

About the patient dialogue posters

For everyone with type 1 diabetes, including children, it is essential to understand some facts about the disease and the treatment.

These materials have been developed to support healthcare professionals in communicating vital information to previously and newly diagnosed children with type 1 diabetes and their families.

While these materials aim to address some of the short term information needs of children with diabetes, there is much more that can be learned about diabetes and its treatment.

The content of these posters should be regarded as basic survival information.

The dialogue posters and their use

There are 17 dialogue posters to support dialogue with the child and the child's family members. We recommend using the posters over several visits, concentrating on vital information at the first visit and gradually adding more information at subsequent visits.

Suggested plan for progression and introduction of the dialogue posters:

1st visit

- Poster 1: Injecting human insulin
- Poster 2: Why I need insulin
- Poster 3: How much insulin should I take?
- Poster 4: Low blood sugar (hypoglycaemia) and how to recognise it?
- Poster 5: Why do I get low blood sugar (hypoglycaemia)?
- Poster 6: How to treat low blood sugar (hypoglycaemia)

2nd visit

- Poster 7: Some of the different types of insulin
- Poster 8: How often should I inject insulin
- Poster 9: Where should I inject insulin?
- Poster 10: What should I eat?

3rd visit

- Poster 11: Measuring my blood sugar
- Poster 12: How to use my glucometer

4th visit

- Poster 13: High blood sugar (hyperglycaemia) and how to recognise it
- Poster 14: Why do I get high blood sugar (hyperglycaemia)?
- Poster 15: How to treat high blood sugar (hyperglycaemia)

5th visit

- Poster 16: Taking care of my feet
- Poster 17: Living with diabetes

The development of these materials has been facilitated by Novo Nordisk A/S (Global Stakeholder Engagement) and Roche Diagnostics Deutschland GmbH in consultation with local partners in the Changing Diabetes® in Children (CDiC) programme and the International Society for Pediatric and Adolescent Diabetes (ISPAD).

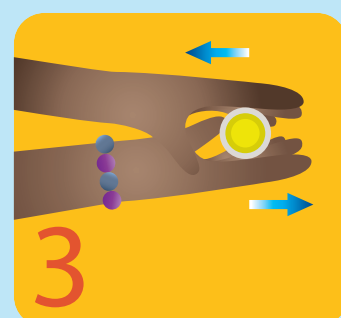
An online version of these patient education materials are available free of charge at: www.changingdiabetesaccess.com.

July 2012



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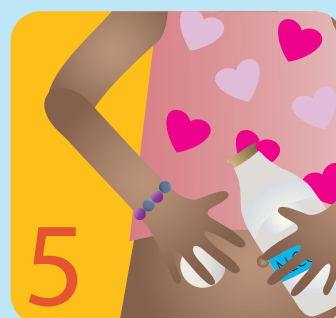
1 Injecting human insulin



Roll the vial of insulin 15-20 times between your hands



Clean the top of the vial with alcohol



Clean the injection site with alcohol



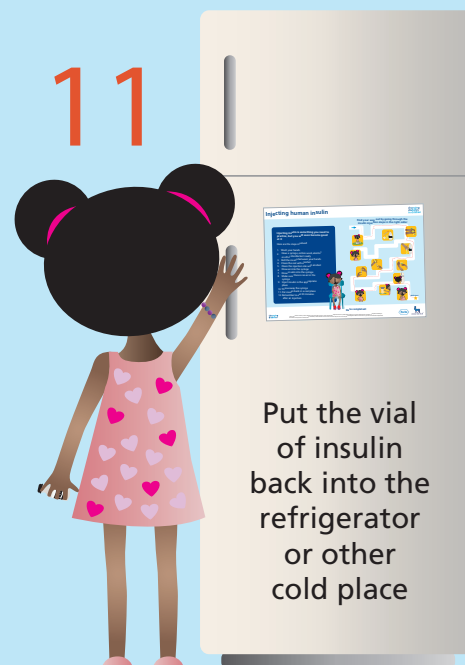
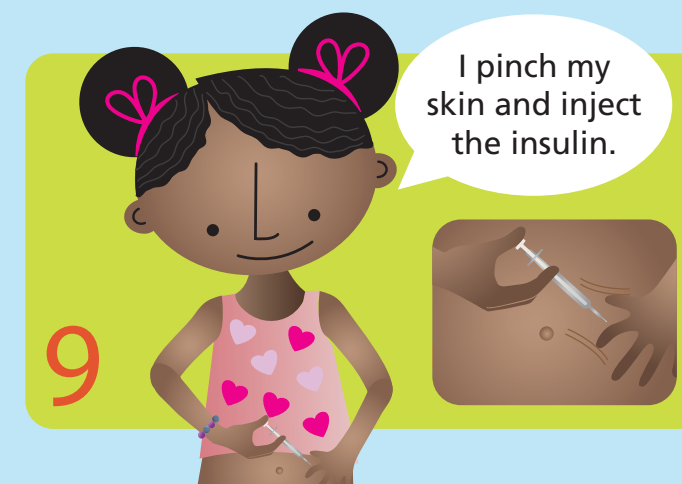
Draw air into the syringe



