting
https://diabetes.org/tools-support/know-your-rights/safe-at-school-state-laws/written-care-plans/section-504-plan

American Diabetes Association: Back to School Tips
https://diabetes.org/tools-support/know-your-rights/safe-at-school-state-laws/special-considerations/back-to-school-tips

Type 2 Diabetes

American Diabetes Association
http://www.diabetes.org/diabetes-basics/type-2/

Savings Cards

Many families with private health insurance are eligible for copay discounts through the insulin manufacturer.

Sanofi (Lantus and Admelog):
https://www.lantus.com/sign-up-for-savings

Insulin Lispro:
www.admelog.com

Lilly (Humalog and Basaglar):
www.insulinaffordability.com

Basaglar:
www.basaglar.com/en/savings-support savings

Novo-Nordisk (Novolog or NovoEcho Pen device, Tresiba):
https://www.novocare.com/diabetes-overview/savings-offers.html

Baqsimi (nasal glucagon):
https://www.baqsimi.com/patient-support

Gvoke (premixed glucagon):
https://www.gvokeglucagon.com/savings-and-support

Good Rx: (Prescription Prices, Coupons & Pharmacy Information)
https://www.goodrx.com

Continuous Glucose Monitors (CGM)

These apps must be downloaded, and accounts set up before your first hospital follow-up if you want your CGM placed during that visit.

Dexcom G7

On your ***child's phone,*** download the Dexcom G7 app

Download on the App Store

GET IT ON Google Play

On your ***child's phone,*** download the Dexcom Clarity app

Download on the App Store

GET IT ON Google Play

For caregivers/family/ friends *to view blood sugars*, download the Dexcom Follow app

Download on the App Store

GET IT ON Google Play

Continuous Glucose Monitors (CGM)

These apps must be downloaded, and accounts set up before your first hospital follow-up if you want your CGM placed during that visit.

Freestyle Libre 3

On your ***child's phone,*** download the Freestyle Libre 3 app

Download on the App Store

GET IT ON Google Play

On your ***child's phone,*** download the Freestyle LibreLink app

Download on the App Store

GET IT ON Google Play

For caregivers'/family/ friends *to view blood sugars*, download the LibreLinkUp app

Download on the App Store

GET IT ON Google Play

Notice of Nondiscrimination

Baptist Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Baptist Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Baptist Health:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Debbie Spiker, the Section 1557 Coordinator. If you believe that Baptist Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Debbie Spiker, Manager of Interpreting Services and Section 1557 Coordinator, 820 Prudential Dr. Suite 315, Jacksonville FL 32207, Phone: 904.202.2435, Fax: 904.202.2750, Email: debbie.spiker@bmcjax.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Debbie Spiker, Manager of Interpreting Services and Section 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance Services

English - ATTENTION: Language assistance services, free of charge, are available to you. Call 1.904.202.2435.

Spanish - ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.904.202.2435.

French Creole - ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.904.202.2435.

Vietnamese - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.904.202.2435.

Portuguese - ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1.904.202.2435.

Chinese - 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.904.202.2435。

French - ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.904.202.2435.

Tagalog - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.904.202.2435.

Russian - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.904.202.2435.

Arabic - ملحوظة: إذا كنت لا تتحدث اللغة الانجليزية أذكر اللغة التي تريد، فإن خدمات المساعدة اللغوية تتوافر 1.904.202.2435 اتصل على الرقم. لك بالمجان

Italian - ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.904.202.2435.

German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.904.202.2435.

Korean - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.904.202.2435 번으로 전화해 주십시오.

Polish - UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.904.202.2435.

Gujarati - !ચના: % ત' ગujરાતી બોલતા હો, તો ન:શu3ક ભાષા સહાય જવાઓ તમારા મા= Ou૫લ@ધ B. ફોન કરો 1.904.202.2435.

Thai - เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร1.904.202.2435.

Bolus Insulin Dose Calculator & Practice Problems

1. Correction Bolus Dose

	-		=		÷		=	
Current Blood Sugar		Correction Target		Amount of Correct		Correction Factor		Correction Bolus Dose

2. Carbohydrate Bolus Dose

	÷		=	
Of Carbs Eat		Carb Ratio		Carb Bolus Dose

3. Total, Bolus Dose

	+		=	
Correction Bolus Dose		Carb Bolus Dose		Total, Bolus Insulin Dose

Do not calculate a correction bolus dose if:

- **The blood sugar is lower than the target blood sugar.**
- **It has been less than 2-3 hours since your last correction dose**
- **It has been less than 1 hour after exercise.**

Practice Problems:

1. **Your child's blood sugar is 323** and they are going to eat **25g of carbs for breakfast.**
2. **Your child's blood sugar is 215** and they are going to eat **82g of carbs for lunch.** They were last given insulin 3 hours ago.
3. **Your child's blood sugar is 115** and they are going to eat **33g of carbs for dinner.**
4. **Your child's blood sugar is 189** and they are going to eat **18g of carbs for snack.** They were corrected for a high blood sugar 1 hour ago.
5. **Your child's blood sugar is 88 before bed.** What do you do next?
6. **Your child's blood sugar is 62** and they are going to eat **33g of carbs for dinner.**

Wolfson Children's Hospital

NEMOURS CHILDREN'S HEALTH

Emotional Health and Diabetes

Children and teens may have difficulty adjusting to their diagnosis or coping with their daily care tasks. Reactions of anger, fear, and sadness are common and to be expected at times. Sometimes, symptoms of anxiety, depression, or other emotional or behavioral concerns may last for a longer time or interfere with your child's life. If you or your child is experiencing constant feelings of distress, losing interest in activities they used to enjoy, or refusing to participate in diabetes care tasks, consider reaching out for help. Please ask your care team about talking with a mental health professional if you feel like your child needs additional support.

