

About the patient dialogue posters

For everyone with type 1 diabetes, including children, it is essential to understand some facts about the disease and the treatment.

These materials have been developed to support healthcare professionals in communicating vital information to previously and newly diagnosed children with type 1 diabetes and their families.

While these materials aim to address some of the short term information needs of children with diabetes, there is much more that can be learned about diabetes and its treatment.

The content of these posters should be regarded as basic survival information.

The dialogue posters and their use

There are 17 dialogue posters to support dialogue with the child and the child's family members. We recommend using the posters over several visits, concentrating on vital information at the first visit and gradually adding more information at subsequent visits.

Suggested plan for progression and introduction of the dialogue posters:

1st visit

- Poster 1: Injecting human insulin
- Poster 2: Why I need insulin
- Poster 3: How much insulin should I take?
- Poster 4: Low blood sugar (hypoglycaemia) and how to recognise it?
- Poster 5: Why do I get low blood sugar (hypoglycaemia)?
- Poster 6: How to treat low blood sugar (hypoglycaemia)

2nd visit

- Poster 7: Some of the different types of insulin
- Poster 8: How often should I inject insulin
- Poster 9: Where should I inject insulin?
- Poster 10: What should I eat?

3rd visit

- Poster 11: Measuring my blood sugar
- Poster 12: How to use my glucometer

4th visit

- Poster 13: High blood sugar (hyperglycaemia) and how to recognise it
- Poster 14: Why do I get high blood sugar (hyperglycaemia)?
- Poster 15: How to treat high blood sugar (hyperglycaemia)

5th visit

- Poster 16: Taking care of my feet
- Poster 17: Living with diabetes

The development of these materials has been facilitated by Novo Nordisk A/S (Global Stakeholder Engagement) and Roche Diagnostics Deutschland GmbH in consultation with local partners in the Changing Diabetes® in Children (CDiC) programme and the International Society for Pediatric and Adolescent Diabetes (ISPAD).

An online version of these patient education materials are available free of charge at: www.changingdiabetesaccess.com.

July 2012



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1 Injecting human insulin

My body does not make insulin, so I need to inject it.

1 First I wash my hands.

2 Have insulin, syringe, cotton wool and alcohol ready.

3

Roll the vial of insulin 15-20 times between your hands

4

Clean the top of the vial with alcohol

5

Clean the injection site with alcohol

6

Draw air into the syringe

7

Push air into the vial and then draw insulin into the syringe

8

Make sure there is no air in the syringe

9 I pinch my skin and inject the insulin.

10 I don't use the syringe again. I place it in a glass jar and return the full jar to the clinic.

11 Put the vial of insulin back into the refrigerator or other cold place

12 Eat 30 minutes after injecting your insulin

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2 Why I need insulin

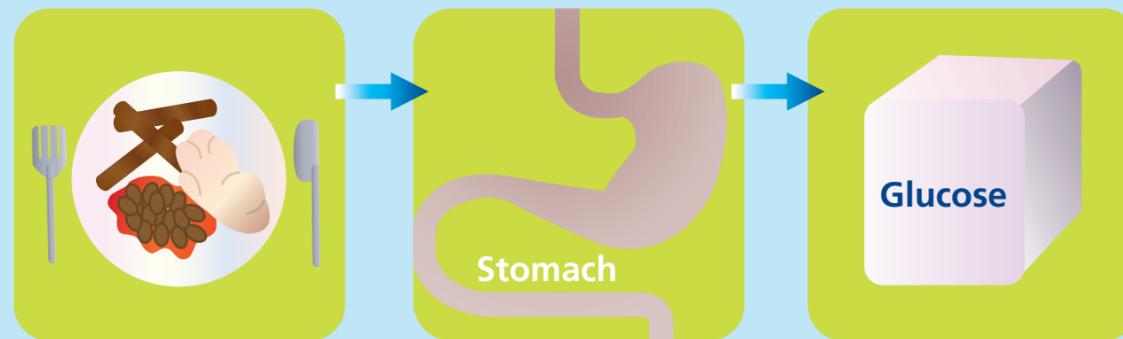
We all need energy to grow and be strong.



