

My diabetes handbook

Information and advice for children with type 1 diabetes and their parents

Paediatric diabetes

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Your paediatric diabetes team

Our paediatric diabetes team is made up of:

- Consultant paediatricians (specialist children's doctors)
- Paediatric diabetes specialist nurses
- Paediatric dietitians
- A paediatric clinical psychologist

How can I contact the diabetes team?

You can phone someone from the paediatric diabetes team any time (day or night), if you or your parents or carers are worried.

Monday - Friday, 9am - 5pm contact your paediatric diabetes nurse:

- **Lizbeth Hudson**
07979 756 463
- **Rachael Jones**
0121 507 3476 or 07977148210
- **Marian Abdi**
0121 507 3476 or 07989233639
- **Charlotte Powell**
0121 507 3476 or 07528969853
- **Summer Vallender**
0121 507 3476 or 07896425172

If you have an urgent query at the weekend, after 5pm on weekdays, or if you are unable to contact the paediatric diabetes nurses:

Call the hospital switchboard on 0121 553 1831, hold to speak to the operator and ask them to bleep the 'paediatric registrar on-call'.

Other contact numbers for less urgent queries:

- **Dr M Bandhakavi (Service Lead/Consultant Paediatrician)**
Secretary Angela Ruiz Morales 0121 507 4608, angela.ruizmorales@nhs.net
- **Dr C Avann (Consultant Paediatrician)**
Secretary Rebecca Holloway 0121 507 2961, rebecca.holloway2@nhs.net
- **Dr M Ayya (Consultant Paediatrician)**
Secretary Julie Oliver 0121 507 3358, julie.oliver1@nhs.net
- **Dr Ash Reynolds (Paediatric Clinical Psychologist)**
Secretary Julie Oliver 0121 507 3358, julie.oliver1@nhs.net
- **Dietitians**
Jordan Lofts
0121 507 4486 option 2

When and where will I see the diabetes team?

When we first found out you had diabetes, you will have had to stay in hospital for a short time. This was so we could teach you and your parents about diabetes. The diabetes team will now carry on seeing you at home and at hospital appointments.

At home

The diabetes nurse will come to see you and your parents at home. They will see you quite often at first until you and your parents feel more confident in managing your diabetes. The dietitian will see you face to face in clinic or offer telephone appointments.

When you see them, the nurse and dietitian will teach you about managing diabetes and answer any questions you have.

The diabetes nurse will also visit school to talk to your teacher and other staff about diabetes.

At the hospital

You will also need to come back to the hospital for appointments. At first you will need to come quite often, but when you are controlling your diabetes well you will only need to come every 3 months. You will also have a review appointment once a year near your birthday.

If you are 16 years old or younger your hospital appointments with the diabetes team will be on one of these days:

- Tuesday afternoons, 2pm - 5pm (Sandwell hospital)
- Wednesday mornings, 9am - 1pm (City hospital)

If you are aged 16 - 18 we will see you in the young adult diabetes clinic on one of these days:

- The 1st Tuesday of each month, 9am - 1pm (Sandwell hospital)
- The 4th Wednesday of each month, 9am - 1pm (City hospital)

If you or your parents need an interpreter for your appointments please contact the paediatric diabetes nurses in plenty of time before the appointment so this can be arranged.

What happens at the hospital appointments?

At your appointments you will see the consultant, dietitian and nurse, and might also see the psychologist. Because you need to see all these people, your appointment can take quite a long time, but it means that you don't have to have lots of appointments to see them all separately.

At 3 monthly clinics you will:

- Have a finger prick blood test to check how well you have been controlling your diabetes overall. This test is called the HbA1c test.
- Have your height and weight measured.
- Be able to talk to the team about any problems with your diabetes, and ask questions.

At your review appointment that happens once a year you will:

- Have your height and weight measured.
- Have your blood pressure checked.
- Be examined thoroughly and have your feet checked. Have a blood test to check:
 - Your overall diabetes control (HbA1c).