We encourage you to connect with other patients and families in the community of people with Diabetes, and through special events and camps.

- Breakthrough T1D (formerly the JDRF) – www.breakthroughT1D.org
- ADA (American Diabetes Association) – www.ada.org
- Diabetes Camp opportunities - www.diabetescamps.org/find-a-camp/
- Jacksonville DiaBesties Camp – www.nemours.org/diabestiescamp
- Camp Boggy Creek – www.boggycreek.org

Talking with Friends and Family

It can be difficult to talk with others about diabetes. Kids or teens may feel embarrassed or isolated by their diagnosis, stigma or misconceptions about diabetes, and daily care tasks. While it is your right to keep your health private, we have found that kids who try to keep their diabetes "top secret" may struggle more than those who share with at least their closest friends and family. And some people need to know about the diagnosis to help keep children safe. When choosing to talk with others about diabetes, here are some things to consider including:

- Diabetes is NOT your fault, and it's not contagious. There is no cure yet, but there is treatment. You can still live a healthy and full life.
- What are your signs of highs/lows, and how can your loved ones best help you in challenging moments.
- People with diabetes can do anything anyone else can do (school, sports, successful careers, etc), they just have to manage their blood sugars and see the doctor regularly.

There are some helpful articles and guides on the Breakthrough T1D website under the "Parenting and Relationships Guide" page.

Wolfson Children's Hospital

NEMOURS CHILDREN'S HEALTH

Traveling with Diabetes

If your family loves to travel, diabetes doesn't change that! With a little extra preparation and planning, people with diabetes can safely enjoy travel near and far. For comprehensive guidance on preparing for travel, check out Chapter 6 in the book "Diabetes 911" by Larry A. Fox, M.D., and Sandra L. Weber, M.D. A few quick tips to keep in mind:

- Talk with your doctor about travel plans.
- Ask for a travel letter in order to bring medications and supplies through security, on airplanes, or refrigerated during travel.
- Make sure to fill prescriptions ahead of time and bring plenty of extra medications and supplies. Use the checklist in "Diabetes 911" to help you pack.
- Make sure your health insurance will cover you when you travel abroad, just in case of any emergencies. You may consider getting Travel Insurance for extra protection.
- Never put medication or important information in luggage that leaves your possession. When traveling by plane, bring all medications and supplies with you in your carry-on luggage.

Wolfson Children's Hospital

NEMOURS CHILDREN'S HEALTH

School and Diabetes

Children should be encouraged to maintain as normal of a routine as possible, including going to school once a safe plan of care is established. It is essential to communicate your child's diagnosis and needs to the appropriate school personnel.

Diabetes Medical Management Plan (DMMP):
You will receive this document from your diabetes educators, which includes medical orders and guidelines for diabetes care at school. Please keep a copy for your own records and share a copy with the School Nurse or assigned medical personnel. Be sure to request a new plan at the start of each school year (typically your summer quarterly visit is the best time to ask) and notify the team if any changes are needed.

504 Plan:
Section 504 of the Rehabilitation Act of 1973 protects students with diabetes rights to participate in school with "reasonable accommodations". We encourage you to contact the school guidance counselor to schedule a meeting to develop this individualized plan for your child. Consider using the attached sample letter as a guide to send a request in writing. More information and sample 504 Plans are available online through the following websites:

www.diabetes.org/advocacy/safe-at-school-state-laws/section-504-plan

https://www.breakthrought1d.org/northernflorida/2022/08/24/back-to-school-with-t1d-2/

Individualized Education Plan (IEP):
This plan takes an additional step beyond the 504 Plan, designed to include special education services. It may be more helpful to use this plan if your child is dealing with significant academic challenges in addition to health issues. Speak to your guidance counselor for more information. Often it is helpful to contact guidance counselors in writing (email).

School Excuse Letters:
Be sure to ask the front desk for a school excuse letter whenever your child misses' school for an appointment. Please let us know right away if your child is missing school for any other diabetes-related reasons.

Wolfson Children's Hospital

NEMOURS CHILDREN'S HEALTH

Sample Letter to School Guidance Counselor

To Whom it May Concern:

My child _____ was diagnosed with Type 1 Diabetes on _____. This is a chronic, autoimmune condition which impairs the body's ability to make insulin, requiring treatment with glucose monitoring and insulin administration as detailed in the Diabetes Medical Management Plan. Based on this diagnosis, as documented in the DMMP, I would like to request reasonable accommodations for her at school through the implementation of a 504 Plan.

Our goal is for _____ to live an uninterrupted life as much as possible. We ask for your patience and understanding during this difficult time, and to schedule a meeting as soon as possible to discuss specific accommodations he/she may need. A sample 504 Plan published by the American Diabetes Association is included here for reference.

Type 1 Diabetes is a complex medical condition that requires the support of the family, school and health professionals. Despite these challenges, children with diabetes can do incredibly well and lead healthy, productive lives. We are committed to working with you as a team to ensure _____'s continued academic success.

Thank you for your attention to this matter.

_____
[Signed by parent]

Wolfson Children's Hospital

NEMOURS CHILDREN'S HEALTH

Work and Diabetes

Family and Medical Leave Act (FMLA):
This is designed to help parents who may need to miss work for a child's medical appointments, care, or hospitalization. It allows for reasonable unpaid leave (up to 12 weeks per year) for family or medical reasons, for which you cannot be fired.