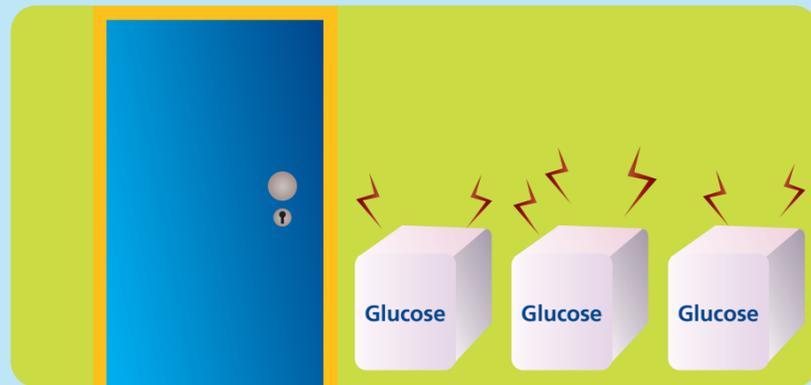
We get energy from the food we eat.



The food we eat is broken down into glucose.

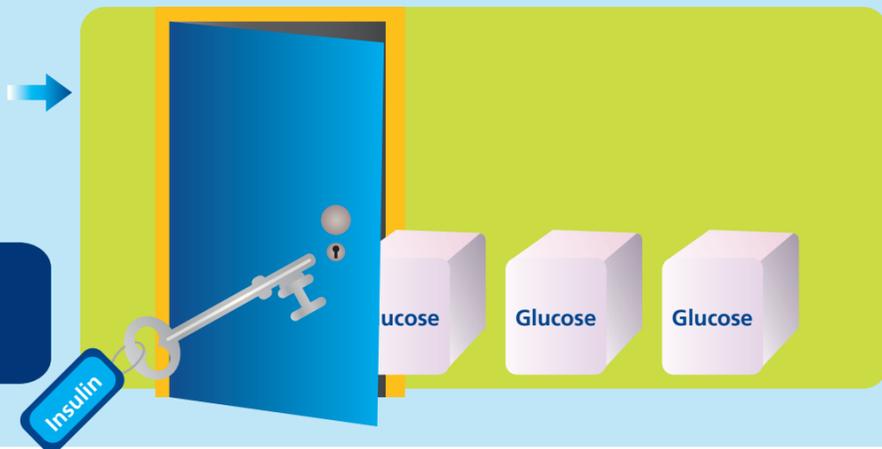


Glucose needs to enter the cells in your body before it can be used as energy.



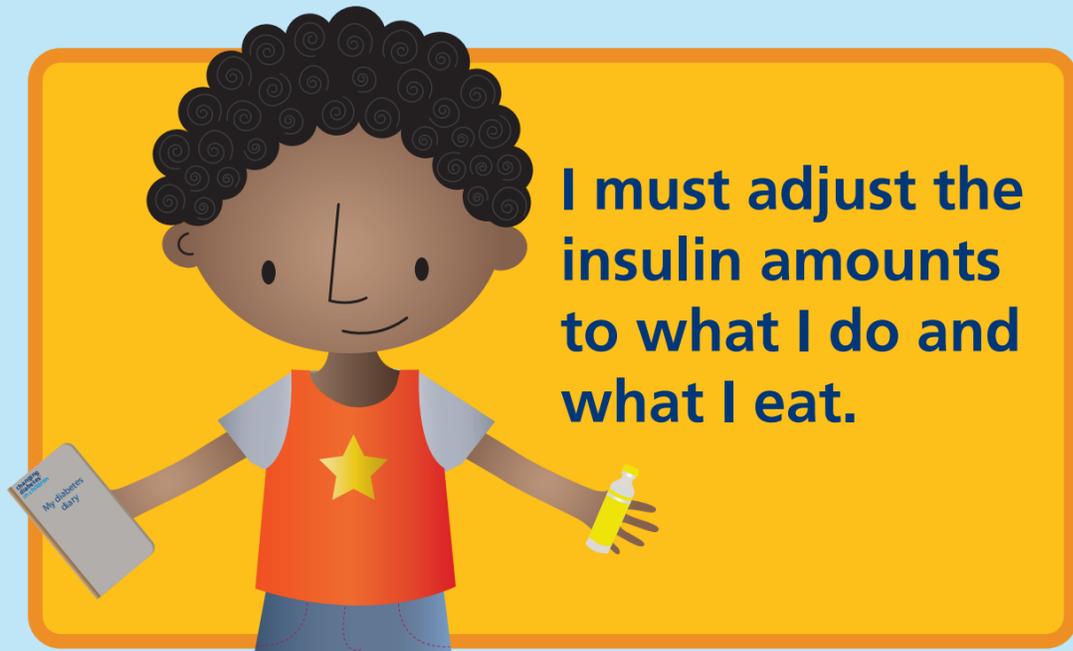
If the glucose cannot enter the cells, you will get tired.