Push air into the vial and then draw insulin into the syringe



Make sure there is no air in the syringe



2 Why I need insulin

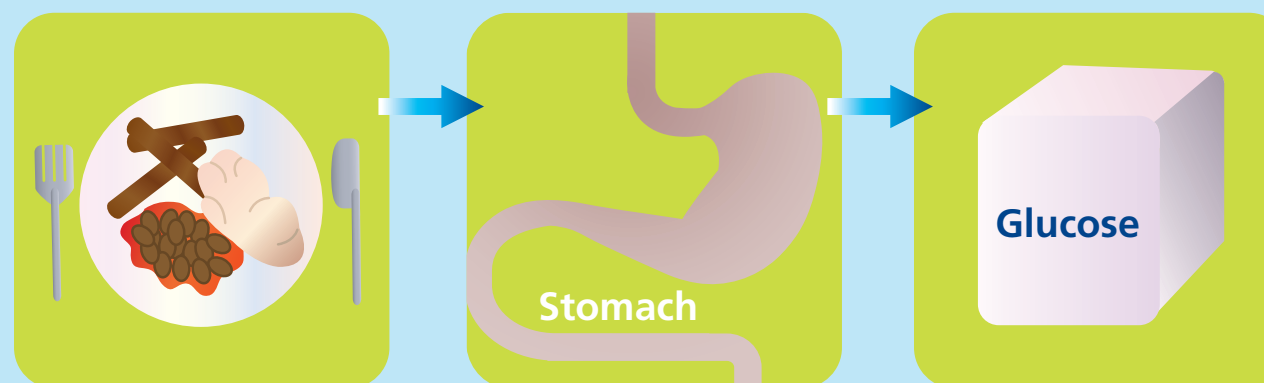
We all need energy to grow and be strong.



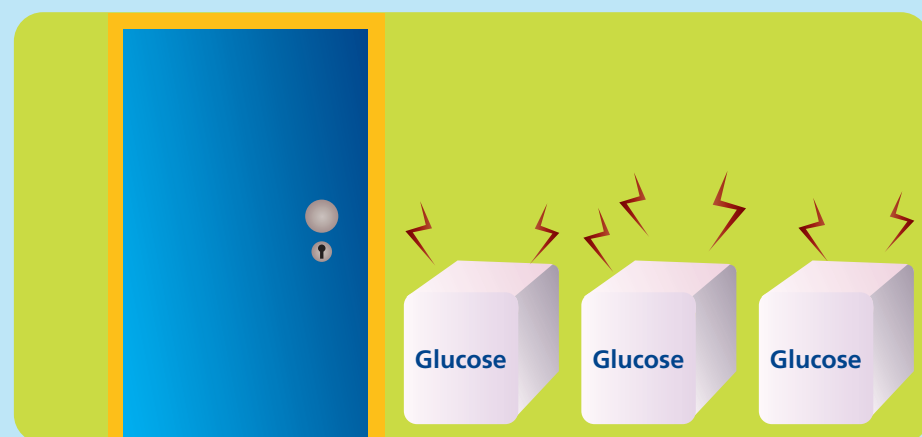
We get energy from the food we eat.



The food we eat is broken down into glucose.

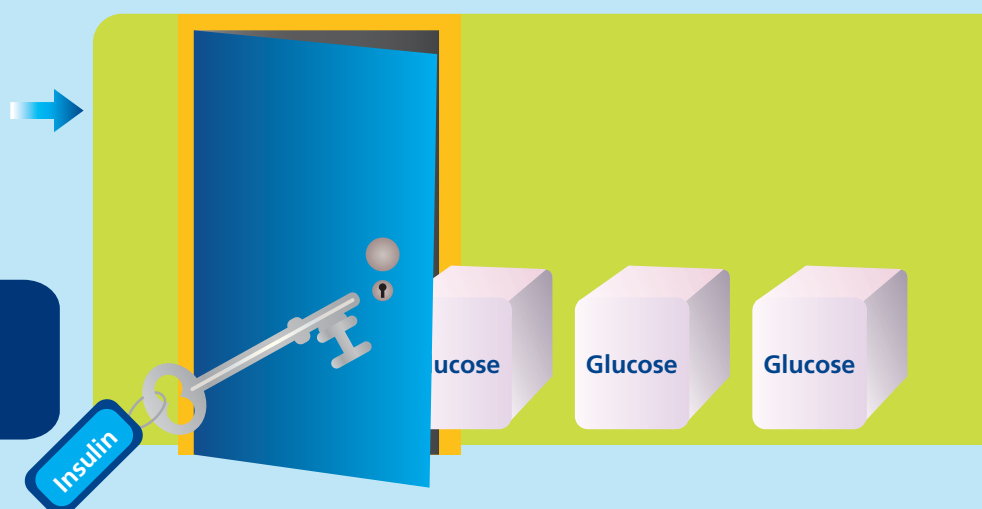


Glucose needs to enter the cells in your body before it can be used as energy.