- There are restrictions for eligibility including the size of the company and your employment status. Please check with your supervisor or Human Resources to see if you qualify.
- Please send our team any documents you need completed to confirm your child's diagnosis, allowing 10-14 working days for forms to be completed. Forms can be faxed to 904-202-8020 or sent via the Nemours Portal as an attachment.

Work Excuse Letter:
While this does not have the legal weight of FMLA, some parents find it helpful to request one at the check-in desk whenever you miss work for your child's appointment, hospitalization, or illness that required you to stay at home.

Workplace Accommodations:
Teens with Diabetes may also have a job. Please let us know if you need a letter to document your diagnosis and any needs for accommodations or time off for appointments.

Wolfson Children's Hospital

NEMOURS CHILDREN'S HEALTH

Breakthrough T1D™
Formerly JDRF

Checklist for going back to school with type 1 diabetes (T1D)

- Talk with your child about how to answer questions from classmates and friends about T1D.
- Ensure you have a Diabetes Medical Management Plan (DMMP) from your child's endocrinologist which contains the medical orders that are the basis for your child's diabetes and education plans at school.

Your school nurse should prepare an:

Individualized Healthcare Plan (IHP) for your child based on the DMMP. Some of the things that might be included in an IHP are: detailed information about their diabetes care at school, when and how often to check their blood sugar, how to treat low and high blood sugars, and administering insulin.

Emergency Care Plan for Hypoglycemia and Hyperglycemia, based on the DMMP, which summarizes how to recognize and treat hypoglycemia and hyperglycemia and whom to contact for help. The plan should be distributed to all school personnel who have responsibility for your child during the school day and during school-sponsored activities. A completed copy should be provided to you.

Prior to your child going back to school with type 1 diabetes, meet with your child's school diabetes care team. This team includes your school nurse, administration personnel, teachers, etc. Be sure to address diabetes-related technology (continuous glucose monitors, cell phones, and insulin pumps) in the classroom and **establish a communication protocol to ensure you have daily insight into your child's blood sugar levels and insulin dosages**.

Become familiar with **504 Plans**, which provide information/details for **diabetes treatment and education-related accommodations**, and determine if your child needs one. If you decide one should be written, it should be completed in partnership with your school diabetes care team. **Learn more about 504 Plans at BreakthroughT1D.org/school**.

Work with your child to develop a relationship with the individuals they interact with throughout the school day, including before- and after-school care, lunchroom staff, coaches and sponsors for extracurricular activities. Educate and train these individuals as necessary–they are a critical part of your child's diabetes care team. You'll find additional **helpful educational resources you can share at BreakthroughT1D.org/school**.

Make a plan with your child's school diabetes care team about how you will communicate with them during lunchtime. Plan in advance for hot lunches by requesting nutritional information and carbohydrate counts in order to calculate your child's insulin dosage.

Breakthrough T1D™
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July 2024

Gather your diabetes school supplies:

- Continuous Glucose Monitor (CGM) and pump supplies
- Glucose meter, lancing device, lancets, and blood sugar test strips
- Extra batteries or charging cord if needed
- Insulin and syringes or insulin pen and needles
- Low blood sugar supplies (glucose tabs, gels, fruit snacks, etc.)
- Glucagon
- Ketone testing supplies
- Index card with phone numbers of important contacts
- Container to hold everything

Be sure to include plenty of extras and set up a system with teachers and other staff to alert you when supplies or snacks forlows need to be replenished.

If your school does not have a designated full-time nurse in the building, check with your healthcare professional to see if there are “extended family” trainings which key members of your school faculty and staff might attend. You will need to work with your healthcare professional to create the IHP and Emergency Care Plans for hypo and hyperglycemia, and share these with relevant school personnel.

The Breakthrough T1D Community Forum is our vibrant social network for people with T1D, their families, and friends. The site is created for—and powered by—the type 1 community. Members of this diverse and lively community exchange information, answers, and support.

Get connected by visiting www.forum.BreakthroughT1D.org

Breakthrough T1D™
Formerly JDRF

What I want my teachers to know about type 1 diabetes (T1D)

1	I didn't do anything to cause T1D and there is nothing I could have done to avoid being diagnosed. TID is an autoimmune disease and there currently is no cure.
2	My pancreas doesn't have the ability to produce the insulin my body needs to turn the carbohydrates from the food I eat into energy, so I have to take insulin injections or wear an insulin pump.
3	With a little advance planning, I can eat anything my classmates eat. I just have to check my blood sugar and adjust my insulin dose accordingly.
4	I have to check my blood sugar levels multiple times a day, either with a finger stick or by wearing a continuous glucose monitor. I need access to my diabetes technology at **ALL** times.
5	T1D is with me 24/7. I never get a break. Some of the things that affect my blood sugar levels that are out of my control include stress, hormones, growth, and illness.
6	When my blood sugar is too high or too low, I don't feel well and I may need extra time to complete a test or assignment after I feel better.
7	A high blood sugar may cause me to have a difficult time concentrating and I will probably need to use the restroom or drink water more often.
8	Low blood sugar can be dangerous and I will need to eat fast-acting sugar or snacks immediately to prevent or treat low blood sugar levels.
9	I don't want to be recognized as being "different" because of my diabetes.
10	You're an important part of my diabetes management team. **Thank you for your support and understanding.**

July 2024

With your support, we are creating a movement to improve and change life with T1D, advancing breakthroughs on the way to cures.

To find out more, visit **BreakthroughT1D.org**.