Insulin opens the doors to the cells in your body, so that glucose can enter the cells and be used.



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3 How much insulin should I take?



I must adjust the insulin amounts to what I do and what I eat.

Your doctor or nurse will help you find out how much insulin you should inject each time.



Adjust the dose of insulin according to your activities and how you feel.



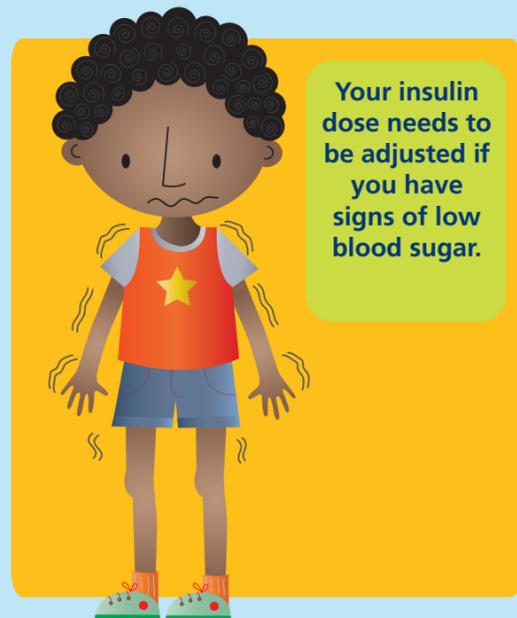
If I will be more physically active than normal.

REDUCE

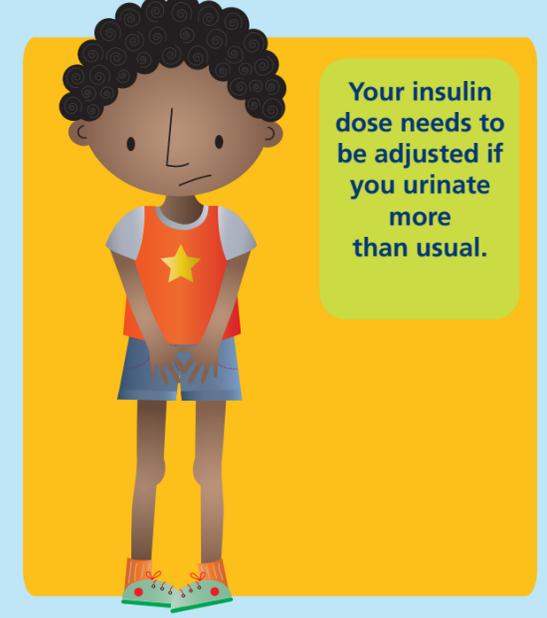


If I have eaten more than usual.

INCREASE



Your insulin dose needs to be adjusted if you have signs of low blood sugar.



Your insulin dose needs to be adjusted if you urinate more than usual.

Talk to your doctor or nurse about which insulin you need to adjust and by how much.

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4 Low blood sugar (hypoglycaemia) and how to recognise it

If my blood sugar gets very low I can get hypoglycaemia. Most people call it low blood sugar or hypos.