- How well your thyroid gland is working (this gland is in your neck and affect how your body uses energy).
- For coeliac disease (a condition where you can't eat foods that have gluten in them because this makes you poorly).
- How well your kidneys are working.
- The amount of cholesterol (a type of fat) in your blood.

If you are 12 years or older you will need to bring in an early morning sample of your urine (wee) so that it can be tested for little proteins in it (micro albuminuria), as this helps us to see if diabetes has affected your kidneys.

If you are 12 years or older you will also need to go to your local optician to have diabetes eye checks once a year.

Education and social events

The hospital diabetes team run education and social events for you and your parents/carers to come along to. It is good for you to come to these to meet other children and families coping with diabetes and to learn more about your condition.

Living with diabetes

What is diabetes?

Diabetes is a condition where your body can't use glucose properly. Glucose is a type of sugar that is in some foods. The cells in your body need glucose because it gives them energy so they can work properly.

There are different types of diabetes. The type you have is called Type 1 Diabetes.

This is what happens when people who don't have diabetes eat food:

1. The glucose (sugar) in their food moves from their stomach into their blood. This makes the level of glucose in their blood high.
2. The pancreas, which is a part of your body that is near your stomach, knows that the level of glucose in the blood is high so it makes insulin.
3. Insulin helps glucose get into the cells so the cells can do their jobs.

This is what happens when you and other people with type 1 diabetes eat food:

1. The glucose in your food moves from your stomach into your blood. This makes the level of glucose in your blood high.
2. Your pancreas isn't working properly so doesn't make insulin.
3. The glucose can't go anywhere and stays in your blood. This means the cells can't do their jobs properly and you can become very poorly.

Why have I got diabetes?

You have got diabetes because the cells in your body that would normally make insulin aren't working properly because they have been damaged. This happens because your body has

reacted and destroyed these cells. We don't always know what makes your body react like this, but sometimes it is because of an infection you had, especially if you are more likely to develop diabetes because of the genes you have inherited (had passed down) from your parents.

What are the symptoms (signs) of diabetes?

Before you found out you had diabetes you might have had some of these signs:

- Feeling thirsty
- Needing to wee a lot
- Feeling tired
- Getting skinnier
- Things looking blurry
- Feeling itchy from where you do a wee

What treatment do I need for my diabetes?

The treatment for type 1 diabetes is:

- Taking insulin
- Having a healthy diet
- Doing exercise and activities

You need to take insulin because your body isn't making its own insulin. Taking insulin will mean that the glucose in your blood can get into your cells so they can work properly.

Sometimes when you take insulin, you could take too much. This could make your blood glucose level too low and you will need some glucose to bring it back to normal. You might also not take enough insulin which would make your blood glucose level too high.

Checking your blood glucose level

You will also need to check how much glucose is in your blood – this is called your blood glucose level or blood sugar level. You need to do this to make sure that you are having the right amount of insulin. You will need to test your blood glucose level at least 4 times a day:

1. before breakfast
2. before lunch
3. before your evening meal
4. before bed

Your diabetes nurses will teach you and your parents how to do this. Your blood glucose level should be between 3.9 and 7mmol/L before you have a meal - this is called your 'target range'. After you have had a meal your blood glucose level should be less than 10mmol/L. Mmol/L means the amount (mmol) of glucose in 1 litre of your blood (/L).

Some children might be given a different target range. Your blood glucose level target range will be written in your record at the back of this book.

When you check your blood glucose level it is a good idea to write the result down in a diary, so we can see any patterns.

Insulin treatment

How insulin is taken (insulin regimens)

There are 2 main ways people take insulin (insulin regimens):

1. **Injections of insulin** - we call this 'multiple daily insulin injection therapy', or the 'Basal bolus regimen'.
2. **An insulin pump** - we also call this 'continuous subcutaneous insulin infusion therapy (CSII)'. The pump is a little device that you carry round with you. It gives you insulin constantly through a little plastic tube (called a cannula) under your skin. If you have your insulin this way you and your parents will get more information about this separately.

