Sick Day Advice

Winter is here and it is a time when people everywhere will be spending more time indoors like at home, at school, while shopping, while playing indoor sports, etc. This puts them in close quarters with many other people, like their families, which unfortunately exposes them to a lot of germs. The best ways to prevent getting sick are washing your hands regularly, eating healthy foods, getting enough rest, receiving the influenza vaccine and reducing stress. If you find you or your child with diabetes has not avoided those germs and has gotten sick, there are some guidelines to follow.

When children with diabetes get sick, they are at greater risk for developing diabetic ketoacidosis (DKA). DKA is potentially fatal if left untreated. It occurs when ketones build up in the blood, which changes the acid level of the blood. When the acidity reaches a dangerous level, organ damage can occur. Ketones also can cause severe dehydration.

Any time your child is sick enough to stay home from school, they are sick enough to follow sick day guidelines. On sick days it is necessary to check your child’s blood sugar every 1 to 2 hours and check the blood or urine for ketones. Insulin will need to be given even if the child is not eating normal amounts of food. Your child will need to drink enough fluids to stay hydrated. A sick child should never be left alone.

Insulin doses are based on the blood sugar and ketone levels. Most children will require some, if not all, of their basal dose (Lantus, NPH) in order to keep ketone levels down. You could also give your child supplemental doses of fast acting insulin between their normal dosing times to manage their blood sugar and ketone levels. Most children will need at least 3 to 4 ounces of fluid while awake (about 16 hours worth) in order to stay hydrated. Signs of dehydration include dry mouth, crying without tears, sunken eyes, and a decrease in urination. The guidelines include whether the fluids should contain sugar or not.

If your child is vomiting and you are unsure of what to do, contact the Diabetes Clinic and have the diabetes doctor or nurse on call paged. Take your child to the emergency room if your child has moderate or large ketones that remain even with supplemental doses, he or she has severe high or low blood sugars, he or she is not able to keep fluids down without vomiting or if you suspect dehydration.

Don’t forget to treat the illness. Keeping your child comfortable and treating their illness will help you more easily manage their diabetes. Talk to your child’s primary care physician or pediatrician to decide how to treat the illness. Copies of our sick day guidelines are available at the Diabetes Clinic and on our website: http://hospital.uillinois.edu/PedsEndo.

Ramin Alemzadeh, MD,
Division Chief of Pediatric Endocrinology
Having families who are comfortable with their physicians is important when it comes to dealing with Diabetes, and is made easier by having a diverse staff. For instance, Hispanic patients are more likely to be trusting and comfortable with Hispanic physicians, or physicians with some understanding of and respect for Hispanic culture for Diabetes, this trust means that patients are more honest about their habits, checking their blood sugar and whether or not they’ve been following their treatment plans.

For instance, our department in the Children’s Hospital at the University of Illinois is home to a diverse staff. Our team includes Spanish speaking professionals such as myself, Ruth Melgoza-Walker (RN, CDE) and Anthony Modini Heard (MSW Social Worker). We use our multicultural experience to work to help treat our patients’ conditions within the frameworks and traditions of their families.

Having a multi-cultural staff has helped us with our patients in Chicago, a city with a large Hispanic population. Due to a wide variety of factors, Hispanics in the US are almost twice as likely to develop Type 2 Diabetes as non-Hispanic Caucasians. That statistic does vary among the many different ethnic groups within the Hispanic community, but it does mean that Endocrinologists find themselves dealing with patients with values, culture, and language that may be different from their own. This is why a multicultural approach is the way to go, and that is why our office benefits from having a multicultural staff.

Diego Ize-Ludlow, MD
Associate Chief Informatics Officer

Familial Bonds and Diabetes

Positive family relationships can make living with diabetes easier and more comfortable. The proof is in the research, such as in a study by B.J. Anderson (1999) of the Joslin Diabetes Center, which found that parents’ involvement in their children’s diabetes treatments drastically decreased the amount of diabetes-related family conflict. Patients with positive family relationships are also more likely to have good blood sugar numbers at the Endocrinologist’s office, which in turn means they are less likely to have negative side effects in the long term. But what does that mean for you?

I have had diabetes for about 24 years, and when I was young my family was a great help to me in dealing with my condition. When I was about 12 years old, I struggled a lot and complained about remembering blood sugar checks, about needing to take insulin and about how bad I felt when I forgot or had an off target number. My dad saw this, and to help he came up with what appeared to be an excellent plan to encourage me. We set a goal for each week for my “average” blood sugar, and a reward for each. They were small rewards like a bicycle bottle, a yo-yo or a sugar free candy I liked.

What happened next was odd: I got better, but I still couldn’t remember to check my blood sugar every time I was supposed to. I was so worried about what would happen I actually started to make
up numbers. I’m not sure which worried me more: That my numbers would not meet the average or that my dad would know I forgot again and I didn’t have a good reason. What does this mean for you?

1. Your approval and other forms of positive reinforcement do work, or at least matter to your child, though not always the way you intend. Keep paying attention, and make it okay for them to tell you when they didn’t follow the plan exactly.

2. Sometimes your child’s relationship with you is even more important than their blood sugars: use that to your advantage.

3. If your relationship with your child is strained because of the diabetes or anything else, you might need to work on that at the same time you work on the diabetes, or else neither will be successful.

Last, it’s always okay to ask for your help. Therapy for young people with diabetes and their parents is helpful for many families because diabetes is just hard to live with. Ask the local branch of the American Diabetes Association or your social worker if you’re not sure where to start.

Anthony Heard, MSW, LCSW
Pediatric Social Worker

An Invitation to Pediatricians

Pediatric Endocrinology is a very diverse and robust field that covers a wide range of diagnoses. It is important to us that your patients receive the best care possible and this includes early diagnosis and treatment. When you refer your patients to us, our work-up includes a range of blood tests, imaging and diagnostic tests. This allows us to make the correct diagnosis and provide the appropriate treatment. Since the patients will come to you with their symptoms and complaints, it is likely that the work-up will begin in your office.

Communication is an important tool in ensuring that your patients receive the appropriate care. We will be happy to speak with you to discuss the appropriate tests to order in specific situations. In addition, once the test results come back, we would be pleased to advise you on the next best step for your patient.

We have a team of three endocrinologists, three diabetes educators and a registered dietitian. Our team encompasses a wealth of knowledge in different issues that may arise in the realm of endocrinology. To that end, we understand that situations arise when you may have questions or wish to discuss a patient, please feel free to contact us to discuss the patient further.

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Questions, comments, and article ideas?
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