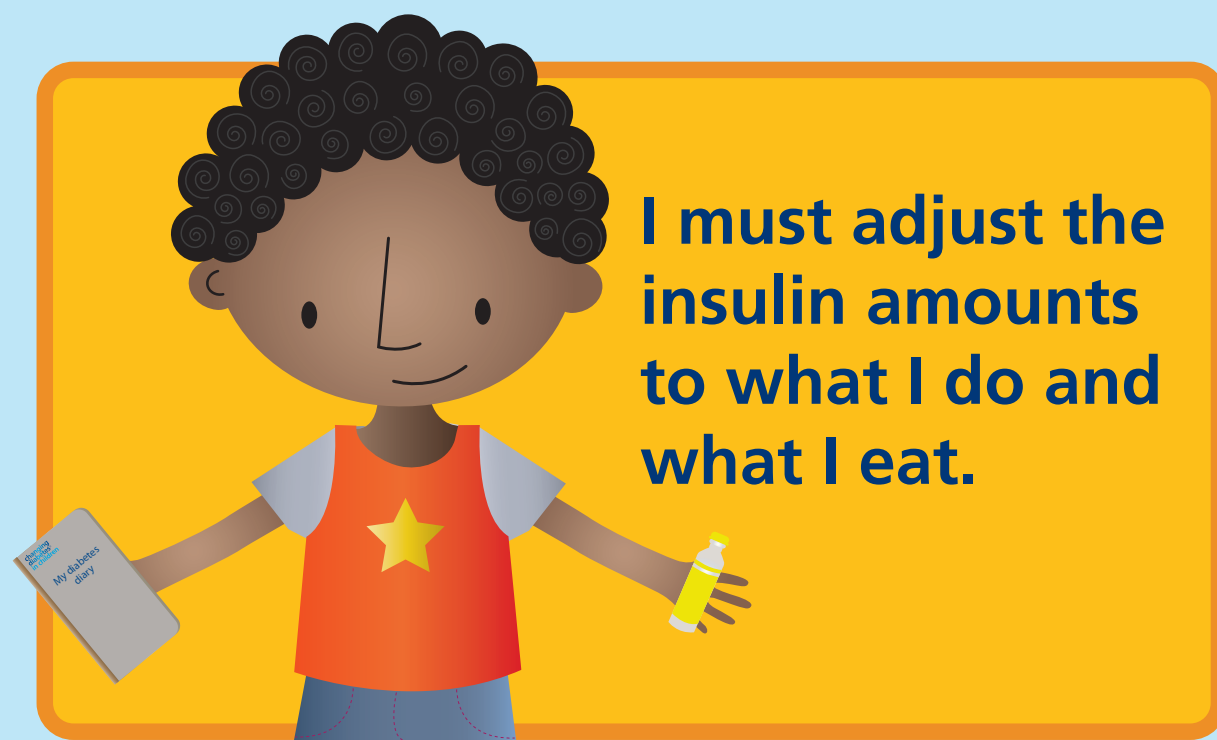


If the glucose cannot enter the cells, you will get tired.

Insulin opens the doors to the cells in your body, so that glucose can enter the cells and be used.



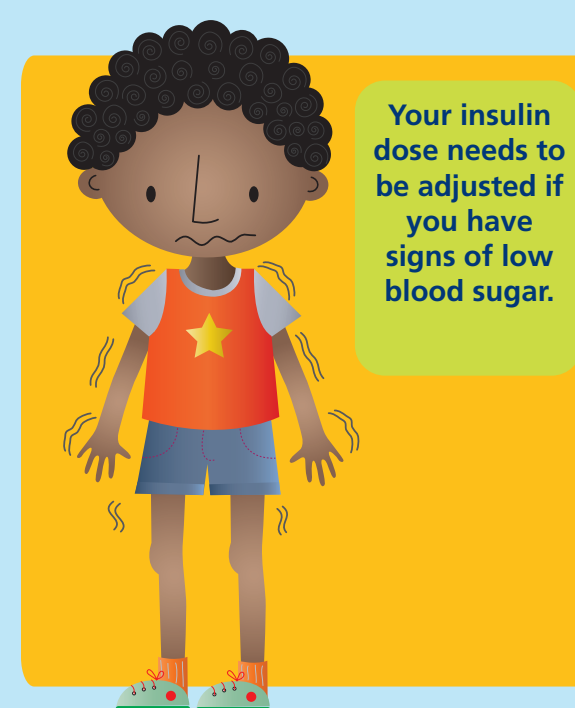
3 How much insulin should I take?



Your doctor or nurse will help you find out how much insulin you should inject each time.




Adjust the dose of insulin according to your activities and how you feel.



Talk to your doctor or nurse about which insulin you need to adjust and by how much.

4 Low blood sugar (hypoglycaemia) and how to recognise it



If my blood sugar gets very low I can get hypoglycaemia. Most people call it low blood sugar or hypos.