Breakthrough T1D HQ **@BreakthroughT1DHQ** **@BreakthroughT1D** **Breakthrough T1D** **@BreakthroughT1D** **Breakthrough T1D**

American Diabetes Association®
Cure • Care • Commitment®

DREDF Advocating for disability civil rights since 1979
DISABILITY RIGHTS EDUCATION & DEFENSE FUND

SAMPLE SECTION 504 PLAN

The attached sample Section 504 Plan was developed by the American Diabetes Association (ADA) and the Disability Rights Education and Defense Fund, Inc. (DREDF).

American Diabetes Association®
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DREDF Advocating for disability civil rights since 1979
DISABILITY RIGHTS EDUCATION & DEFENSE FUND

MODEL 504 PLAN FOR A STUDENT WITH DIABETES

[NOTE: This model 504 Plan lists a broad range of services and accommodations that might be needed by a child with diabetes in school. The plan should be individualized to meet the needs, abilities, and medical condition of each student and should *include only those items in the model that are relevant to that student*. Some students will need additional services and accommodations that have not been included in this model plan.]

Section 504 Plan for _____

School _____

School Year: _____

_____	_____	_____	type __ diabetes
Student's Name	Birth Date	Grade	Disability

Homeroom Teacher: _____ Bus Number: _____

OBJECTIVES/GOALS OF THIS PLAN

Diabetes can cause blood glucose (sugar) levels to be too high or too low, both of which affect the student's ability to learn as well as seriously endangering the student's health both immediately and in the long term. The goal of this plan is to provide the special education and/or related aids and services needed to maintain blood glucose within this student's target range, and to respond appropriately to levels outside of this range in accordance with the instructions provided by the student's personal health care team.

REFERENCES

- School accommodations, diabetes care, and other services set out by this Plan will be consistent with the information and protocols contained in the National Diabetes Education Program *Helping the Student with Diabetes Succeed: A Guide for School Personnel*, June 2010.

DEFINITIONS USED IN THIS PLAN

1. ***Diabetes Medical Management Plan (DMMP)*:** A plan that describes the diabetes care regimen and identifies the health care needs of a student with diabetes. This plan is developed and approved by the student's personal health care team and family. Schools must do outreach to the parents and child's health care provider if a DMMP is not submitted by the family **[Note: School districts may have other names for the plan. If so, substitute the appropriate terminology throughout.]**

2. ***Quick Reference Emergency Plan:*** A plan that provides school personnel with essential information on how to recognize and treat hypoglycemia and hyperglycemia.

3. ***Trained Diabetes Personnel (TDP)*:** Non-medical school personnel who have been identified by the school nurse, school administrator, and parent who are willing to be trained in basic diabetes knowledge and have received training coordinated by the school nurse in diabetes care, including the performance of blood glucose monitoring, insulin and glucagon administration, recognition and treatment of hypoglycemia and hyperglycemia, and performance of ketone checks, and who will perform these diabetes care tasks in the absence of a school nurse.

1. PROVISION OF DIABETES CARE

1.1 At least _____ staff members will receive training to be Trained Diabetes Personnel (TDP), and either a school nurse or TDP will be available at the site where the student is **at all times** during school hours, during extracurricular activities, and on school sponsored field trips to provide diabetes care in accordance with this Plan and as directed in the DMMP, including performing or overseeing administration of insulin or other diabetes medications (which, for pump users includes programming and troubleshooting the student's insulin pump), blood glucose monitoring, ketone checks, and responding to hyperglycemia and hypoglycemia including administering glucagon.

1.2 Any staff member who is not a TDP and who has primary care for the student at any time during school hours, extracurricular activities, or during field trips shall receive training that will include a general overview of diabetes and typical health care needs of a student with diabetes, recognition of high and low blood glucose levels, and how and when to immediately contact either a school nurse or a TDP.

1.3 Any bus driver who transports the student must be informed of symptoms of high or low blood glucose levels and provided with a copy the student's Quick Reference Emergency Plan and be prepared to act in accordance with that Plan.

2. TRAINED DIABETES PERSONNEL

The following school staff members will be trained to become TDPs by _____(date):

_____

_____

_____

3. STUDENT'S LEVEL OF SELF-CARE AND LOCATION OF SUPPLIES AND EQUIPMENT

3.1 As stated in the attached DMMP:

(a)The student is able to perform the following diabetes care tasks without help or supervision:

_____

_____

_____

and the student will be permitted to provide this self-care at any time and in any location at the school, at field trips, at sites of extracurricular activities, and on school buses.

(b) The student needs assistance or supervision with the following diabetes health care tasks:

_____

_____

_____

(c) The student needs a school nurse or TDP to perform the following diabetes care tasks:

_____

_____

_____

3.2 The student will be permitted to carry the following diabetes supplies and equipment with him/her at all times and in all locations:

_____

_____

3.3 Diabetes supplies and equipment that are not kept on the student and additional supplies and will be kept at:

_____

3.4 Parent is responsible for providing diabetes supplies and food to meet the needs of the student as prescribed in the DMMP.

4. SNACKS AND MEALS

4.1 The school nurse or TDP, if school nurse is not available, will work with the student and his/her parents/guardians to coordinate a meal and snack schedule in accordance with the attached DMMP that will coincide with the schedule of classmates to the closest extent possible. The student shall eat lunch at the same time each day, or earlier if experiencing

hypoglycemia. The student shall have enough time to finish lunch. A snack and quick-acting source of glucose must always be immediately available to the student.

4.2 The attached DMMP sets out the regular time(s) for snacks, what constitutes a snack, and when the student should have additional snacks. The student will be permitted to eat a snack no matter where the student is.