Sweating



Extreme hunger



Itchy lips



Difficulty talking



Irritability



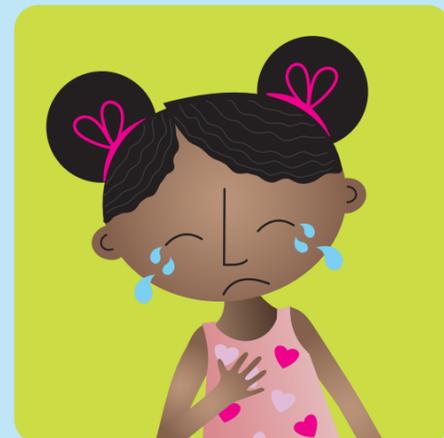
Dizziness



Tiredness



Blurred vision



Crying without reason



Trembling



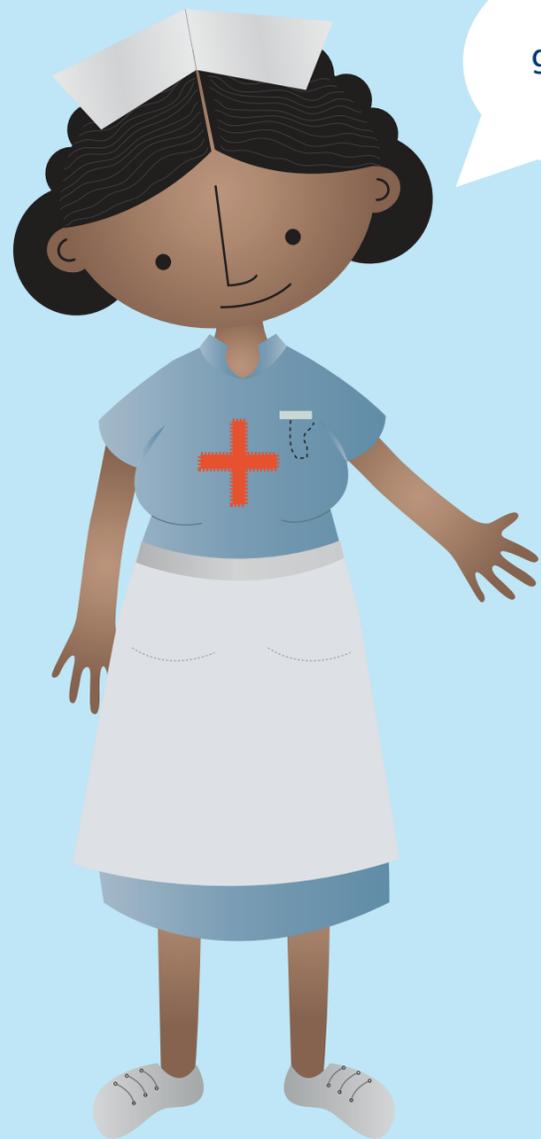
Sometimes low blood sugar can get very serious and you can lose consciousness or have convulsions.

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5 Why do I get low blood sugar (hypoglycaemia)?

When you have diabetes and take insulin your blood sugar level can get very low, this is called hypoglycaemia.

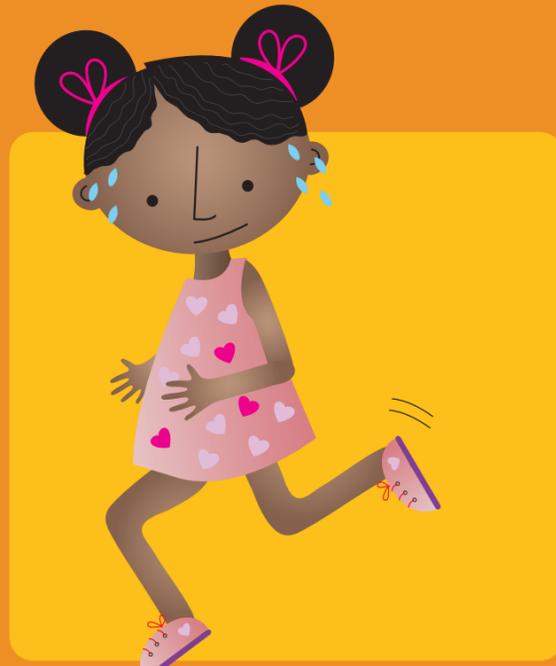
You can get low blood sugar when:



You have taken too much insulin at once.



You have taken an extra insulin injection.



