



Do you have a child with Type 1 Diabetes?



You are not alone.

Many children in Canada inject to manage their diabetes. Injecting isn't difficult. It's easy to learn. It's quick and more comfortable than you would think. Your approach with your child, will greatly affect how quickly they adjust. If you are anxious and frightened about giving your child a needle they will also be anxious and frightened.



- Prepare the injection out of sight.
- Approach your child in a matter-of-fact manner, stating that it is time for "insulin". Do not use the word "needle".
- Offer a simple explanation as to why he or she needs insulin. For example: to help you grow and be strong.
- Tell your child that sometimes insulin stings for a brief moment, but their job is to stay still.
- Restrain your child if necessary.
- Avoid negotiating and bribing and deliver the injection quickly.
- Give your child a hug and kiss when completed.

Helpful tips



Tips for toddlers, preschoolers and early school-aged children:

- Try to keep your child distracted while giving the injection. For example: watching T.V., playing with your phone, wiggling toes, counting, blowing bubbles or finding objects in a picture.
- Let your child help prepare the injection. For example: mixing the cloudy insulin, screwing on the pen needle, and doing the 2 unit "air shot" with the insulin pen.

- Pretend that one of their stuffed animals or dolls has diabetes and let her give it injections with a syringe that has the needle cut off or an insulin pen without a pen needle attached.
- Use a sticker chart to encourage your child to hold still for injections. After he has earned a certain number of stickers you might want to offer a small reward such as a coin or a pack of sugar free gum.

Note: give a reward for 3-5 stickers for a 3 year old and 5-8 for a 5 year old.



Did you know?



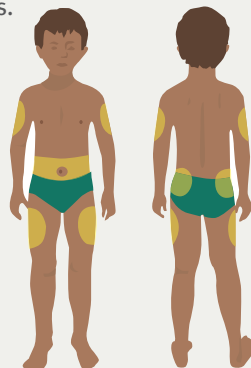
If injecting themselves:

- Small children do not have much surface area at injection sites. If injections are given in limited spots, fatty lumps may form. These lumps are called lipohypertrophies. Lipohypertrophy can become unsightly looking and insulin is poorly absorbed from them.

To prevent lipohypertrophy:

- Inspect and feel your child's injection sites on a regular basis and ensure that your doctor or diabetes educator does so at each visit.

- Ask your doctor or diabetes educator to help you identify other potential injection sites.



- Do not ask your child where she would like to have her injection as she will likely favour only a few spots. Use at least 2, but preferably 3, areas on the body for injecting insulin. For example: buttocks, abdomen and legs.
- If your child is anxious about trying new sites, consider using a sticker chart when a new site is used and offering a bravery award after a certain number of stickers are earned.
- Most importantly, do not let your child "call the shots" on where insulin is to be given

1. Lo Presti D, et al. Skin and subcutaneous thickness at injecting sites in children with diabetes: ultrasound findings and recommendations for giving injection. *Pediatric Diabetes* 2012; 13(7): 525-33

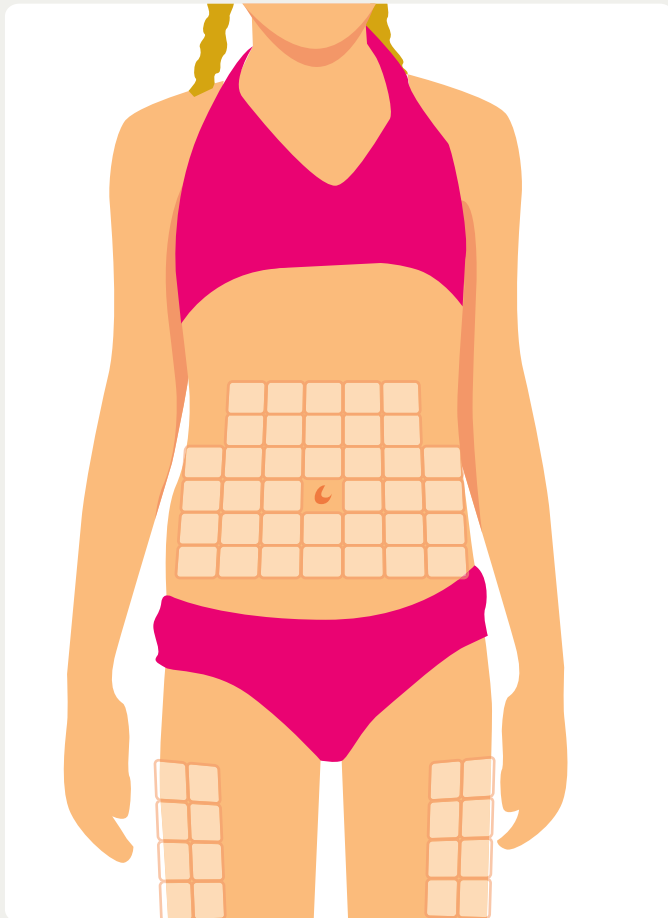
2. Howe CJ, Ratcliff SJ, Tuttle A, Dougherty S, Lippman TH. Needle anxiety in children with type 1 diabetes and their mothers. *Maternal Child Nursing* 2011; Jan/Feb: 25-31.

3. Patton SR, Eder S, Schwab J, Sisson CM. Survey of insulin site rotation in youth with type 1 diabetes. *Journal of Pediatric Health Care* 2010; 24, 365-371. 4. Berard L, et al. FIT Forum for Injection Technique Canada. Recommendations for Best Practice in Injection Technique. October 2011.

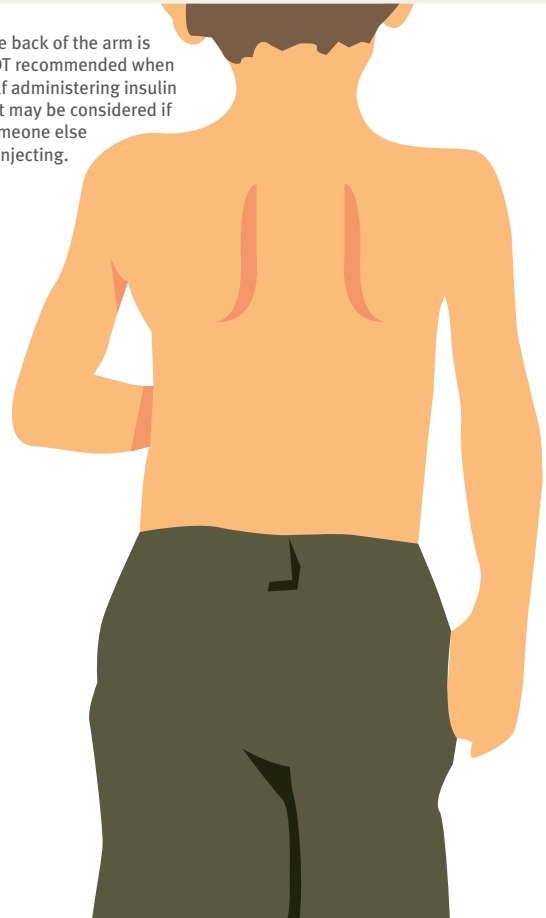




Up, Down and All Around Chart



The back of the arm is
NOT recommended when
self administering insulin
but may be considered if
someone else
is injecting.



Ideas for Use:

1. Reward your child with a sticker for holding still for an injection.
2. Put an "X" through any lipohypertrophies (lumps).
3. Reward "bravery" stickers for trying new injection sites.

Notes:
