

# About the patient dialogue posters

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**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:

#### 1<sup>st</sup> visit:

- Poster 1:** Injecting 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)

#### 2<sup>nd</sup> 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?

#### 3<sup>rd</sup> visit:

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

#### 4<sup>th</sup> 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)

#### 5<sup>th</sup> visit:

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

The development of these materials has been facilitated by Novo Nordisk and Roche Diagnostics in consultation with local partners in the Changing Diabetes in Children (CDiC) programme and the International Society for Pediatric and Adolescent Diabetes (ISPAD)

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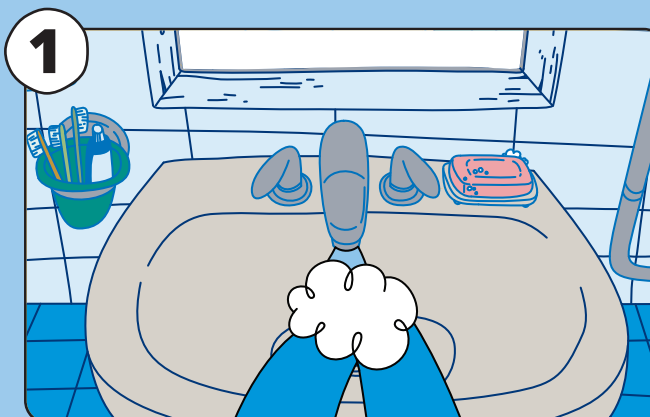
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# 1 Injecting insulin

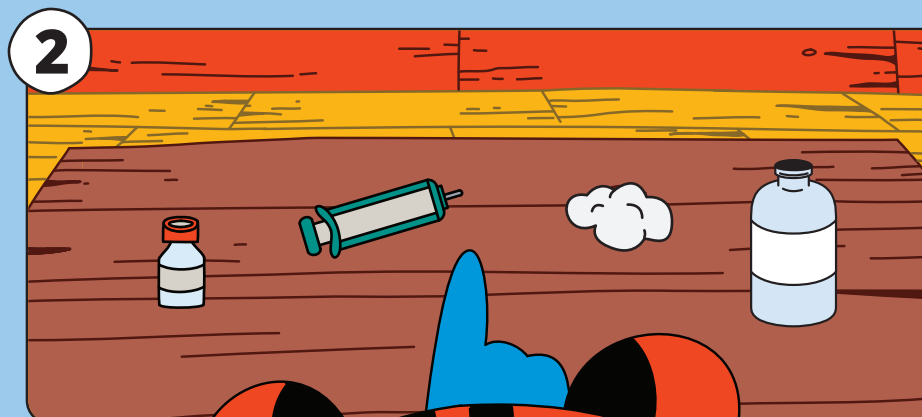
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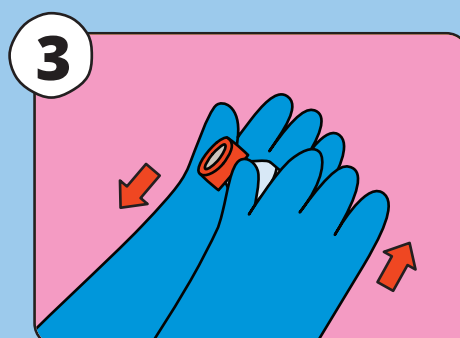
**My body does not make insulin, so I need to inject it.**



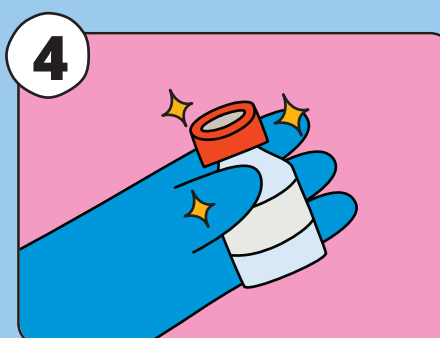
**First I wash my hands.**



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



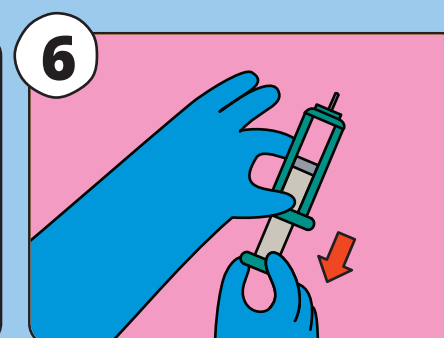
**Roll the vial of insulin 15-20 times between your hands**



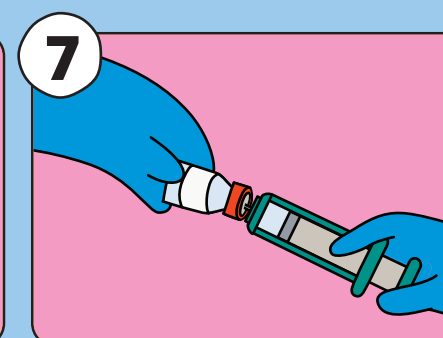
**Clean the top of the vial with alcohol**



