

Age-Related Guidelines for Diabetes Responsibilities

Every child is different.

Age by itself does not tell you when a child is ready for more diabetes responsibility.

Most children will want to do tasks that they are ready to do.

It is important for them to have a sense of accomplishment.

How will my child do depending on how much I let him/her do his/her own diabetes care?

- If your child has been given **the right amount** of responsibility and also **the right amount** of adult supervision, his knowledge of diabetes should be **good**, his adherence* to his diabetes plan should be **good**, his blood sugar control should be **good**, and he should be hospitalized **infrequently**.
- If your child has been given **too much** responsibility and **not enough** adult supervision, his adherence to his diabetes plan may be **poor**, his blood sugar control may be **poor**, and he may be hospitalized **frequently**.
- If your child has **not been given enough** responsibility and also has **too much** adult supervision, his knowledge of diabetes may be **poor**.

*Doing what he/she is supposed to do

Why does my child need to have more responsibility?

- Develop self-confidence
- Learn his/her own limitations
- Be prepared for becoming an adult living on his/her own

What to think about when giving your child more responsibility:

- Your child's **understanding** of diabetes
- Your child's **interest** in having more responsibility
- Your child's **actual performance** of diabetes tasks
- Your child's overall **maturity**



Teamwork and Shared Responsibility lead to better diabetes control!

Age-Related Guidelines for Diabetes Responsibilities

Less than 5 years old:

- Parent does most tasks
- Child's job is to cooperate
- Child can
 - Learn how to help check blood sugar (insert test strip, clean finger)
 - Learn to help with insulin (count to five before taking out syringe/pen)
 - Learn to recognize low blood sugar symptoms



6-11 years old:

- Parent begins teaching child how to do more tasks
- Parent always supervises and is ready to step in
- Child can
 - Start making some independent food choices
 - Learning basic carb counting
 - If using an insulin pump, do boluses with supervision
- It is OK for the child to ask parent to do any diabetes tasks (give an insulin shot)
- Parents can begin teaching child about long and short term complications



12-14 years old:

- Parents still watch all tasks and provide guidance in a calm and non-judgmental way and provide guidance as needed
- Parent works to limit conflict, helps teen to set goals and problem-solve
- Parents and teens work together to fill out and review the blood sugar log
- Young teens can
 - Begin doing most shots, insulin pump management, and blood sugar checks
 - Count carbs and make appropriate food choices
- Some teens may not be ready at this age
- Parents still supervise diabetes care



15-18 years old:

- Parents should continue to review the log book, meter, or insulin pump download with teen and provide feedback in a calm and non-judgmental way
- Parent can “fade out” monitoring over time, but should step back in if control worsens and ask teen “What can I do to help?”
- Older teens can
 - Begin doing most tasks independently
 - Be increasingly responsible for communicating with the health care team
 - Prepare with parent to transition to an adult healthcare provider
- Some teens may continue to need extra help – give them permission to ask for help



Schwartz, D. (2013). Psychosocial Risk Screening for Children Newly Diagnosed with Type 1 Diabetes: Clinician Training Manual. Children's of Alabama. Age related guidelines for diabetes: What to look for in children with diabetes.

https://www.childrensal.org/workfiles/clinical_services/endocrine/Age%20Requirements%20Diabetes2014.pdf

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