You have been more physically active than usual and have not adjusted your insulin dose.



You have taken your insulin but have not eaten enough, or soon enough or have thrown up.

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6 How to treat low blood sugar (hypoglycaemia)

If your blood sugar is too low:

1 STOP all activity

2 MEASURE your blood sugar if possible

3 If your blood sugar is low you should eat some sugar or drink a sugary drink or juice

If you are feeling better, you should eat something.

If you are not feeling better, you should repeat step 3.

Low blood sugar can be very dangerous. You, your family and friends must take action quickly.

Severe low blood sugar

If your blood sugar is very low it can quickly become serious and you can go into a coma.

Your family and friends must act quickly. They should insert a cube of sugar into your mouth. They must NOT give you anything else to eat or drink.

It's important that you are taken to a clinic!

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7 Some of the different types of insulin

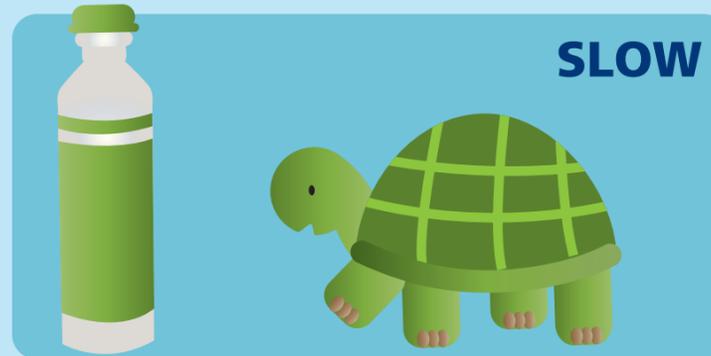
Short Acting Insulin:



Short acting - 30 minutes

Short lasting - up to 8 hours

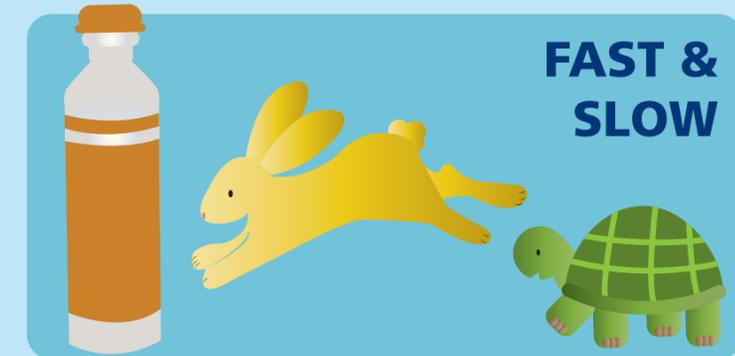
NPH Insulin:



Slow acting - 2 hours

Long lasting - up to 18 hours

Mixed Insulin:



Short acting - 30 minutes

Long lasting - up to 18 hours

You can use a combination of Short Acting Insulin and NPH Insulin

Mixed Insulin

The insulin types depicted here aren't representative of all the types of insulin available.



OR



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8 How often should I inject insulin?



The doctor or nurse will help you work out how often you must take insulin.