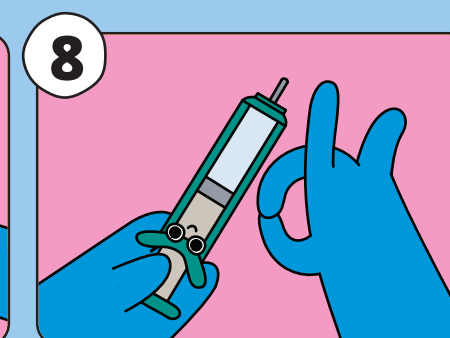
**Clean the injection site with alcohol**



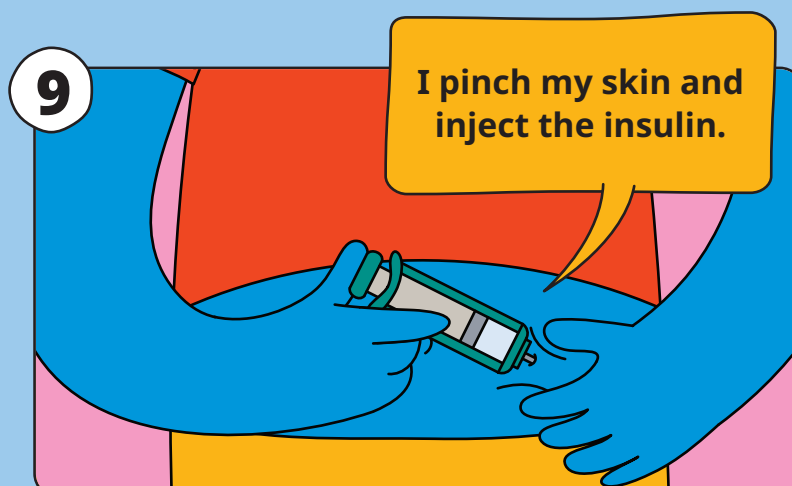
**Draw air into the syringe**



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



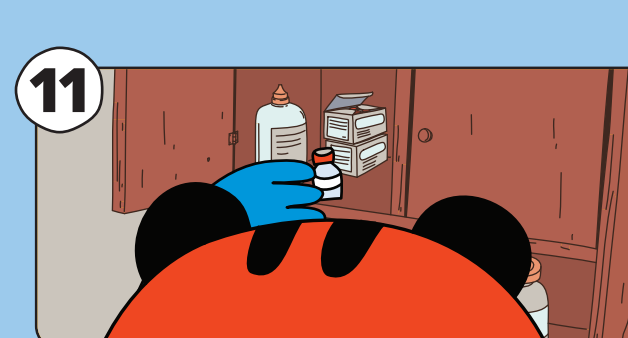
**Make sure there is no air in the syringe**



**I pinch my skin and inject the insulin.**



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



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



**Eat 30 minutes after injecting your insulin**

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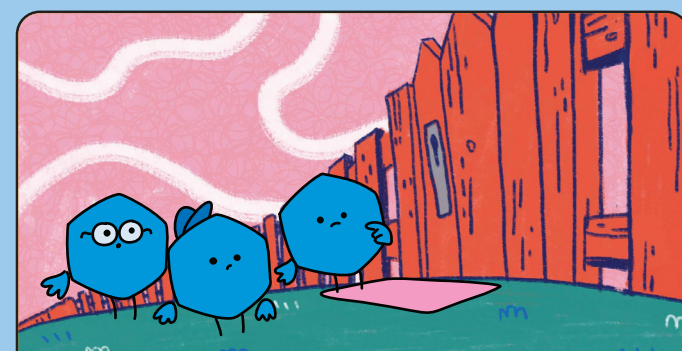
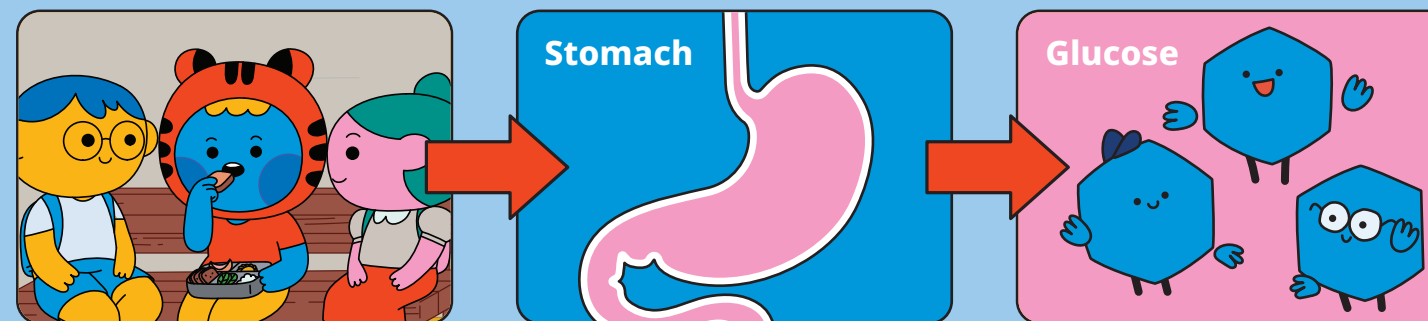
## 2 Why I need insulin

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We all need  
energy to  
grow and  
be strong.