4.3 The parent/guardian will supply snacks needed in addition to or instead of any snacks supplied to all students.

4.4 The parent/guardian will provide carbohydrate content information for snacks and meals brought from home.

4.5 The school nurse or TDP will ensure that the student takes snacks and meals at the specified time(s) each day.

4.6 Adjustments to snack and meal times will be permitted in response to changes in schedule upon request of parent/guardian.

5. EXERCISE AND PHYSICAL ACTIVITY

5.1 The student shall be permitted to participate fully in physical education classes and team sports except as set out in the student's DMMP.

5.2 Physical education instructors and sports coaches must have a copy of the emergency action plan and be able to recognize and assist with the treatment of low blood glucose levels.

5.3 Responsible school staff members will make sure that the student's blood glucose meter, a quick-acting source of glucose, and water is always available at the site of physical education class and team sports practices and games.

6. WATER AND BATHROOM ACCESS

6.1 The student shall be permitted to have immediate access to water by keeping a water bottle in the student's possession and at the student's desk, and by permitting the student to use the drinking fountain without restriction.

6.2 The student shall be permitted to use the bathroom without restriction.

7. CHECKING BLOOD GLUCOSE LEVELS, INSULIN AND MEDICATION ADMININSTRATION, AND TREATING HIGH OR LOW BLOOD GLUCOSE LEVELS

7.1 The student's level of self care is set out in section 3 above including which tasks the student can do by himself/herself and which must be done with the assistance of, or wholly by, either a school nurse or a TDP.

7.2 Blood glucose monitoring will be done at the times designated in the student's DMMP, whenever the student feels her/his blood glucose level may be high or low, or when symptoms of high or low blood glucose levels are observed.

7.3 Insulin and/or other diabetes medication will be administered at the times and through the means (e.g., syringe, pen or pump) designated in the student's DMMP for both scheduled doses and doses needed to correct for high blood glucose levels.

7.4 The student shall be provided with privacy for blood glucose monitoring and insulin administration if the student desires.

7.5 The student's usual symptoms of high and low blood glucose levels and how to respond to these levels are set out in the attached DMMP.

7.6 When the student asks for assistance or any staff member believes the student is showing signs of high or low blood glucose levels, the staff member will immediately seek assistance from the school nurse or TDP while making sure an adult stays with the student at all times. Never send a student with actual -- or suspected -- high or low blood glucose levels anywhere alone.

7.7 Any staff member who finds the student unconscious will immediately contact the school office. The office will immediately do the following in the order listed:

1. Contact the school nurse or a TDP (if the school nurse is not on site and immediately available) who will confirm the blood glucose level with a monitor and immediately administer glucagon (glucagon should be administered if no monitor is available);

2. Call 911 (office staff will do this without waiting for the school nurse or TDP to administer glucagon); and

3. Contact the student's parent/guardian and physician at the emergency numbers provided below.

7.8 School staff including physical education instructors and coaches will provide a safe location for the storage of the student's insulin pump if the student chooses not to wear it during physical activity or any other activity.

8. FIELD TRIPS AND EXTRACURRICULAR ACTIVITIES

8.1 The student will be permitted to participate in all school-sponsored field trips and extracurricular activities (such as sports, clubs, and enrichment programs) without restriction and with all of the accommodations and modifications, including necessary supervision by identified school personnel, set out in this Plan. The student's parent/guardian will not be required to accompany the student on field trips or any other school activity.

8.2 The school nurse or TDP will be available on site at all school-sponsored field trips and extracurricular activities, will provide all usual aspects of diabetes care (including, but not limited to, blood glucose monitoring, responding to hyperglycemia and hypoglycemia, providing snacks and access to water and the bathroom, and administering insulin and glucagon), and will make sure that the student's diabetes supplies travel with the student.

9. TESTS AND CLASSROOM WORK

9.1 If the student is affected by high or low blood glucose levels at the time of regular testing, the student will be permitted to take the test at another time without penalty.

9.2 If the student needs to take breaks to use the water fountain or bathroom, check blood glucose, or to treat hypoglycemia or hyperglycemia during a test or other activity, the student will be given extra time to finish the test or other activity without penalty.

9.3 The student shall be given instruction to help him/her make up any classroom instruction missed due to diabetes care without penalty.

9.4 The student shall not be penalized for absences required for medical appointments and/or for illness. The parent will provide documentation from the treating health care professional if otherwise required by school policy.

10. COMMUNICATION

10.1 The school nurse, TDP, and other staff will keep the student's diabetes confidential, except to the extent that the student decides to openly communicate about it with others.

10.2 Encouragement is essential. The student be treated in a way that encourages the student to eat snacks on time, and to progress toward self-care with his/her diabetes management skills.

10.3 The teacher, school nurse or TDP will provide reasonable notice to parent/guardian when there will be a change in planned activities such as exercise, playground time, field trips, parties, or lunch schedule, so that the lunch, snack plan, and insulin dosage can be adjusted accordingly.

10.4 Each substitute teacher and substitute school nurse will be provided with written instructions regarding the student's diabetes care and a list of all school nurses and TDP at the school.

11. EMERGENCY EVACUATION AND SHELTER-IN-PLACE

11.1 In the event of emergency evacuation or shelter-in-place situation, the student's 504 Plan and DMMP will remain in full force and effect.

11.2 The school nurse or TDP will provide diabetes care to the student as outlined by this Plan and the student's DMMP, will be responsible for transporting the student's diabetes supplies, and equipment, will attempt to establish contact with the student's parents/guardians and provide updates, and will and receive information from parents/guardians regarding the student's diabetes care.