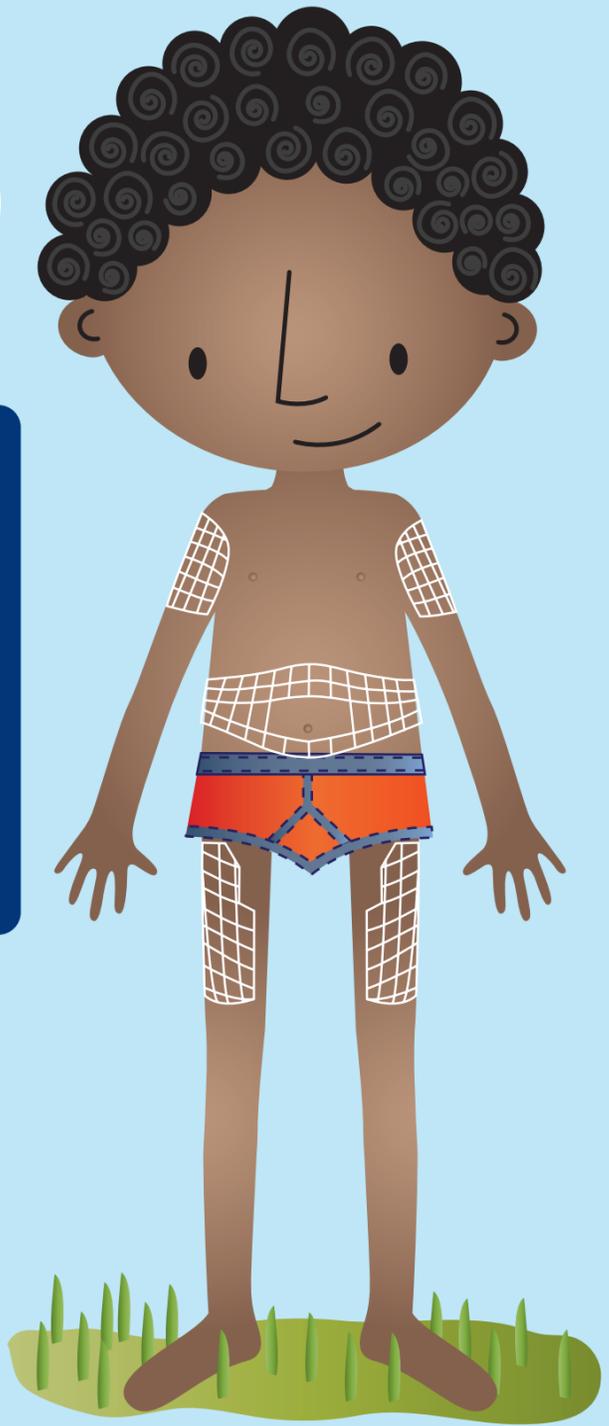
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9 Where should I inject insulin?

On the front of my body there are three places I can inject my insulin: the top of my thighs, my upper arms and my abdomen.

Ensure that each injection is about 2 finger widths from the one done before.

Avoid injecting too closely to your belly button.



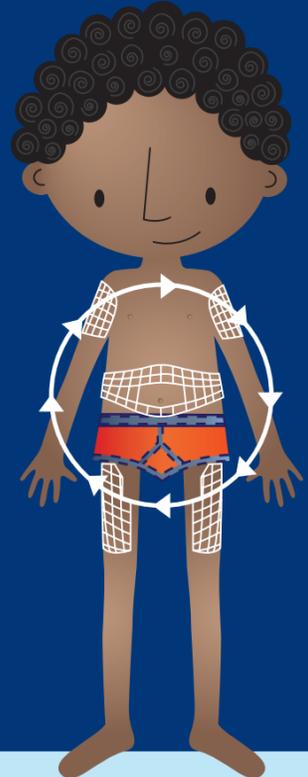
Front



Back

On the back of my body there is one place where I can inject my insulin - the top outer area of my buttocks.

Remember to rotate injection sites.



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10 What should I eat?

I work with my nurse to make my own food pyramid.



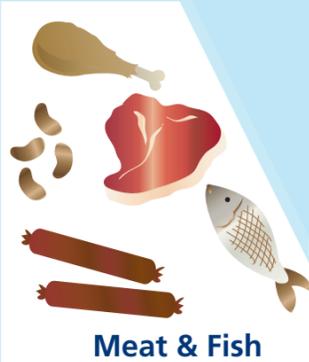
REMEMBER: You should always drink a lot of water.



Sweets



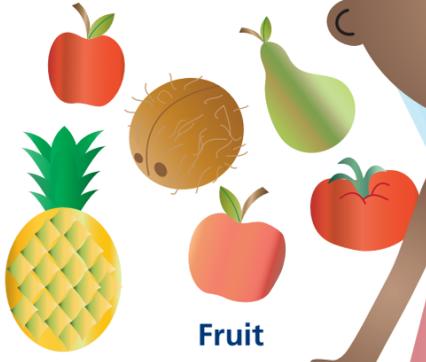
Dairy



Meat & Fish



Vegetables



Fruit



Starches

I eat more from the groups at the bottom of the pyramid and avoid foods from the top.



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