Multiple daily insulin injection therapy (Injections of insulin)

If you are having injections of insulin (multiple daily injection therapy, or the basal bolus regimen) you will need to have:

1 injection of Lantus insulin at bed time. This is your basal insulin. This insulin works for 24 hours to make sure you always have some insulin in your body. You need to have this insulin at the same time every day. You must always take this insulin.

AND

Injections of Apidra or Novorapid insulin (called insulin analogues) before you have a meal.

This is your bolus insulin. This insulin works quickly to keep your blood glucose level in the normal range after food.

You will have been told how much insulin you need to take each time to keep your blood glucose level in your target range. Your diabetes team will also write it in the back of this book for you.

- The Lantus (basal) injection you have at bedtime is responsible for your blood sugar level before you have breakfast.
- The Apidra or Novorapid (bolus) injection you have before breakfast affects the blood sugar level you have before lunch.
- The Apidra or Novorapid (bolus) injection you have before lunchtime affects the blood sugar level you have before teatime.
- The Apidra or Novorapid (bolus) injection you have before teatime affects the blood sugar level you have before bedtime.

If you have one of your bolus (Apidra/Novorapid) injections before a meal but then you have to wait too long to eat it you might need to eat a snack while you are waiting. Your dietitian will tell you and your parents more about this.

What to do when your blood glucose level is too high or too low

If your blood glucose level is higher than your target level you will need to give yourself an extra dose of your bolus (Apidra or Novorapid) insulin. This is called a **correction dose**. Your diabetes team will tell you what your correction dose is and will write it in your record at the back of this book.

If your blood glucose levels are too high or too low at the same time each day for 3 days then you need to adjust your insulin doses and call the diabetes team or get your parents to call them.

How to adjust your insulin doses

First thing in the morning:

- If your blood glucose level is **high** (above 7mmol/L) for 3 days, you need to have an extra 1 - 2 units of Lantus at **bedtime**.
- If your blood glucose level is **low** (below 3.9mmol/L) for 3 days, you need to have 1 - 2 units less of Lantus at **bedtime**.

Before you eat your lunch:

- If your blood glucose level is **high** for 3 days, you need to have an extra 1 - 2 units of Apidra or Novorapid before **breakfast** the next day.
- If your blood glucose level is **low** for 3 days, you need to have 1 - 2 units less of Apidra or Novorapid before **breakfast** the next day.

Before you eat your tea:

- If your blood glucose level is **high** over 3 days, you need to have an extra 1 - 2 units of Apidra or Novorapid before **lunchtime** the next day.
- If your blood glucose level is **low** over 3 days, you need to have 1 - 2 units less of Apidra or Novorapid before **lunchtime** the next day.

Before you go to bed:

- If your blood glucose level is **high** for 3 days, you need to have an extra 1 - 2 units of Apidra or Novorapid before **evening meal** the next day.
- If your blood glucose level is **low** for 3 days, you need to have 1 - 2 units less of Apidra or Novorapid before **evening meal** the next day.

Very little children need to change add and take off less units than these. Your diabetes team will talk to you and your parents about this.

Food and diabetes

Eating healthy foods is an important part of your treatment for diabetes. It will help you control your blood glucose levels and means you are less likely to get other illnesses.

You don't have to follow a special diet but should:

- Eat regular meals e.g. breakfast, lunch and an evening meal.
- Eat normal healthy foods.
- Eat different types of foods.
- Not have too many sugary foods and drinks.
- Not have too much fried or fatty foods.
- Avoid special diabetic foods because these are high in calories and expensive.
- Eat more high fibre foods – fruit and vegetables.

The amount of carbohydrate in the food you eat affects your blood glucose level. We will teach you how to count the amount of carbohydrate in your food so that you can have better control of your blood glucose level.

The leaflet 'Healthy eating for young people with diabetes' has a lot more information about the types of foods you should eat more of and the ones to eat less of. Your dietitian will also talk to you and your parents about this.

