# Section 14: Tools

SECTION OVERVIEW

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- Delegating Insulin Pump Therapy
- Delegating Insulin Administration by Pen
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- Super Healthy Snacks
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- How to Use a Food Label to Select Foods
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- Healthy People at Every Stage of Life Framework: Core Messages
- Diabetes Camp Flyer

## DELEGATING GLUCAGON ADMINISTRATION

Delegation must only be done by a registered nurse in accordance with Wisconsin state laws and regulations. The health, safety, and welfare of the student are the primary considerations. The school nurse is responsible for choosing, training, and providing ongoing supervision of the trained school personnel.

Successful delegation of Glucagon administration is dependent on the use of a Diabetes Medical Management Plan and Emergency Action Plan, which clearly outline the actions to take, including proper time, dose, route, and injection site.

Trained School Personnel _____ Delegating Registered Nurse _____

Student _____ School Year _____

| | Initial Training Date/Initial | Return Demonstration Date/Initial* | Updated Training | | |
|---|---|---|---|---|---|
| | | | Date/Initial* | Date/Initial* | Date/Initial* |
| 1. Gather supplies (Glucagon kit, alcohol wipes, cotton ball, and gloves) | | | | | |
| 2. Wash hands and put on clean, disposable gloves | | | | | |
| 3. Remove flip-off seal from vial (bottle) of Glucagon powder | | | | | |
| 4. Remove needle protector from syringe | | | | | |
| 5. Inject entire contents of syringe into vial of Glucagon powder | | | | | |
| 6. Remove syringe; swirl vial gently until Glucagon dissolves and solution becomes clear | | | | | |
| 7. Insert same syringe into vial, hold vial upside down, and remove all of the solution from the vial into the syringe | | | | | |
| 8. Withdraw needle from vial, hold syringe upright, and remove air/bubbles from syringe | | | | | |
| 9. Cleanse injection site on buttock, arm, or thigh with alcohol swab if possible | | | | | |
| 10. For subcutaneous injection only, pinch up skin/tissue (still holding alcohol wipe) | | | | | |
| 11. For subcutaneous and intramuscular injection, insert needle at a 90 degree angle into selected injection site and give Glucagon solution. | | | | | |
| 12. Withdraw needle and press gently with alcohol wipe or cotton ball at injection site | | | | | |

* Place appropriate code: ( + ) = Task performed well ( – ) = Task not performed well

*National Association of School Nurses H.A.N.D.S.SM. (2008). Permission granted to adapt with acknowledgement.*

## DELEGATING GLUCAGON ADMINISTRATION (continued)

| | Initial Training Date/Initial | Return Demonstration Date/Initial* | Updated Training | | |
|---|---|---|---|---|---|
| | | | Date/Initial* | Date/Initial* | Date/Initial* |
| 13. Turn student on his/her side | | | | | |
| 14. Place used needle in commercially-available sharps container | | | | | |
| 15. Document per school policy | | | | | |

* Place appropriate code: ( + ) = Task performed well ( – ) = Task not performed well

Improvement Plan for Tasks not Performed Well:

Other:

| Registered Nurse Signature/Initial: | Date: |
|---|---|
| | |
| | |
| | |
| | |

| Trained School Personnel Signature/Initial: | Date: |
|---|---|
| | |
| | |
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| | |

*National Association of School Nurses H.A.N.D.S.SM. (2008). Permission granted to adapt with acknowledgement.*

## DELEGATING INSULIN PUMP THERAPY

Delegation must only be done by a registered nurse in accordance with Wisconsin state laws and regulations. The health, safety, and welfare of the student are the primary considerations. The school nurse is responsible for choosing, training, and providing ongoing supervision of the trained school personnel.

Successful delegation of insulin administration is dependent on the use of a Diabetes Medical Management Plan and Emergency Action Plan, which clearly outline the actions to take.

Occasionally, a student may need to have his/her pump put into a suspend mode or may need to replace his/her infusion set while at school.

Trained School Personnel _____ Delegating Registered Nurse _____

Student _____ School Year _____

Name of insulin pump: _____

Blood glucose meter: _____

Insulin pump instructions and toll-free number attached: _____ Yes _____ No

**Students on an insulin pump must have the following emergency supplies available at school:**

- A vial (or pen and pen cartridge) of insulin
- Syringes or insulin pen needles
- Ketone testing supplies

| Insulin Pump Management Task | Initial Training Date/Initial | Return Demonstration Date/Initial* | Updated Training | | |
|---|---|---|---|---|---|
| | | | Date/Initial* | Date/Initial* | Date/Initial* |
| 1. Adequately trained school personnel instructed on type of pump and basic operating functions of the pump and demonstrates: | | | | | |
| 2. How to give a bolus | | | | | |
| 3. How to use the dose calculator function in the pump | | | | | |
| 4. How to suspend the pump | | | | | |
| 5. How to check the status of the pump | | | | | |
| 6. How to verify the last bolus given | | | | | |
| 7. How to verify the pump is not in "no delivery" mode | | | | | |

