Guideline for optimizing glycaemic control

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<th>Amendments</th>
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<td></td>
<td>January 2014</td>
<td>New Guideline</td>
<td>Whole document review – no changes</td>
<td>Paediatric Guideline Group</td>
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<td></td>
<td>March 2018</td>
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Compiled by: Anne Lyddall and Rebecca Morello

In Consultation with:

Ratified: Paediatric Guidelines Group

Date Ratified: January 2014

Date Reviewed: March 2018

Next Review Date: March 2021

Target Audience: Doctors, nurses and support staff working in Paediatrics

Impact Assessment Carried Out By:

Comments on this document to: Dr Bhatti and Dr Baksh Consultant Paediatrician
Aim

For all children and young people to achieve a glycaemic control of less than 58mmol/mol. We recognise that this can be challenging for many children and young people (CYP) whether they are on insulin injections or continuous subcutaneous insulin infusion (CSII) therapy. The reduction in HbA1c may be gradual but any improvement should be noted and reinforced as a positive step. For children that have a HbA1c higher than 53mmol/mol we will offer education; support and emotional / psychological input.

Education

To ensure the CYP understand the following:
• Insulin action
• Importance of blood glucose testing
• Correct techniques for blood glucose testing and insulin administration
• Insulin titration
• Importance of site rotation (injections or cannulas)
• Carbohydrate counting/ratio testing for accuracy
• If the CYP is on CSII therapy to offer them advanced pump therapy education
• Encourage attendance at evening education meetings
• Direct CYP to appropriate online forums and information websites

Support

To offer the CYP the following:
• The correct equipment to help them e.g. looking at advanced meters such as dose advisors
• Appointment at a pump information meeting
• CSII therapy if appropriate
• Continuous glucose monitoring as a visual/education tool as well as for optimising control
• Encourage attendance at the family support group meetings
• Increased contact either by the CYP attending regular nurse led clinics or via telephone/email contact.
• School contact and visits if there are any issues at school and to provide on-going education for the staff.
• Ensuring the CYP is on the appropriate insulin regime for their lifestyle
• Home visits if more one to one time needs to be spent on education and support
• Encouraging the CYP to download their blood glucose readings/insulin pump wherever possible for review and educate the CYP to understand their own downloads. If this is not possible encouraging verbal/written communication of results.

Emotional/psychological input

• The CYP and family to be referred to the psychologist if appropriate
• Encourage attendance at the family support group meetings
• If the CYP is on CSII therapy consider a pump holiday
• Encourage attendance at Diabetes UK holidays or family weekends