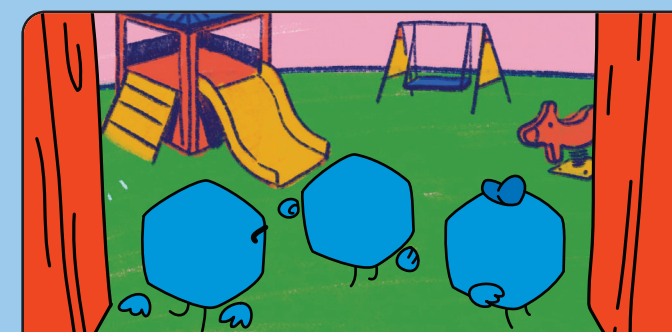
We get energy from  
the food we eat.

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?

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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.



If I have  
eaten more  
than usual.



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

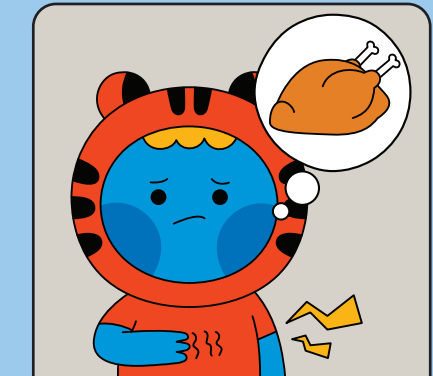
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If my blood sugar gets very low  
I can get hypoglycaemia.  
Most people call it  
low blood sugar or hypos.



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)?

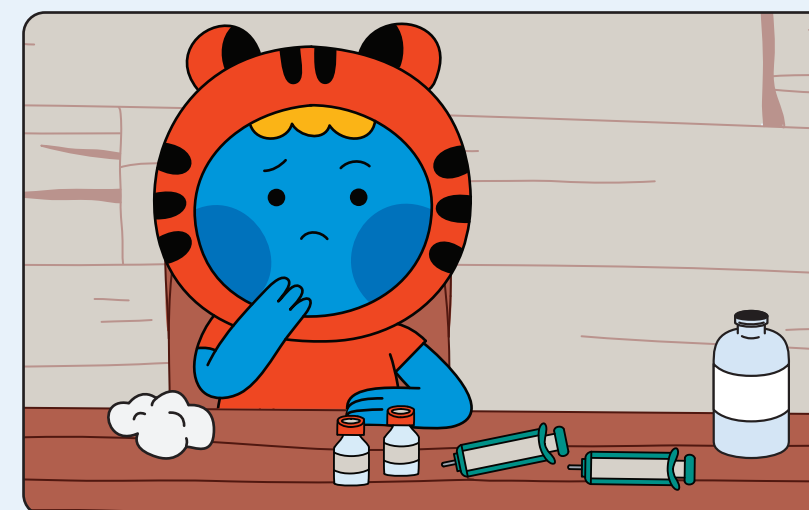
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When you have diabetes and take insulin your blood sugar level can get very low, this is called hypoglycaemia.

You can get low blood sugar when:



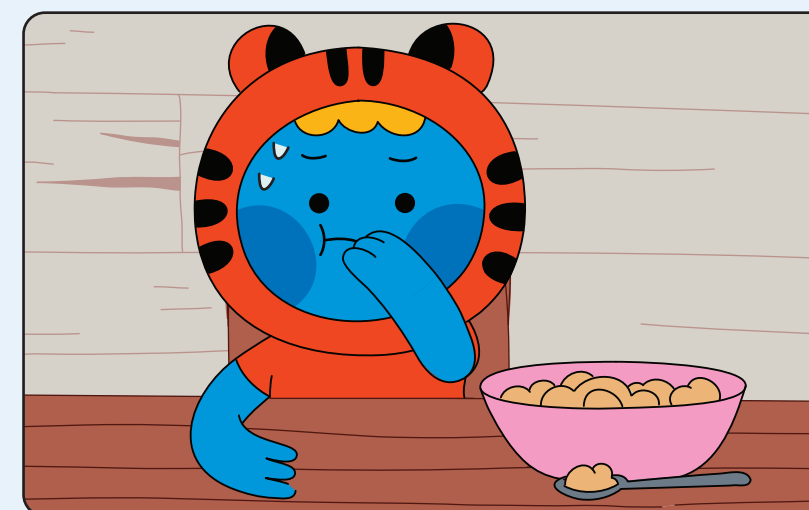
You have taken too much insulin at once.