Complications of diabetes and how to prevent them

Hypoglycaemia

Hypoglycaemia is when your blood glucose (sugar) level is too low. There should be between 3.9 and 7 mmol/L of glucose in your blood so that your body can work normally. If there is less than 3.9mmol/l of glucose in your blood this is hypoglycaemia (also called a 'hypo'). When this happens, your body does not have enough energy to carry out its activities.

Why does hypoglycaemia happen?

Hypoglycaemia happens when you have too much insulin in your body. This can happen because:

- You have taken your usual dose of insulin but have eaten less carbohydrate than usual or missed a meal.
- You have taken your usual dose of insulin but have done more exercise than usual.
- (If you are old enough) have drunk alcohol without having something to eat.

What are the symptoms (signs) of hypoglycaemia?

Mild hypoglycaemia

If hypoglycaemia is mild (your blood glucose level is a bit low) you might not have any symptoms and will only know you are having a hypo when you check your blood sugar level

However you might:

- feel hungry
- feel shaky
- be sweaty
- feel moody
- look pale
- have a fast heart beat
- feel your heart beating
- have tingly lips

Moderate hypoglycaemia

If your blood glucose level is quite low this is 'moderate hypoglycaemia'. If you have this, you might:

- find it hard to concentrate
- become confused
- behave strangely - a bit like you are drunk!
- feel sleepy

Severe hypoglycaemia

If your blood glucose is very low you might collapse or have a fit.

The level of hypoglycaemia can also be divided according to your blood glucose levels

Level 1 hypoglycaemia (also called alert level)

This is if your blood glucose is between 3-3.9mmol/l

Level 2 hypoglycaemia (clinically significant level)

This is if your blood glucose is less than 3mmol/l. It is very important to always treat blood glucose in the level 2 range and act to avoid having glucose levels in this range

Level 3 hypoglycaemia

This is if you have a hypoglycaemic coma or fit

How do I know if I have hypoglycaemia?

If you have any of the symptoms of hypoglycaemia you should check your blood glucose level. If it is below 3.9mmol/L then you have hypoglycaemia (you are having a hypo).

What treatment do I need for hypoglycaemia?

If you have hypoglycaemia you need treatment with glucose to bring your blood glucose level back up to 3.9mmol/L or more. If you don't have the treatment you will get worse and will become unconscious.

Mild hypoglycaemia

If you have mild hypoglycaemia you will need to:

1. Take 3 dextrose tablets or have half a glass (120mls) of Lucozade (some children might need to have more or less than this – your diabetes team will tell you the exact amount when you are first diagnosed according to your weight. This may change depending on how you respond to the treatment).
2. Wait 10 minutes and check your blood glucose again.
 - If it is still low then take another 3 tablets of dextrose or a half of a glass (120mls) of Lucozade, wait 10 minutes and check your blood glucose again.
 - For those treated with insulin injections, if the blood glucose is getting higher then eat some toast, biscuits, or a cereal bar, if you should be having a meal at this time, then eat your meal. This is to prevent a rebound hypoglycaemia.
 - If you are using the insulin pump then you do not need to have extra carbohydrates.

It is important that you do not go to bed if your blood glucose level is low, you must make sure it has come up above 3.9mmol/L.

Moderate hypoglycaemia

If your hypo is more severe you need to put glucogel, honey, treacle, or jam on the inside of your cheeks and then gently massage the outside of your cheeks. You should feel better after 10 – 15 minutes. Make sure you check your blood glucose level again after 10 minutes.

Severe hypoglycaemia

If you are unconscious someone will need to put you in the recovery position and give you an injection of glucagon. Glucagon will bring your blood glucose level up.

Only people who have been trained to give the injection should give it. If there is nobody

around who has been trained to give the injection, an ambulance should be called.

It is important that nobody tries to put food or drink or glucogel, in your mouth if you are unconscious, as this could make you choke.

How can I prevent a hypo?