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12. PARENTAL NOTIFICATION

12.1 ***NOTIFY PARENTS/GUARDIANS IMMEDIATELY IN THE FOLLOWING SITUATIONS:***

- Symptoms of severe low blood sugar such as continuous crying, extreme tiredness, seizure, or loss of consciousness.
- The student's blood glucose test results are below _____ or are below _____15 minutes after consuming juice or glucose tablets.
- Symptoms of severe high blood sugar such as frequent urination, presence of ketones, vomiting or blood glucose level above _____.
- The student refuses to eat or take insulin injection or bolus.
- Any injury.
- Insulin pump malfunctions cannot be remedied.
- Other: _____
  _____

12.2 **EMERGENCY CONTACT INSTRUCTIONS**

Call parent/guardian at numbers listed below. If unable to reach parent/guardian, call the other emergency contacts or student's health care providers listed below.

EMERGENCY CONTACTS:

_____	_____	_____	_____
Parent's/Guardian's Name	Home Phone Number	Work Phone Number	Cell Phone Number
_____	_____	_____	_____
Parent's/Guardian's Name	Home Phone Number	Work Phone Number	Cell Phone Number

Other emergency contacts:

_____	_____	_____	_____
Name	Home Phone Number	Work Phone Number	Cell Phone Number
_____	_____	_____	_____
Name	Home Phone Number	Work Phone Number	Cell Phone Number

Student's Health Care Provider(s):

_____	_____
Name	Phone Number
_____	_____
Name	Phone Number

This Plan shall be reviewed and amended at the beginning of each school year or more often if necessary.

Approved and received:

_____ _____

Parent/Guardian Date

Approved and received:

_____ _____

School Administrator and Title Date

_____-- _____

School Nurse Date

Health Insurance

Health insurance is extremely important for people with Diabetes.

There are a variety of options:

- **Insurance through a parent's commercial plan:** Under the Affordable Care Act, children can be covered under a parent's plan until age 26 or until they become eligible for their own employer's health insurance, whichever is earlier. If your employer offers more than one option, be sure to calculate the best plan for you, including deductibles, co-insurance, copays, and premiums. With the cost of diabetes medications and supplies, the lowest premium plan is not always the cheapest by year's end. You may be able to meet with a benefit specialist to review options and have your questions answered.

- **COBRA:** This law allows for temporary continuation of insurance after your job ends or after your child is no longer under your policy. While this option can be costly, so is being uninsured.

- **Medicaid:** This is government-sponsored insurance for low-income families. To apply, visit *www.myflorida.com/accessflorida* or contact the Department of Children and Families. Once approved, you will have to choose a managed care provider. Children's Medical Services (CMS) is one option specifically for kids with special healthcare needs. Please check that your preferred doctors are within the network of the managed care plan you choose. Once on Medicaid, you will need to recertify once every 6-12 months, or your coverage will be discontinued. Once your child turns 18, it may be more difficult to continue their coverage.

- **Medically Needy** or **Medicaid Share of Cost:** This program is helpful in emergency hospitalizations if you make too much money to qualify for standard Medicaid. It is not usually effective for long-term management of diabetes. Another option to consider is Florida KidCare.

- **Florida KidCare (Healthy Kids):** This is also a government-sponsored program but is available to any uninsured child in Florida (with no income limits). They charge premiums based on your income level, but copays are designed to be affordable. To apply, visit *www.floridakidcare.org* or call 1-888-540-5437. You may also need to choose a managed care provider. KidCare covers children until they turn 19. A similar plan is available for Georgia residents, called Peach Care for Kids - *https://dch.georgia.gov/peachcare-kids*

- **Health Insurance Marketplace:** Adults or families without insurance coverage may be able to find a plan with income-based discounts. Visit *www.healthcare.gov* for more information. Be sure to compare plans, as described in the first option.

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NEMOURS CHILDREN'S HEALTH

Frequently Asked Insurance Questions

What if my insurance denies a service/prescription?

First, contact your insurance company. Ask which insurance benefit covers diabetes supplies (prescription, medical, or durable medical supply). Sometimes they have a "preferred" product or medication we can prescribe. Sometimes they require you use a particular pharmacy or mail-order supplier. They may require a 30-day or a 90-day prescription. Make sure you aren't trying to refill too early. Ask if you need any prior authorizations. Once you find out what the insurance company needs, let our clinic know!

What if I've applied for insurance, but need services for my child now, while I wait for approval?

Please do not let finances keep you from getting your child to the doctor. Call 844-551-2065 (Option 4 for Jacksonville) to speak with a Financial Family Advocate as soon as possible.

What if I can't afford my child's medications?

Most pharmaceutical companies will provide free or discounted medication for people without insurance coverage for prescriptions through **Patient Assistance Programs**. You must provide proof of income and complete an application form, together with your healthcare team. It may take 3-4 weeks for approval. You can do an online search for the name of your medication plus "Patient Assistance Program" or check with the pharmaceutical company. Check with the clinic or online for **Discount Cards** for certain products as well, which may reduce your copay or cash-pay costs. You can review insulin discount options at www.insulinhelp.org. Make sure that you are using the "preferred" medications and supplies whenever possible. There are also some charity funds that can provide assistance. Contact your care team to discuss your specific needs.

What if I have insurance, but still wind up with medical bills I can't pay?

Never hesitate to contact your provider or hospital to ask how they can assist. You may be able to get an affordable payment plan. You may also qualify for assistance through the **United Healthcare Children's Foundation** or the **Healthwell Foundation's Pediatric Assistance Fund**. Check out *www.UHCCF.org* and *www.healthwellfoundation.org* for more information.

Questions?
Contact Nemours Financial Counselors at 844-551-2065, Option 4 for Jacksonville

Wolfson Children's Hospital

NEMOURS CHILDREN'S HEALTH

Key Terms for Health Insurance

Subscriber – The person who has the health insurance coverage. Also called Policyholder, Insured, or Certificate Holder.