Sweating



Extreme hunger



Itchy lips



Difficulty talking



Irritability



Dizziness



Tiredness



Blurred vision



Crying without reason



Trembling

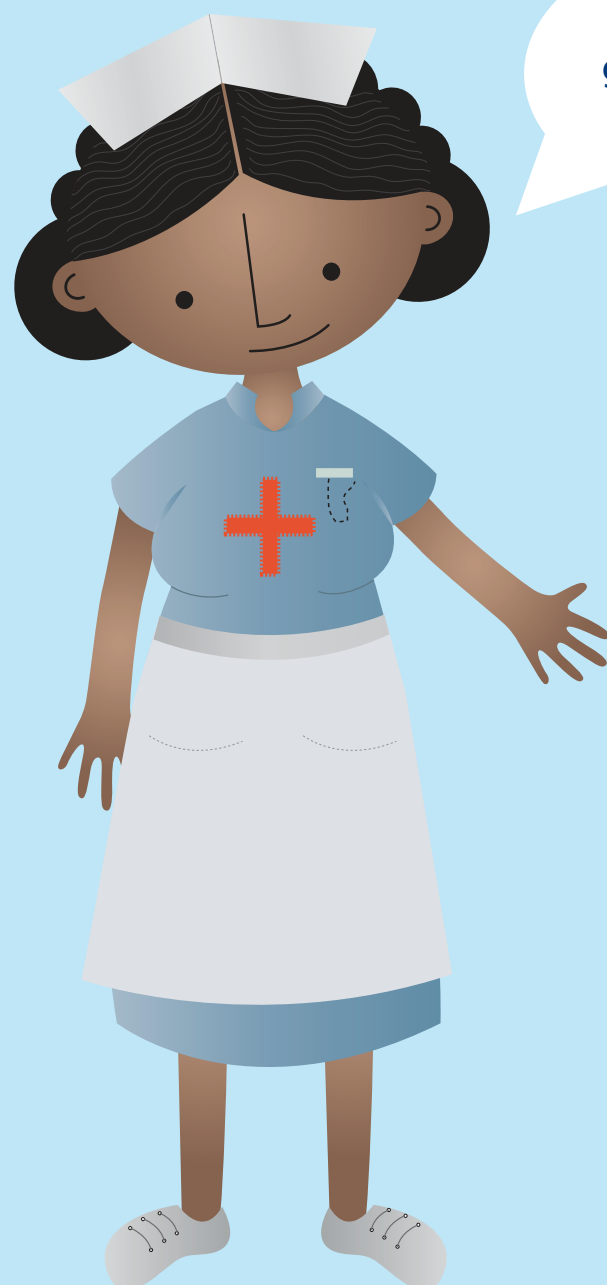


Sometimes low blood sugar can get very serious and you can lose consciousness or have convulsions.

5 Why do I get low blood sugar (hypoglycaemia)?

When you have diabetes and take insulin your blood sugar level can get very low, this is called hypoglycaemia.

You can get low blood sugar when:



You have taken too much insulin at once.



You have taken an extra insulin injection.

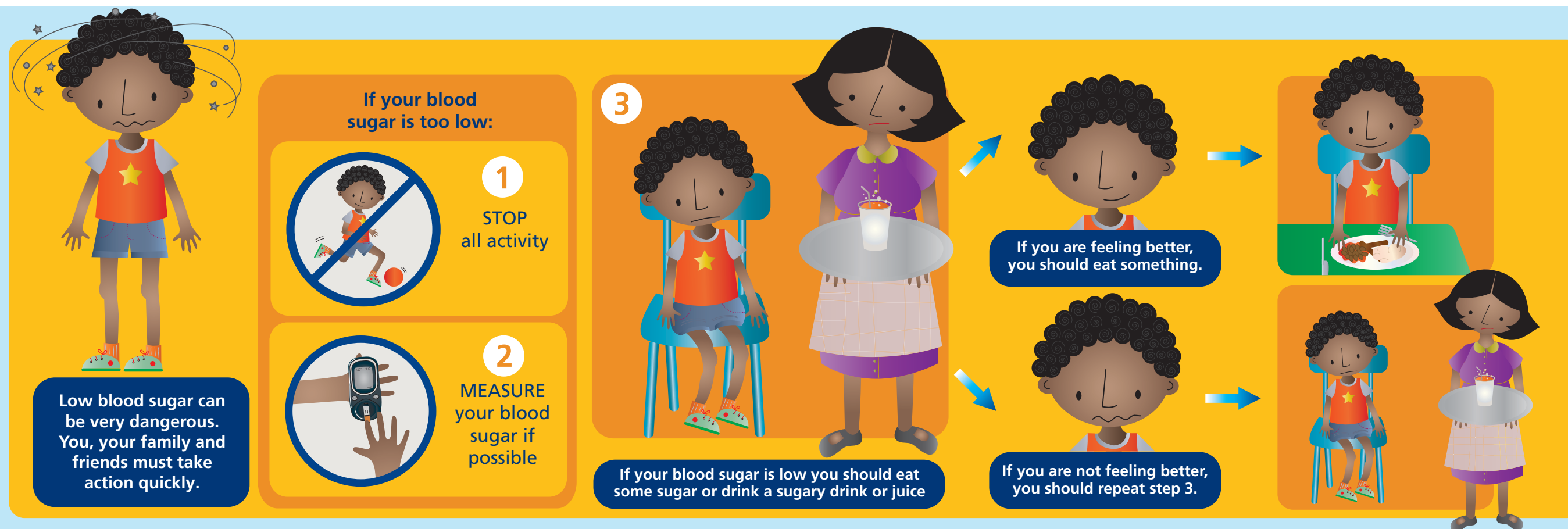


You have been more physically active than usual and have not adjusted your insulin dose.



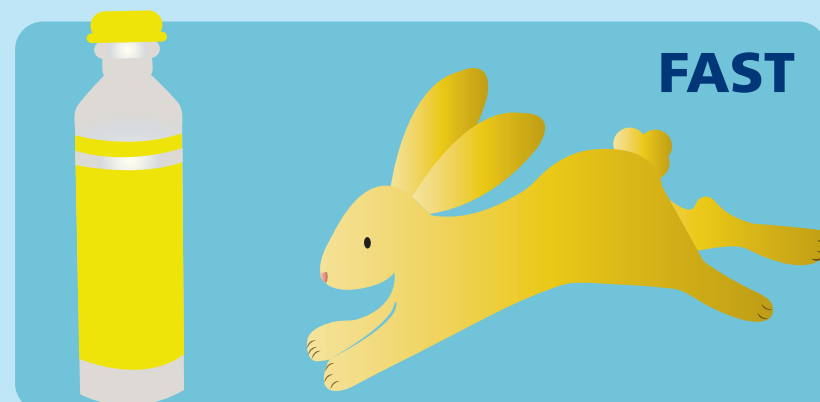
You have taken your insulin but have not eaten enough, or soon enough or have thrown up.