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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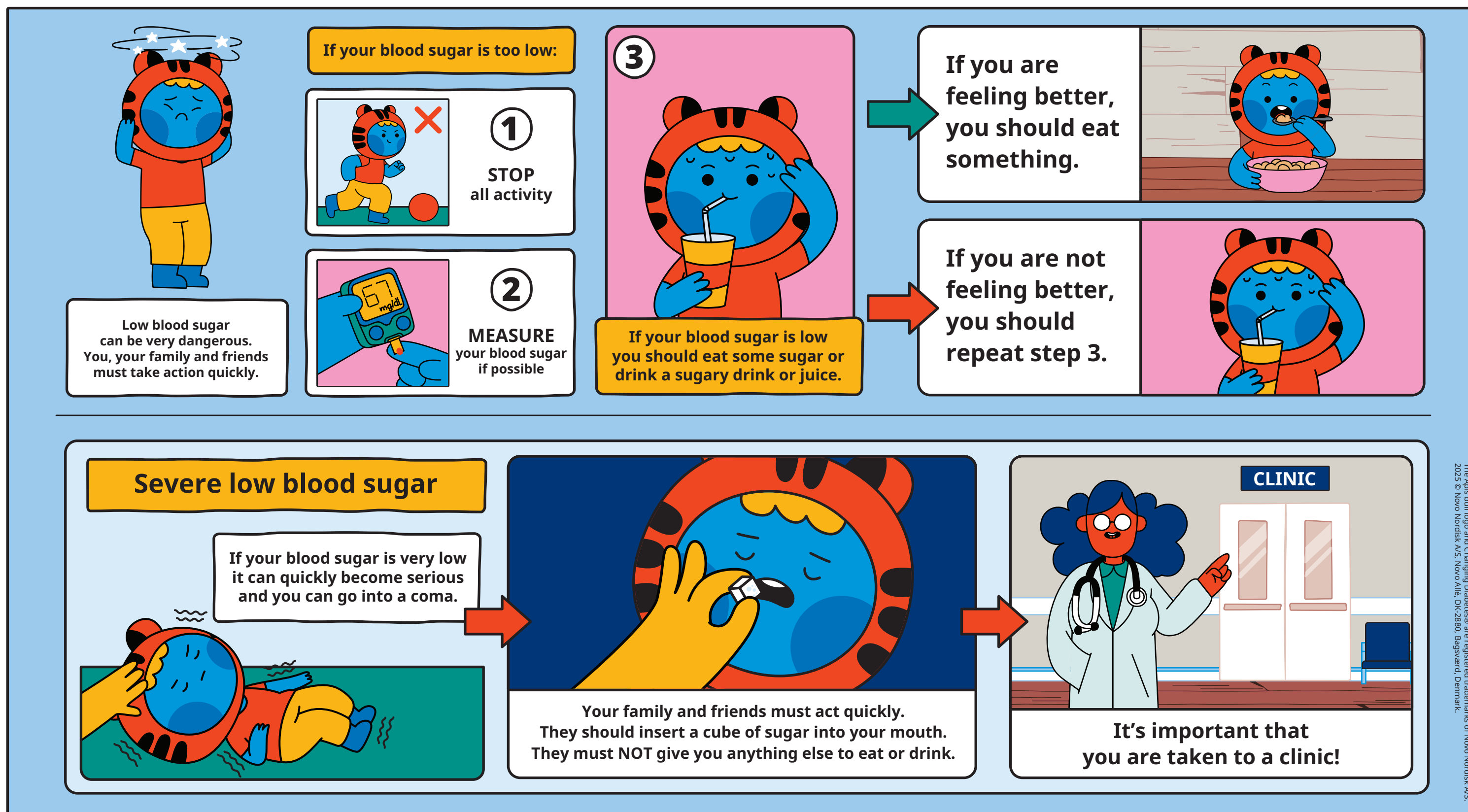
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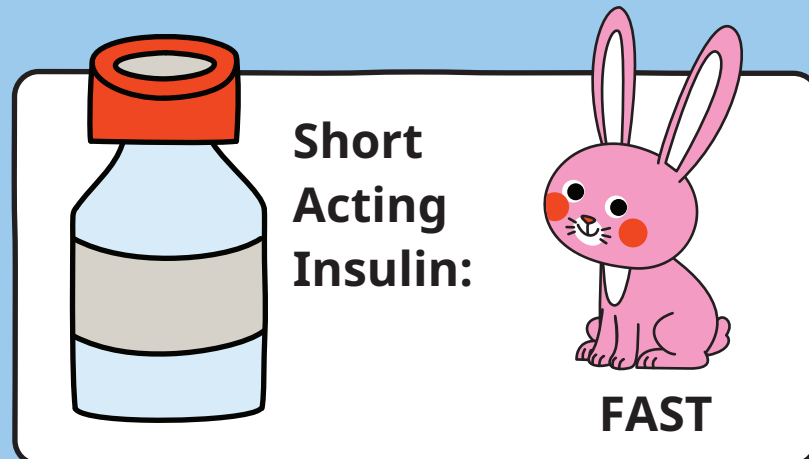
# 6 How to treat low blood sugar (hypoglycaemia)