- Check your blood glucose level regularly so you know if it is getting low.
- Know what the symptoms of a hypo are so you can do something about it early and stop it getting worse.
- Eat regularly and don't miss meals.
- Eat some carbohydrate before and after you do any exercise.
- If you are old enough to drink alcohol you should not drink too much, should avoid alcopops, and should eat a snack after drinking it.
- If you are ill and can't eat properly you are more likely to have a hypo so will need to check your blood glucose level more often and should drink small amounts of drinks that have sugar in them to prevent your blood sugars from dropping.

Be prepared

Make sure you are always prepared for a hypo:

- Always have dextrose tablets, a bottle of Lucozade and glucogel at home and at school.
- Always carry some dextrose tablets or a carton of fruit juice with you.
- Check your glucagon injection is in date.
- Carry some identification with you that says you have diabetes so people can give you the right help quickly.
- Make sure your friends and family know about your diabetes, the symptoms of a hypo and what to do.

Diabetic Ketoacidosis (DKA)

Diabetic ketoacidosis is when you have ketones in your blood, which make your blood acidic. This is extremely dangerous and can be life-threatening.

Why does diabetic ketoacidosis happen?

DKA happens when your blood glucose levels stay high. Because the glucose in your blood is not going into your cells to be used for energy, the cells have to get energy from somewhere else. Your body then starts to break down its store of fat for energy instead. When the fat store is broken down for energy, this produces ketones which get into your blood.

Your blood glucose levels can stay high if you are not taking enough insulin at the right times. They can also stay high when you are ill because your body might need more insulin than usual when you are ill.

What are the symptoms (signs) of DKA?

There are 2 stages of DKA. Stage 2 means the DKA is worse and you are more unwell.

When you have stage 1 DKA you might:

- feel thirsty more than usual
- need to wee a lot
- feel tired
- have ketones in your wee or blood

When you have stage 2 DKA you might:

- feel sick
- be sick
- breathe deeply and quickly
- have breath that smells like pear drop sweets
- feel sleepy
- lose consciousness (collapse)

How do I know I have DKA and what should I do?

If you have the symptoms of DKA you should check your blood glucose level and the level of ketones in your blood (your nurse will have shown you how to do this). The table below shows you what the blood ketone level results mean and what you need to do:

Level of ketones in your blood

What you should do if blood glucose is high and Ketones are:

1. Less than 0.6mmol/L

- This means you do not have high ketones in your blood but If your blood glucose level is higher than your target level, have your correction dose of insulin (extra insulin).

2. 0.6 to 1.5mmol/L

- This means you have high ketones in your blood. If your blood glucose is higher than target, then have your normal correction dose of insulin (or 10% of your total daily dose) immediately.
- Check your blood glucose and blood ketones levels again in the next 2 hours and have another correction dose if your blood glucose is still high.
- Drink plenty of sugar free fluids.

3. More than 1.5 mmol/L

- This means that you have extremely high ketone levels in your blood. You could develop DKA.
- Give double your correction dose (or 20% of your total daily dose) immediately.
- Recheck your blood glucose and blood ketones every 2 hours and give another correction dose if required
- Drink plenty of sugar-free fluids.
- Call the Diabetes team.

If your blood glucose is higher than target, you are vomiting and have ketones more than 0.6 mmol/l then you probably have DKA and need emergency treatment.

- Give double your correction dose

- Dial 999 for an ambulance or go to A&E immediately.
- Ring your diabetes team too (or get your parents to).
- Drink some sugar-free fluids.

If you have DKA you need treatment in hospital. You will be given some fluids through a little tube into one of your veins and will be given insulin to bring your blood glucose levels back to normal.

This treatment will bring your blood glucose levels back down so that your body doesn't keep producing ketones. If you don't have treatment for DKA this can be life threatening.

Please note that if your blood glucose is normal and you have high ketones then this is not DKA but starvation ketones so please drink plenty of fluids and continue checking your levels until it resolves.

How can I prevent DKA?

Check your blood glucose level regularly so you know if it is getting high.

If your blood glucose level is high, have your correction dose of insulin (extra insulin) to bring it back down, so that it doesn't stay high and cause DKA.

Know what the symptoms of DKA are so you can do something about it early and stop it getting worse.