Provider – Any physician, specialist, hospital, or facility providing medical services.

Network – A group of doctors, specialists, hospitals, and other medical providers who contract with the insurance plan to provide care at preset rates. Some insurance plans require you to stay "in network", while others will allow you to visit other providers for a larger "out of network" cost.

Premium – Your annual or monthly payment to the insurance company for your plan.

Deductible – The amount that you must pay for your healthcare before your insurance plan pays for anything. Some plans, called "High Deductible" or "Catastrophic" health insurance, require you to pay out-of-pocket for most standard healthcare, but will provide coverage if something very expensive happens (such as an emergency hospitalization). These plans typically have lower premiums (monthly costs) but you pay much more each time you need to see a doctor, fill a prescription, etc.

Copay – A fixed dollar amount you pay for certain medical services at your appointments or at your pharmacy for prescriptions.

Coinsurance – A percentage of healthcare costs that you must pay, and your insurance pays the rest. A common example is 80/20 (your insurance may pay 80% of the cost, while you are responsible for 20%).

Formulary – The list of medications, supplies, and pharmacies that the insurance will pay for. Sometimes there are tiers of "preferred" medications at different cost levels. It is important to know whether your medications and supplies are on the formulary before you choose an insurance plan. Sometimes you may have to change brands or pharmacies to get insurance coverage.

Prior Authorization (PA) – When the insurance plan requires a review before covering specialty prescriptions and durable medical equipment items. Your physician office will submit documentation for PA's as requested but cannot guarantee approval.

Mental Health Benefits – Insurance coverage for counseling, therapy, and psychiatric care can sometimes have different coverage than for medical care. If you use any mental health services, make sure that these are covered in the plan you choose.

Out-of-Pocket Limit – The most you pay during a policy period (usually one year), including deductibles, copays, and coinsurance. Once you have hit your limit, the insurance plan pays for the rest of your healthcare costs.

Open Enrollment – The time when you can enroll or change your health insurance benefits, which typically occurs once per year.

For personal assistance with exploring and applying for insurance options, call the Health Planning Council at 866-295-5955 to speak with a Marketplace Navigator, or visit www.123covered.org.

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NEMOURS CHILDREN'S HEALTH

Insurance Questions to Ask Yearly

What is on your insurance company's formulary for…

- Blood glucose meter? _____
- Rapid acting insulin? _____
- Long-acting insulin? _____

Continuous Glucose Monitor (Dexcom, Freestyle Libre, Medtronic Guardian)

- Is it covered under **DME**, which means it will be shipped from a DME company, or is it a **pharmacy** benefit (meaning it will be sent to a prescription)? _____
- Which pharmacy is contracted? _____
- Which DME company is contracted? _____

Note: These questions help determine where to send your CGM prescription.

Insulin Pumps:

- How soon after diagnosis will a pump be covered? _____
- What is needed by the insurance company, such as office visit notes, blood sugar logs, etc.? _____
- Is a pump covered through prescription or medical benefits?

List of DME companies

Premier Kids Care 888-892-9001
One Source Medical 866-834-7473
Edge Park 800-321-0591
CCS Medical 800-726-9811
Solara 800-423-0896
Byram Healthcare 877-902-9726
Advance Diabetes Supply 866-422-4866
MYDME 866-726-9363
US Med 877-840-8218
Pinnacle Medical Solutions 888-416-0008

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NEMOURS CHILDREN'S HEALTH

Insurance Questions to Ask Yearly

Insurance Tips

1. You are responsible to know your benefits and the best ways to save money on your supplies. You are therefore responsible for contacting your insurance company for information regarding benefits, out of pocket expenses, deductibles, etc.
2. Request an insurance case manager if available.
3. Ask if you have a Pharmacy Benefit Manager that processes your authorizations and helps keep track of when your authorizations expire.
4. Know the difference between prescription coverage and durable medical equipment (commonly referred to as DME) coverage as it applies to your specific policy and the devices being prescribed.
5. Ask your insurance company which pharmacies and DME suppliers are contracted with your plan.
6. Ask about insurance cost savings programs or wellness programs that can help you save money on copays.
7. Call your insurance company every year if benefits or cost savings programs have changed. Always keep track who you spoke with each time you call your company. This may help if you get different answers later.
8. Note that it is common for insurance companies to switch coverage between meters and insulin brands. In most circumstances these changes will not adversely affect health care.
9. Unless there is a true allergy that has been documented by your provider, insulin may not be chosen soley based on preference. Switching between biosimilar insulins according to formulary preference is determined by your insurance company and will not likely negatively impact health care.
10. Neither your doctor nor anyone else on the diabetes team makes decisions about authorization approvals. They simply submit requests and documentation to your insurance company. Often, approvals or denials are not communicated to the physician's office.
11. If you need to change insurance companies be sure to check in advance how much coverage you will have for all of your diabetes prescriptions, including insulin, pump and CGM supplies, meters, and all other supplies. Make sure to plan for any deductible costs.

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Insurance Questions to Ask Yearly

12. Use COPAY cards found on company websites for your products (they don't work for Medicaid, Medicare, or Military plans). www.insulinhelp.org
13. When asking the provider's office for refills, be specific. Identify the name of the product, the pharmacy or DME supplier name and location, and quantity you expect to receive (30 day or 90 day supply).
14. Contact CGM or pump companies for assistance when supplies are delayed. This is often caused by a delay in receiving authorization from your insurance company. You may also try contacting your insurance company.
15. Requesting a prior authorization does not guarantee coverage.