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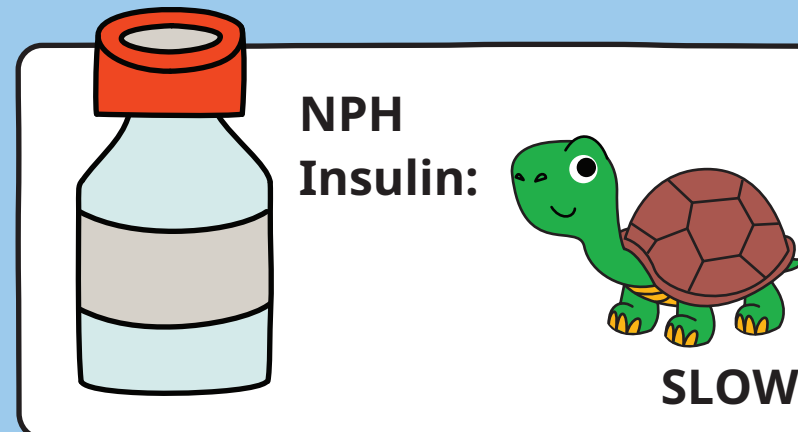
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# 7 Some of the different types of insulin



Short acting - 30 minutes

Short lasting - up to 8 hours



Slow acting - 2 hours

Long lasting - up to 18 hours



Short acting - 30 minutes

Long lasting - up to 18 hours

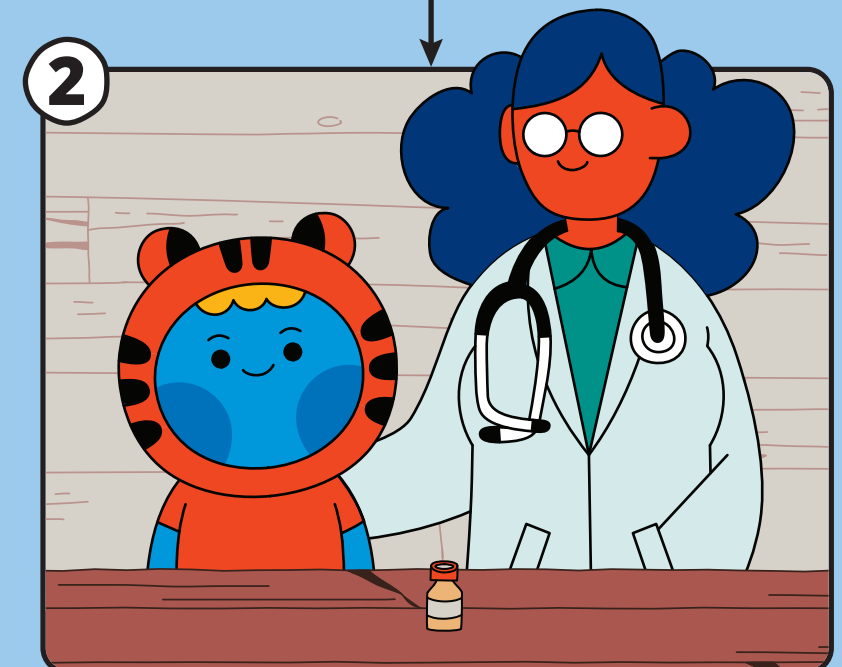
You can use a combination of Short Acting Insulin and NPH Insulin