If you are unwell you are more at risk of DKA so should check your blood glucose levels more often and check your blood or wee for ketones.

Be prepared

Carry some identification with you that says you have diabetes so people can give you the right help quickly.

Make sure your friends and family know about your diabetes, the symptoms of DKA and what to do.

What to do when you aren't very well

When people with diabetes aren't very well, they are more likely to have a hypo or DKA, so should follow the 'sick day rules' below.

Sick day rules:

1. Test your blood glucose levels more often e.g. every 2 hours.
2. Test your blood for ketones. See above on advice on how to interpret your blood ketone results when blood glucose is high. Call the diabetes team for advice if unsure.
3. Drink extra sugar-free fluids throughout the day.
4. If your blood glucose levels are high, have your insulin correction dose depending on your blood ketone level (see above).
5. If you are being sick or can't eat properly and your blood glucose levels are low or normal, drink small amounts of fluids containing sugar to prevent your blood glucose from dropping too low.
6. **Note: sometimes you may have high Ketones (>0.6mmol/l) when your blood glucose is low (less than 3.9mmol/L). These are called Starvation ketones. In that case please**

continue to drink fluids with sugar until your blood glucose improves. Repeat BG and ketones in 2 hours. Repeat above steps again. If remains unchanged after 4 hours, then seek urgent advice

7. If you are being sick a lot and can't keep any food or drink down contact the diabetes team straight away.
8. If you aren't sure what to do or are worried, phone the diabetes team for help and advice as soon as possible.

Damage diabetes can cause to your body

If your blood glucose levels aren't managed well and are too high or low too often some parts of your body could become damaged. The parts of your body that are most likely to become damaged are your:

- **eyes**
- **kidneys**
- **nerves**
- **blood vessels**

If your **eyes** become damaged you might have problems seeing, or could even become blind.

The medical term for damage to your eyes is retinopathy.

If your **kidneys** become damaged, they might not be able to get rid of waste from your body properly, or could make your blood pressure high. The medical term for damage to your kidneys is nephropathy.

If your **nerves** become damaged you might get pain, weak muscles and not be able to feel things properly. The medical term for damage to your nerves is neuropathy.

If your **blood vessels** become damaged this could lead to problems with your heart, problems with getting enough blood to the muscles in your legs or a stroke (which affects your brain).

How can I prevent this damage to my body?

The damage is caused by diabetes not being well-managed, so the best way of preventing it is to make sure your diabetes is well- managed. To do this you need to:

- Try to keep your blood glucose levels between 3.9 and 7mmol/L before you eat a meal.
- Aim to have an HbA1c of less than 6.5% (48mmol/mol). HbA1c shows how well you have been managing your blood glucose levels over a long period of time.
- If your blood glucose levels are high or low for a few days, or you are finding it hard to manage your blood glucose levels, contact your diabetes team so they can help.

It is also important that when you are old enough you don't smoke because smoking makes damage more likely to happen.

Useful Information and Services

Citizen Advice Bureau

Can support you with completing relevant paperwork for DLA

Telephone:

Birmingham - 0808 278 7990 -

Sandwell and Walsall - 0808 278 7812

Birmingham Carers Centre

Birmingham Carers Centre provides support, information and advice to people who care for friends and family with disabilities.

Tel: 0121 262 3033

Monday - Friday, 9am - 4.30pm

Health watch

Health watch organisations are independent organisations that help people have their say about local health and social care services. They find out what matters to people and help make sure their views shape the support they need.

Healthwatch Birmingham

08006 525 278

<https://healthwatchbirmingham.co.uk/>

(Accessed 30 January 2024)

Sandwell LINK

0121 569 7210

<https://www.healthwatchsandwell.co.uk/>

(Accessed 30 January 2024)

Email: info@healthwatchsandwell.co.uk

Diabetes UK

Diabetes UK provides information about diabetes for everybody.

<https://www.diabetes.org.uk/> (Accessed 30 January 2024)

Helpline: 0345 123 2399, Monday -Friday 9am -6pm

Email: helpline@diabetes.org.uk

Download the Healthzone App



JDRF (Juvenile Diabetes Research Foundation)

Information about diabetes for children and teenagers.