6 How to treat low blood sugar (hypoglycaemia)



7 Some of the different types of insulin

Short Acting Insulin:



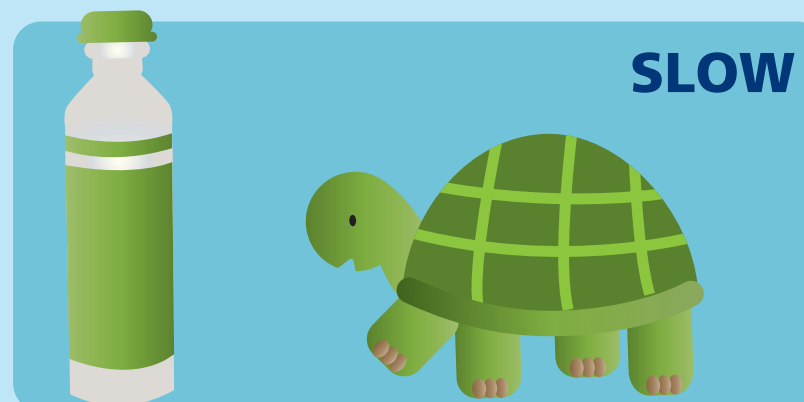
FAST

Short acting - 30 minutes



Short lasting - up to 8 hours

NPH Insulin:



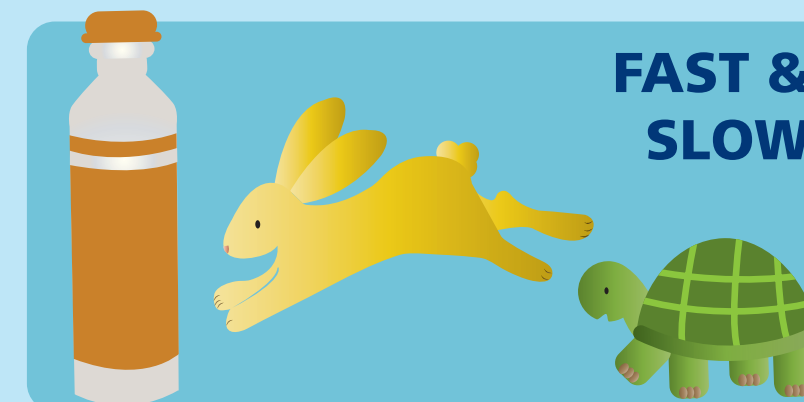
SLOW

Slow acting - 2 hours



Long lasting - up to 18 hours

Mixed Insulin:



FAST & SLOW

Short acting - 30 minutes



Long lasting - up to 18 hours

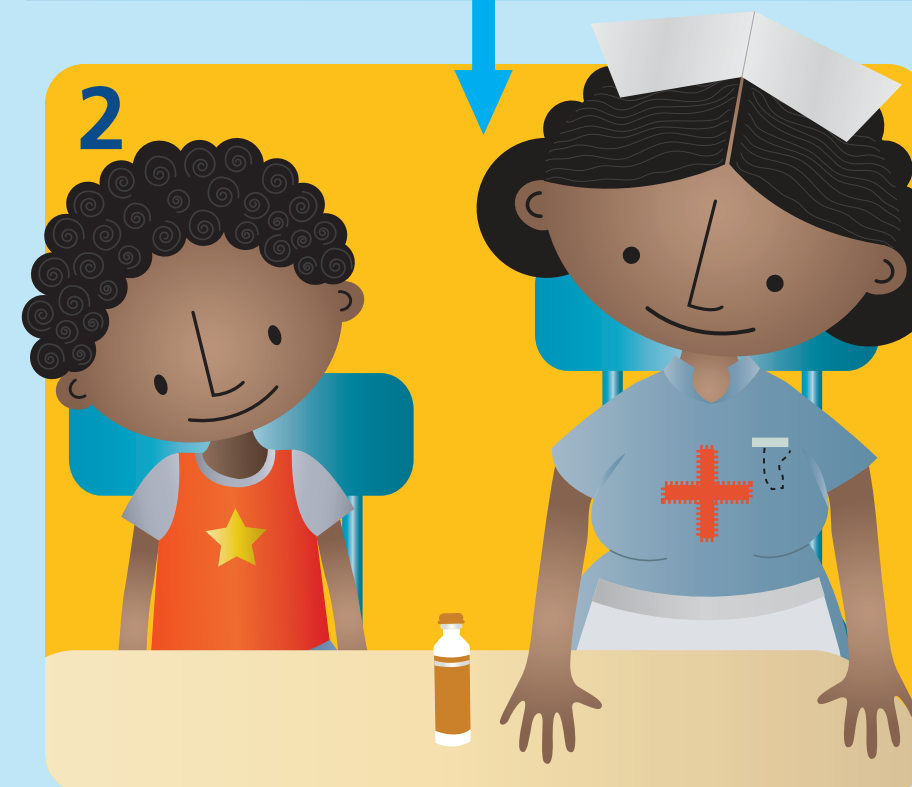
You can use a combination of Short Acting Insulin and NPH Insulin

Mixed Insulin

The insulin types depicted here aren't representative of all the types of insulin available.