Mixed Insulin

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

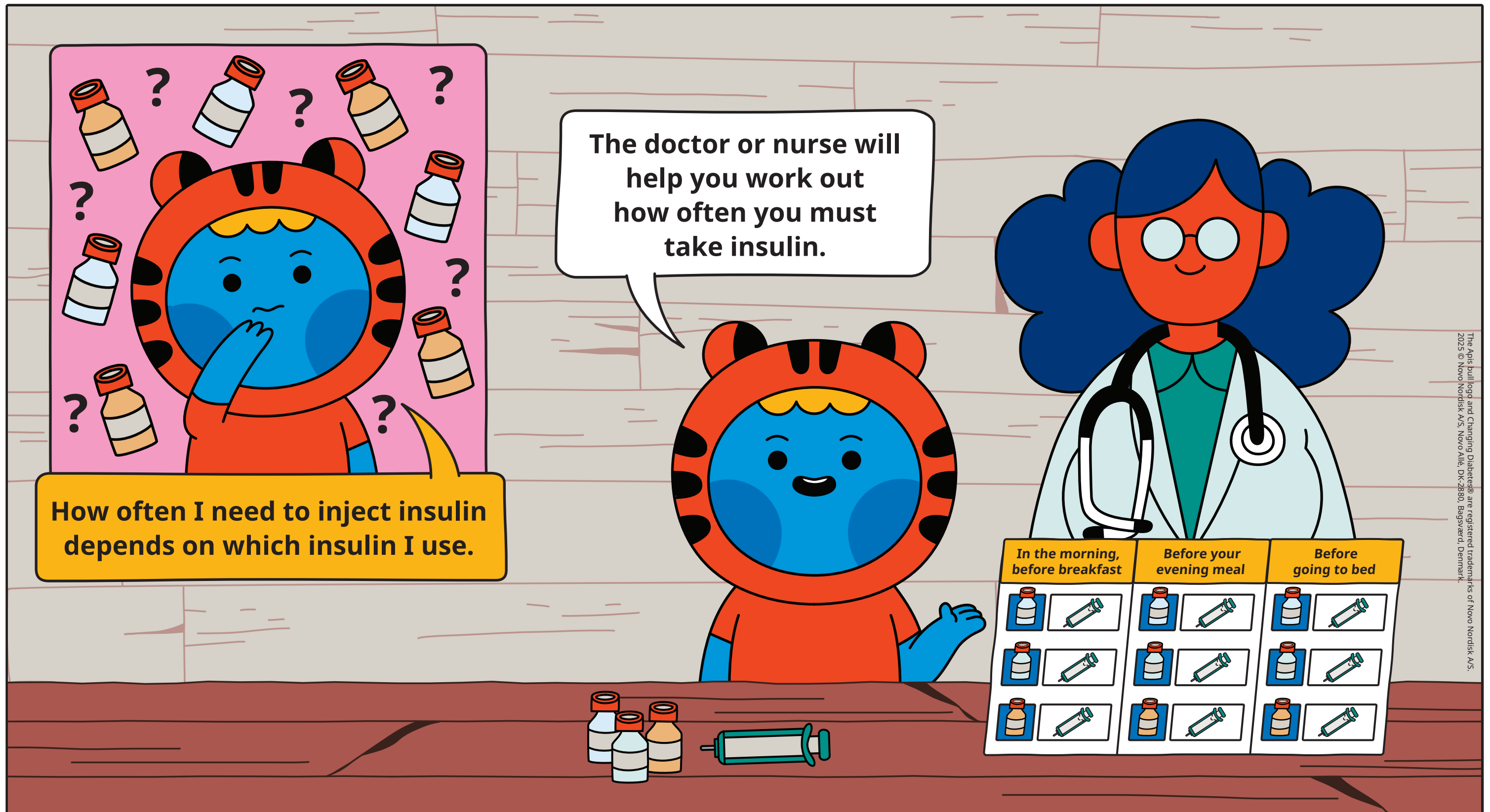


or



# 8 How often should I inject insulin?

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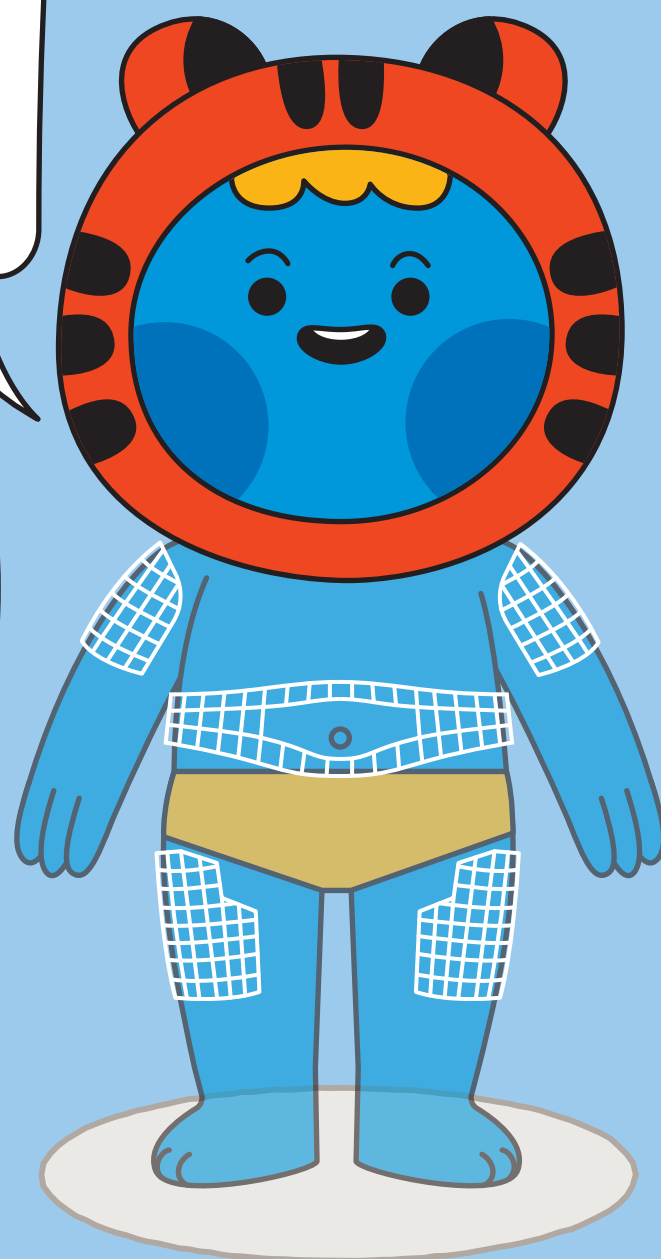