<https://jdrf.org.uk/information-support/>

(Accessed 30 January 2024)

Financial support

Children with diabetes may be eligible for the care component of Disability Living Allowance (DLA), for help with personal care needs and 'extra looking-after'. DLA is a non means tested, tax-free benefit. You can apply for DLA 3 months after your child has been diagnosed with diabetes, not before this time. The amount of DLA your child gets will depend on how much extra care they need.

You can apply for DLA in 3 ways:

- Online: <https://www.gov.uk/disability-living-allowance-children> (Accessed 5 September 2023)
- Downloading a claim form: <https://www.gov.uk/government/publications/disability-living-allowance-for-children-claim-form> (Accessed 5 September 2023) and posting it back.
- Calling the Disability Living Allowance helpline on:
Telephone: 0800 121 4600; Text phone: 0800 121 4523
NGT text relay (if you cannot hear or speak on the phone):
18001 then 0800 121 4600 Monday to Friday, 8am to 7.30pm and asking for a child DLA claim pack.

Spiritual support from the hospital

A team of Spiritual Care Chaplains, Specialist Faith Chaplains and volunteers are available to listen to you and help you explore your experiences and feelings. The team are there for all people, regardless of their beliefs. They can also offer help with prayer, spiritual counselling, or other religious practices.

Members of the team come from a variety of traditions and beliefs, including the Church of England, the Free Churches, Hinduism, Islam, Roman Catholicism and Sikhism. The team can also try to put you in touch with representatives from other traditions and communities.

City hospital Chaplaincy: 0121 507 4055

Sandwell hospital Chaplaincy: 0121 507 3552

Other useful contacts

Sharps bins

If you are using insulin injections you will be given some sharps bins by the hospital, one for home and one for school. When your bin is full your parents should contact the correct number for where you live, (who you pay your council tax to) see below, to arrange for it to be collected and replaced with a new one. They will need to do this each time a bin is full.

Collection

If you live in Sandwell: SERCO - 0121 507 6886

Replacement is supplied by the GP

If you live in Birmingham: 0121 303 1112 replacement supplied when full bin is collected.

When to contact the diabetes team

You, or your parents or carers should contact the diabetes team if:

- You or they are worried and need to talk or ask questions about your diabetes.
- Your blood glucose levels are under 3.9mmol/L for 2 or 3 days in a row.
- You have a hypo but don't know why.
- Your blood glucose levels are higher than your target level for 3 days in a row.
- Your blood glucose level is high and does not appear to be coming down with correction doses
- There are ketones in your blood
- You don't feel well or are being sick.
 - (Please note that if your blood glucose is above target and you are being sick with high ketones (>0.6mmol/l) then you most likely have DKA, GIVE YOUR CORRECTION DOSE, follow sick day rule and call for help. Your child may need an ambulance to come to the hospital
 - If you are being sick but your blood glucose is within target and no ketones then you probably have a tommy bug. Try and see if your child can tolerate liquids little and often, if they can't then you will need to bring them to hospital

Your personal record

Date	Your target blood glucose is	Your correction dose is	Your insulin doses are

Date	Your target blood glucose is	Your correction dose is	Your insulin doses are

Date	Your target blood glucose is	Your correction dose is	Your insulin doses are

Further information

For more information about our hospitals and services please see our website [www swbh nhs uk](http://www.swbh.nhs.uk), follow us on X [@SWBHnhs](https://twitter.com/SWBHnhs) and like us on Facebook [www facebook com SWBHnhs](https://www.facebook.com/SWBHnhs).

Concerns, complaints, compliments

If you have a concern, complaint or compliment and want to talk to someone, please call 0121 507 5836, 10am – 4pm, Monday – Friday

Email: swb-tr.pals@nhs.net

If you would like to suggest any amendments or improvements to this leaflet please contact SWB Library Services on ext 3587 or email swbh.library@nhs.net.



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