OR



8 How often should I inject insulin?

How often I
need to inject insulin
depends on which
insulin I use.

The doctor or nurse will help
you work out how often you
must take insulin.

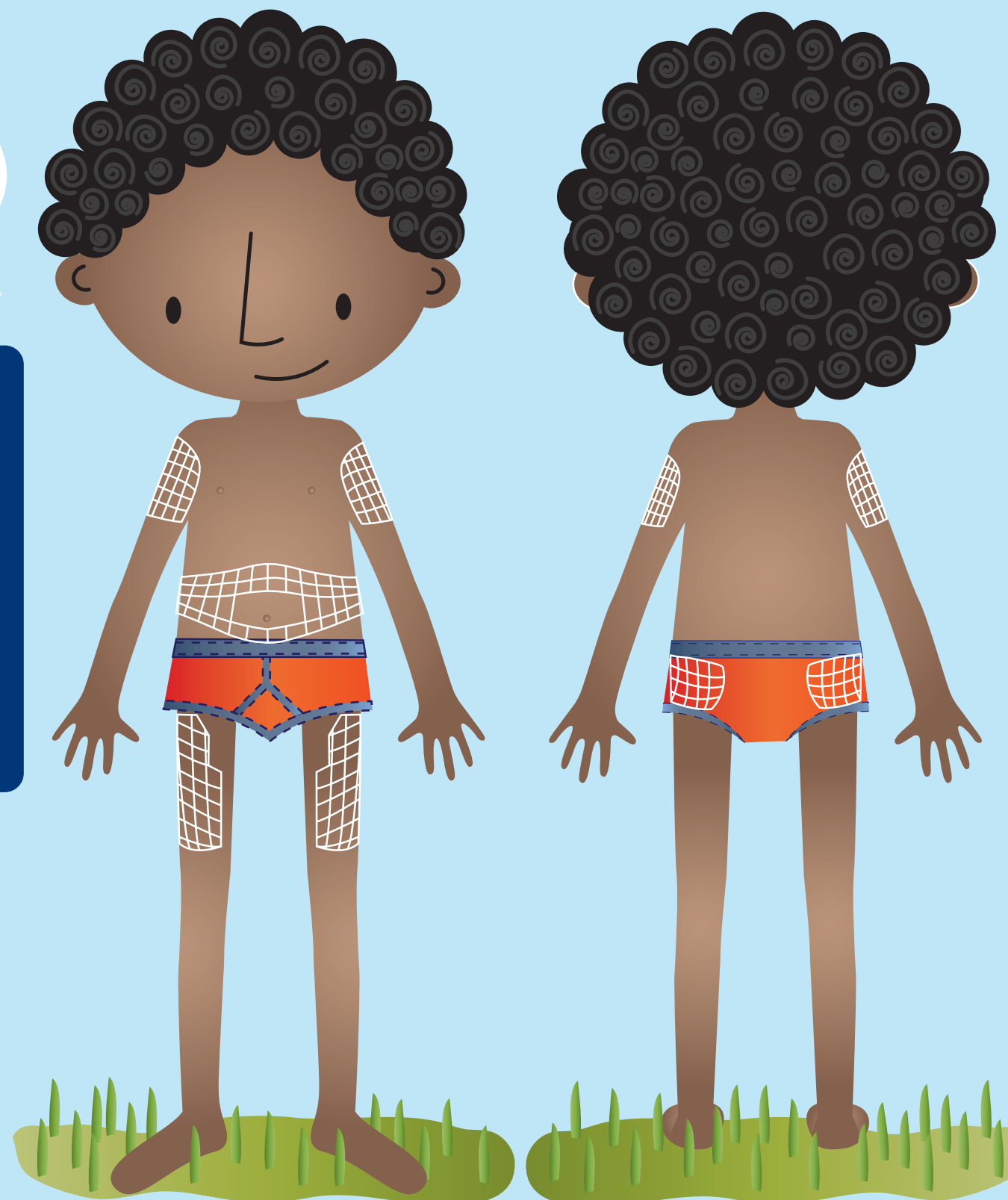


9 Where should I inject insulin?

On the front of my body there are three places I can inject my insulin: the top of my thighs, my upper arms and my abdomen.

Ensure that each injection is about 2 finger widths from the one done before.

Avoid injecting too closely to your belly button.

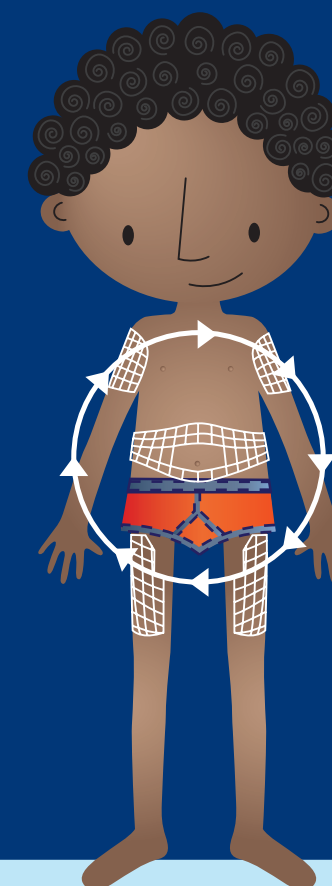


Front

Back

On the back of my body there is one place where I can inject my insulin - the top outer area of my buttocks.