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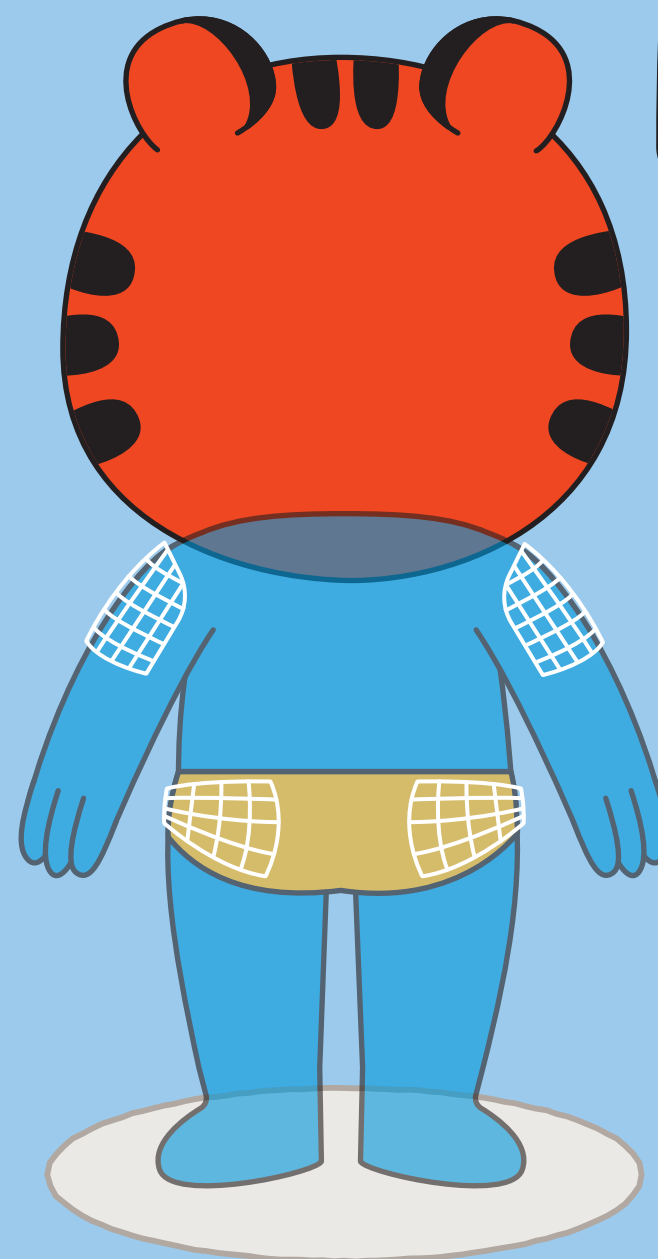
# 9 Where should I inject insulin?

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.

Front

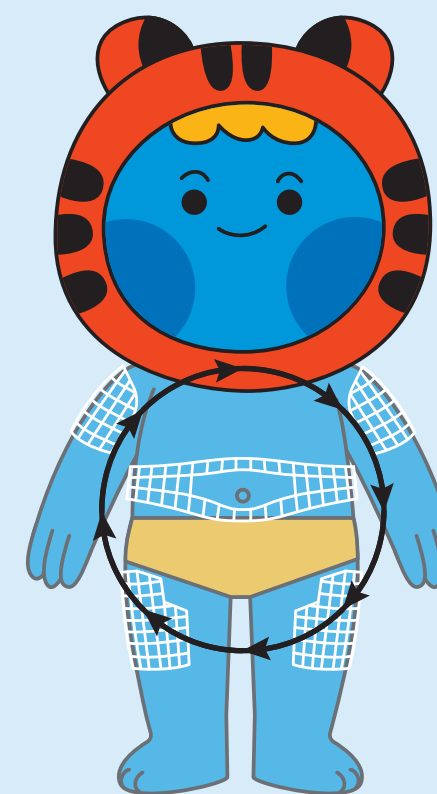


Back



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.



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

Avoid injecting too closely  
to your belly button.

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# 10 What should I eat?