Savings Cards

**Many families with private health insurance are eligible for copay discounts through the insulin manufacturer. **

WCH-Diabetes-Resources (cloudinary.com)

Wolfson Children's Hospital

NEMOURS CHILDREN'S HEALTH

THE ROAD THROUGH DIABETES

HOSPITAL

1-3 Days

Educational Videos

Diabetes Educator visit

OUTPATIENT

Diabetes Educator

Follow-up with diabetes educators

4-7 Days

1 weeks

Nemours

Diabetes Educator

In person Hospital Follow up Education

Virtual Sick day/Trend Management

2-3 weeks

Endocrinology

In person Visit with physician /APRN

7 MThs

Endocrinology & Diabetes Education

In person Visit with physician /APRN

4 MThs

Endocrinology

In person Hospital Follow Up physician/ APRN & LSCW

1-2 MThs

Insulin pump

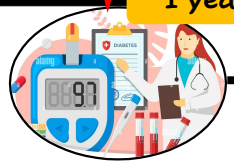
- Pump Readiness
- Pump Class
- Pump Start

10 MThs

Endocrinology

In person Visit with physician /APRN

1 year



Diabetes Educator

- Annual refresher Diabetes education

NEMOURS CHILDREN'S HEALTH

Call us today (904)697-3600

807 Children's Way Jacksonville, FL 32207

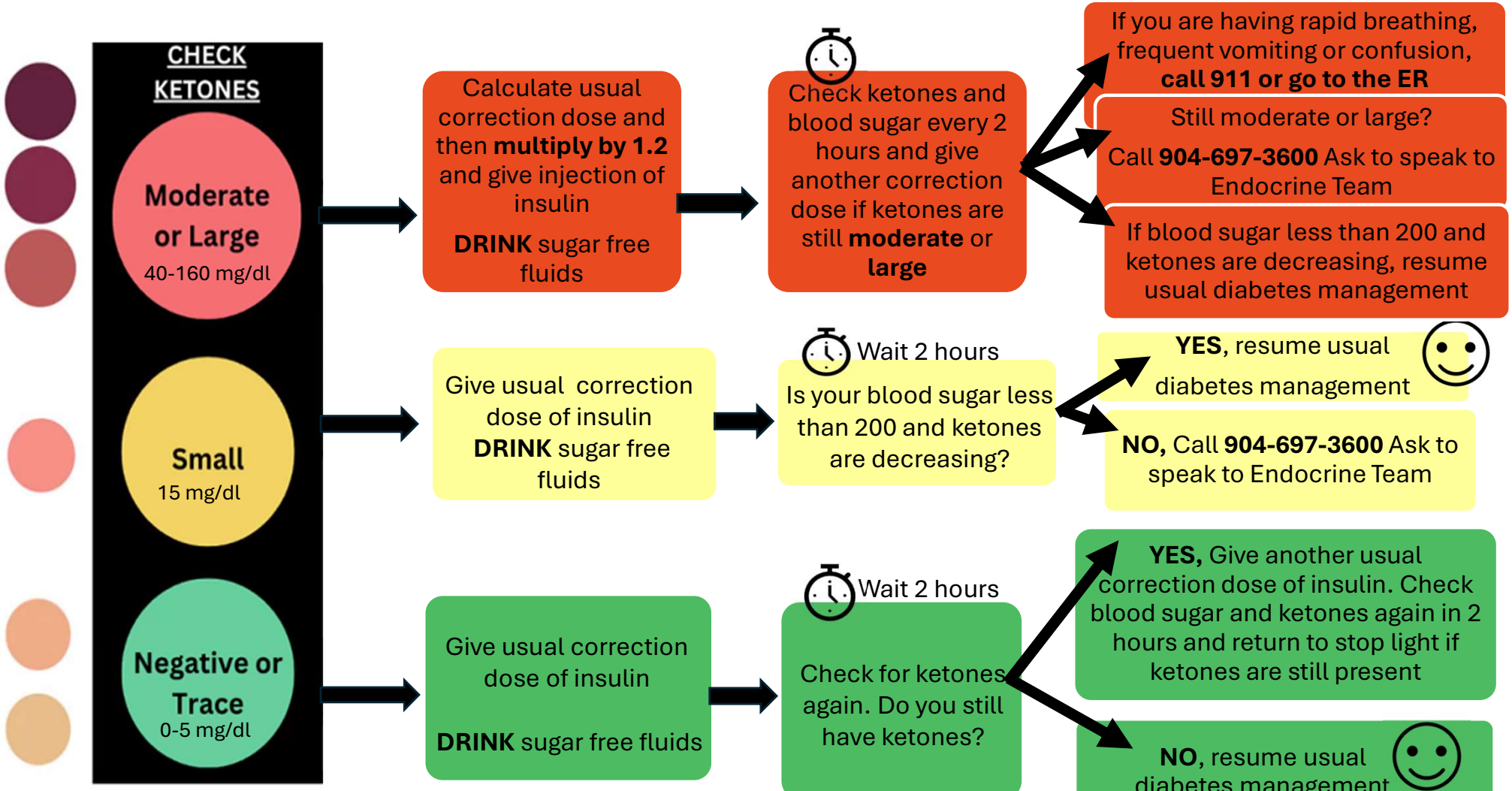
06-27-2025 Rev. 1

Ketone Action Plan For Injections

Check for ketones if blood sugar is greater than 300 mg/dL for over 2 hours

OR you have NAUSEA, VOMITING, OR FEELING SICK

GO to the **ER** or **CALL 911** If experiencing confusion, frequent vomiting, or rapid breathing



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