Remember to rotate injection sites.



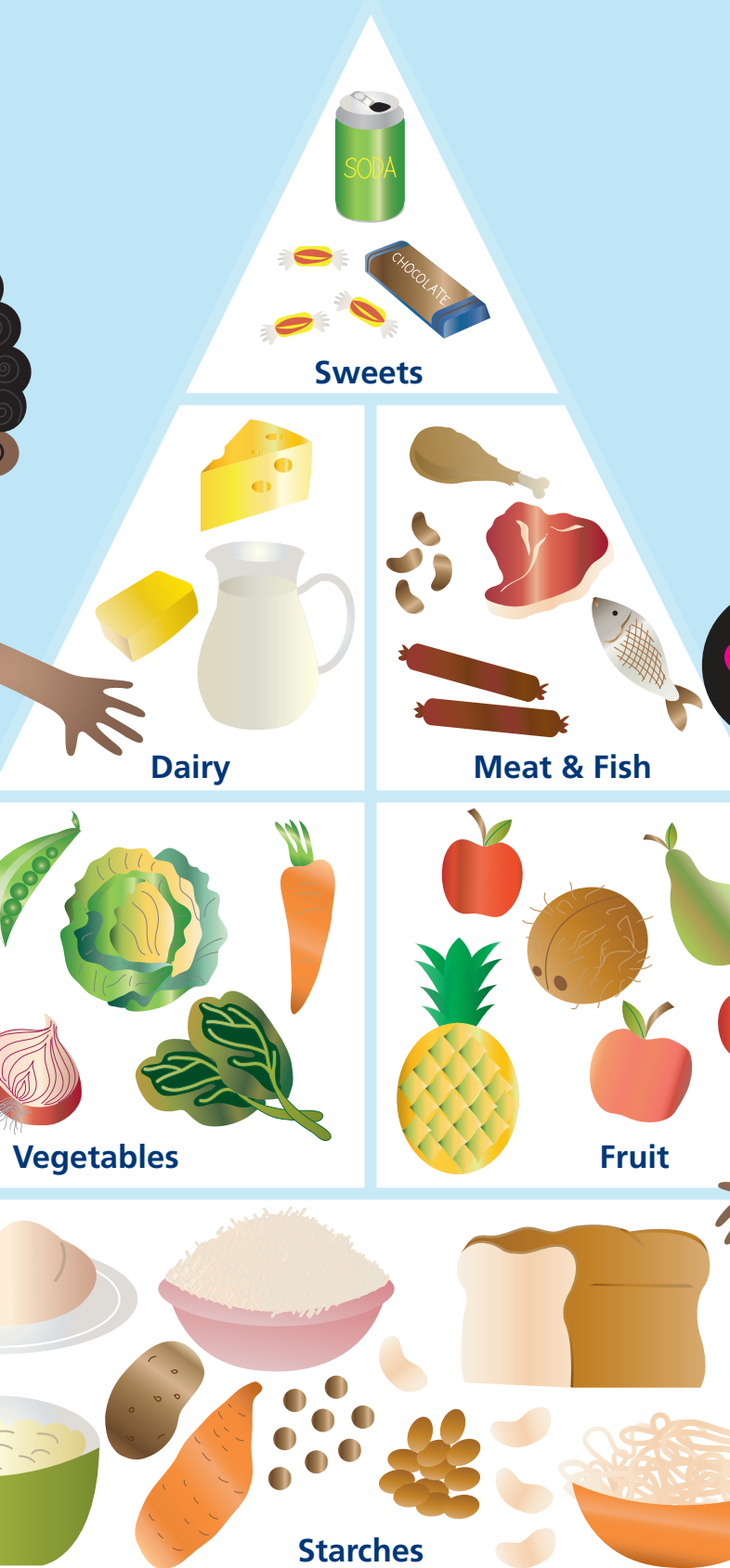
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10 What should I eat?

I work
with my nurse
to make my own
food pyramid.



REMEMBER:
You should always
drink a lot of water.



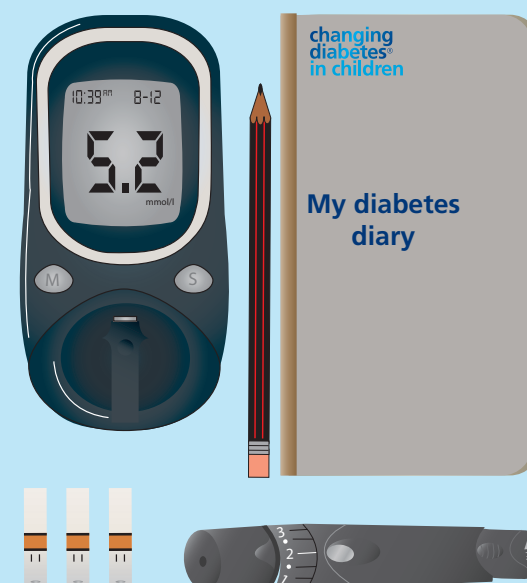
I eat
more from the
groups at the bottom
of the pyramid and
avoid foods from
the top.



11 Measuring my blood sugar



You always need to know if you have too much or too little sugar in your blood.



We give you a glucometer, strips, a diabetes diary, lancets and a lancing device.



AT LEAST 4 X

You must use your glucometer at least 4 times a day and write down the number you get.



1 When you wake up, before breakfast.




2 2 hours after you eat breakfast.