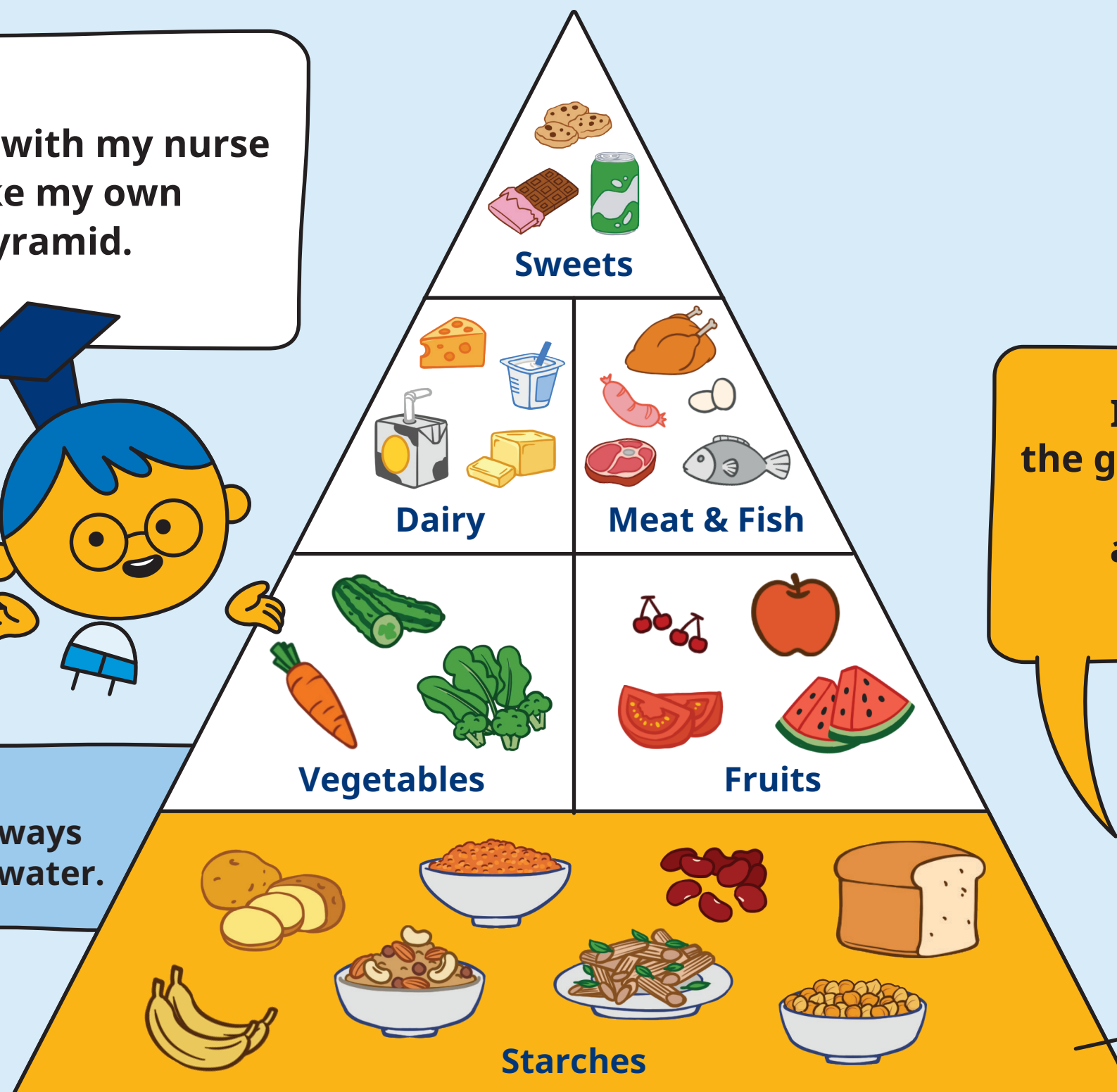
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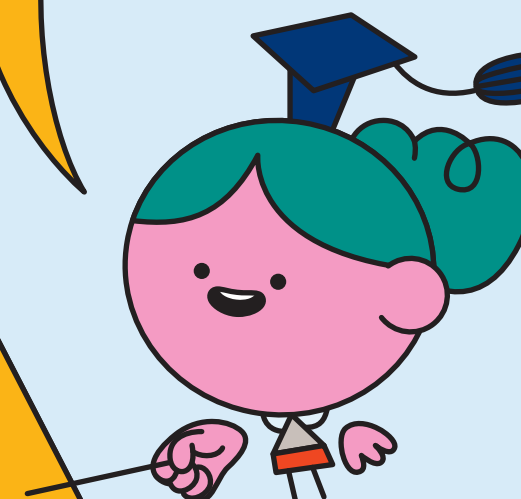
I work with my nurse to make my own food pyramid.



**REMEMBER:**  
You should always  
drink a lot of water.



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



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