3 In the evening, before you eat dinner.



4 Before you go to sleep.



A healthy blood sugar level is between 4.5 and 10 mmol/l (80 and 180 mg/dl).*



You must always bring your glucometer and diabetes diary when you go to the clinic.



* Post prandial blood glucose - 2011 Global IDF/ISPAD Guideline for Diabetes in Children and Adolescence (http://www.ispad.org/NewsFiles/IDF-ISPAD_Diabetes_in_Childhood_and%20Adolescence_Guidelines_2011.pdf).

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12 How to use my glucometer



Wash your hands with soap



Insert the strip into the glucometer

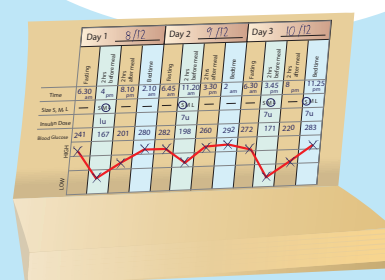


Prick your finger with the lancet



Put a small drop of blood on the strip

Less than 30 seconds later the glucometer will show a number. This is my blood sugar level. I must write this number down in my diabetes diary.



I must always remember to take my glucometer and diabetes diary with me to the clinic and give it to the nurse. This helps her help me!



13 High blood sugar (hyperglycaemia) and how to recognise it



If my blood sugar gets too high, I can get hyperglycaemia.

You probably have hyperglycaemia if you:



are very thirsty all the time



need to urinate a lot



have blurry vision



are very tired all the time



have a dry mouth

Check your blood glucose level to confirm high blood sugar (hyperglycaemia).



If it is a serious case of high blood sugar you might also experience:



nausea



stomach pains



abnormal breathing



breath that smells like alcohol



loss of consciousness



If you have any of these signs - you should go to the clinic!

14 Why do I get high blood sugar (hyperglycaemia)?

When you have diabetes
your blood sugar level
can get too high, this
is called hyperglycaemia.

You can get
high blood sugar
when:



You have taken too little
insulin or missed an injection.



You have taken insulin that was bad
because it was too old
or not stored correctly.



You have eaten too much food.



You have been less physically
active than usual.



You have an infection or fever.

15 How to treat high blood sugar (hyperglycaemia)

Most cases
of high blood
sugar are
easily treated.



To treat high blood sugar
you should:



1 Measure your blood glucose



2 Take short acting insulin



3 Measure your blood glucose
again after 2 hours

HIGH BLOOD SUGAR

If my blood glucose is between
11 and 22 mmol
(200 and 400mg/dl)

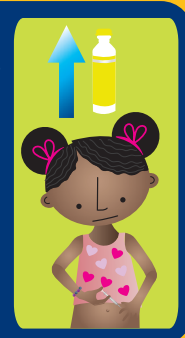
Contact your doctor or
nurse if you are not sure
of what to do.



You must
measure
your blood
sugar after
2 hours.



If your
blood sugar
is still high:
1. repeat the
extra dose
2. contact
your doctor
or nurse



Ask you
doctor or nurse
how much extra
insulin you
should take.



SEVERE BLOOD SUGAR

If your blood glucose
is more than
22 mmol (400mg/dl)

You should contact
the clinic quickly!

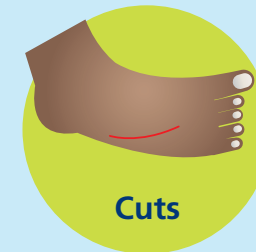


16 Taking care of my feet

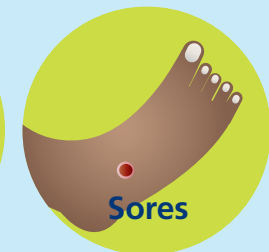
It is important
to take care of
my feet - not
doing so
can lead to
complications.



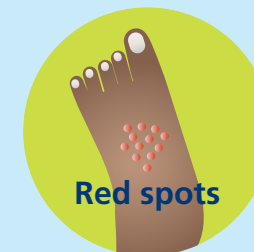
Check your
feet for: cuts,
sores, red
spots,
swelling
and infected
toenails.



Cuts



Sores



Red spots



Swelling



Infected
toenails



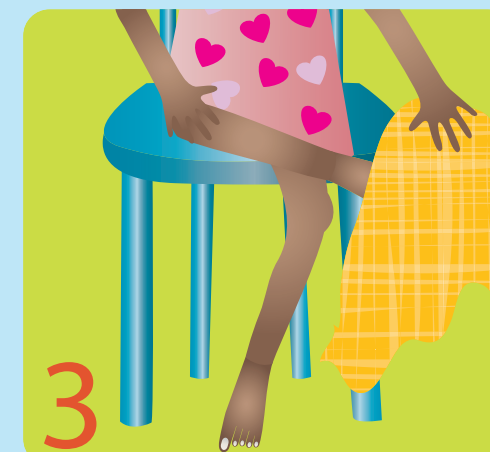
Keep your nails short and clean



Put your feet up to rest



Wash your feet everyday



Dry your feet properly



Put lotion on your feet



Be active



17 Living with diabetes



Reduce your insulin if you will be more active than usual.



Reduce your insulin if you will be walking long distances.



Reduce your insulin if you eat less food or no food.



Increase your insulin if you will be eating more than usual.



Activities are not always planned, and if you are more physically active than normal, without planning for it, you should eat foods or drink liquids that are rich in sugar.