* Place appropriate code: ( + ) = Task performed well ( – ) = Task not performed well

*National Association of School Nurses H.A.N.D.S.SM. (2008). Permission granted to adapt with acknowledgement.*

## DELEGATING INSULIN PUMP THERAPY (continued)

| Insulin Pump Management Task | Initial Training Date/Initial | Return Demonstration Date/Initial* | Updated Training | | |
|---|---|---|---|---|---|
| | | | Date/Initial* | Date/Initial* | Date/Initial* |
| 8. How to change the batteries in the pump | | | | | |
| 9. How to check insulin reservoir and insertion site | | | | | |
| 10. For students using an insulin dose calculator, trained school personnel must demonstrate how to look at the pump dose calculations for correct dose of insulin, then demonstrate if dose is within parameters, and activate pump to administer dose. | | | | | |
| 11. If the pump infusion set is no longer functional and the student is unable to re-insert his/her own infusion set, contact a parent/guardian to come to school to re-insert the infusion set. | | | | | |

* Place appropriate code: ( + ) = Task performed well ( – ) = Task not performed well

Improvement Plan for Tasks not Performed Well: _____

_____

_____

_____

_____

Other: _____

_____

| Registered Nurse Signature/Initial: | Date: |
|---|---|
| | |
| | |
| | |
| | |

| Trained School Personnel Signature/Initial: | Date: |
|---|---|
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*National Association of School Nurses H.A.N.D.S.SM. (2008). Permission granted to adapt with acknowledgement.*

## DELEGATING INSULIN ADMINISTRATION BY PEN

Delegation must only be done by a registered nurse in accordance with Wisconsin state laws and regulations. The health, safety, and welfare of the student are the primary considerations. The school nurse is responsible for choosing, training, and providing ongoing supervision of the trained school personnel.

Successful delegation of insulin administration is dependent on the use of a Diabetes Medical Management Plan, which clearly outlines the actions to take.

Trained School Personnel _____ Delegating Registered Nurse _____

Student _____ School Year _____

| | Initial Training Date/Initial | Return Demonstration Date/Initial* | Updated Training | | |
|---|---|---|---|---|---|
| | | | Date/Initial* | Date/Initial* | Date/Initial* |
| 1. Determine type of pen that student uses (non-disposable or disposable) and prepare insulin cartridge | | | | | |
| → Non-disposable pen: Most of the time, the insulin cartridge will be in pen already. If not, load insulin cartridge into pen. | | | | | |
| → Disposable Prefilled Pen: A prefilled insulin cartridge is already in pen | | | | | |
| 2. Wash hands, gather supplies, and apply clean, disposable gloves | | | | | |
| 3. Check expiration date for insulin pen cartridge or disposable pen | | | | | |
| 4. Attach pen needle by twisting it on end of insulin pen (wipe top of insulin pen with alcohol wipe if instructed to do so) | | | | | |
| 5. Pull off and remove the outer pen needle protective cap and set aside | | | | | |
| 6. Holding pen upright, prime pen by dialing in 2 units; this checks insulin flow (this is sometimes called an "air shot") | | | | | |
| 7. Push end of the pen (plunger) to push out the 2 units; a small drop of insulin should be seen at the end of the needle | | | | | |
| 8. Dial in desired insulin dose (pens dial insulin in ½, 1, or 2 unit increments) | | | | | |
| 9. Assist student in choosing the injection site; cleanse skin with alcohol | | | | | |

* Place appropriate code: ( + ) = Task performed well ( – ) = Task not performed well

## DELEGATING INSULIN ADMINISTRATION BY PEN (continued)

| | Initial Training Date/Initial | Return Demonstration Date/Initial* | Updated Training | | |
|---|---|---|---|---|---|
| | | | Date/Initial* | Date/Initial* | Date/Initial* |
| 10. Pinch a small area of skin and insert pen needle through skin | | | | | |
| 11. Push end of the pen (plunger) button down completely to give (deliver) insulin | | | | | |
| 12. Wait five seconds while keeping pen and pen needle in place to ensure all insulin is given | | | | | |
| 13. Withdraw and remove insulin pen and needle from skin; wipe injection site with cotton ball if needed | | | | | |
| 14. Unscrew and remove pen needle without replacing needle cap. (If using safety needles, twist and remove.) Dispose of needle properly in a sharps container. | | | | | |

Improvement Plan for Tasks not Performed Well: _____

_____

_____

_____

_____

Other: _____

_____

| Registered Nurse Signature/Initial: | Date: |
|---|---|
| | |
| | |
| | |
| | |

| Trained School Personnel Signature/Initial: | Date: |
|---|---|
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*National Association of School Nurses H.A.N.D.S.[SM]. (2008). Permission granted to adapt with acknowledgement.*

# Emergency Information Form for Children With Special Needs

Last name:

American College of Emergency Physicians®

American Academy of Pediatrics

| Date form completed By Whom | Revised | Initials |
|---|---|---|
| | Revised | Initials |

| **Name:** | Birth date: | Nickname: |
|---|---|---|
| Home Address: | Home/Work Phone: | |
| Parent/Guardian: | Emergency Contact Names & Relationship: | |
| Signature/Consent*: | | |
| Primary Language: | Phone Number(s): | |
| **Physicians:** | | |
| Primary care physician: | Emergency Phone: | |
| | Fax: | |
| Current Specialty physician:<br>Specialty: | Emergency Phone: | |
| | Fax: | |
| Current Specialty physician:<br>Specialty: | Emergency Phone: | |
| | Fax: | |
| Anticipated Primary ED: | Pharmacy: | |
| Anticipated Tertiary Care Center: | | |

## Diagnoses/Past Procedures/Physical Exam:

1.

2.

3.

4.

Synopsis:

Baseline physical findings:

Baseline vital signs:

Baseline neurological status:

*Consent for release of this form to health care providers

Last name:

**Diagnoses/Past Procedures/Physical Exam continued:**

Medications:

1.
2.
3.
4.
5.
6.

Significant baseline ancillary findings (lab, x-ray, ECG):

Prostheses/Appliances/Advanced Technology Devices:

## Management Data:

**Allergies: Medications/Foods to be avoided** **and why:**

1.
2.
3.

**Procedures to be avoided** **and why:**

1.
2.
3.

**Immunizations**

| Dates | | | | | |
|---|---|---|---|---|---|
| DPT | | | | | |
| OPV | | | | | |
| MMR | | | | | |
| HIB | | | | | |

| Dates | | | | | |
|---|---|---|---|---|---|
| Hep B | | | | | |
| Varicella | | | | | |
| TB status | | | | | |
| Other | | | | | |

Antibiotic prophylaxis: Indication: Medication and dose:

## Common Presenting Problems/Findings With Specific Suggested Managements

| Problem | Suggested Diagnostic Studies | Treatment Considerations |
|---|---|---|
| | | |
| | | |
| | | |

**Comments on child, family, or other specific medical issues:**

**Physician/Provider Signature:** **Print Name:**

# COMMUNICATION TOOL FOR SCHOOL PERSONNEL

**This tool serves as a communication and documentation tool for school personnel when sending a student to the health office and when sending the student back to the classroom.**

## Step #1: Teacher/School Personnel

**Fill in your name, room number, date, student's name and date of birth, and any complaints or symptoms that the student verbalizes or are observed.**

**Student's Name:** _____ **Date of Birth:** _____ **Classroom:** _____

**Teacher/Personnel Name:** _____ **Date:** _____ **Time of Day:** _____

**(DO NOT SEND ALONE) Name of classmate accompanying student:** _____

**Physical activity before symptoms:** ☐ **None** ☐ **Physical Education** ☐ **Recess** ☐ **Other** _____

**Teacher/Personnel Actions:** _____

**Student's Complaints/Symptoms** ***(check all that apply):***

- ☐ Hunger
- ☐ Shakiness/Weakness
- ☐ Numbness/Tingling around lips
- ☐ Pale skin color
- ☐ Anxiousness
- ☐ Dizziness/Headache
- ☐ Sweating
- ☐ Drowsiness/Tiredness
- ☐ Fast heartbeat
- ☐ Flushed/Hot
- ☐ Unable to concentrate
- ☐ Not paying attention
- ☐ Poor coordination
- ☐ Blurred vision
- ☐ Slurred speech
- ☐ Confusion
- ☐ Personality change *(tantrum, combative, acting out)*
- ☐ Emotional/Mood change *(crying, quiet, irritable, crabby, inappropriate laughing)*
- ☐ Other _____
- ☐ None observed

## Step #2: School Nurse/Trained School Personnel

**Complete this section and return a copy of this form to the teacher.**

Blood glucose checked: ☐ Yes ☐ No Blood glucose result: _____ mg/dL

Temperature _____ °F / °C Pulse _____ bpm Blood pressure _____/_____ mmHg

Medication given: ☐ Yes ☐ No If yes, what? _____

Recommended follow up: ☐ 1 hour ☐ 2 hours ☐ 3 hours ☐ None needed

Brief report: _____

_____

_____

***Check all that apply:***

- ☐ No further complaints
- ☐ No physical symptoms
- ☐ No symptoms of low blood sugar
- ☐ No symptoms of high blood sugar

**Actions:**

- ☐ Sent back to class
- ☐ Parents/guardians notified
- ☐ Sent home
- ☐ Primary care provider notified
- ☐ Called 9-1-1
- ☐ Other _____

Signature of School Nurse or Other Trained School Personnel _____ Date: _____ Time: _____

# Carbohydrate Amounts in Foods

The following foods provide approximately 15 grams of carbohydrate (1 carb choice) for the portion size indicated:

## Starches and Grains

- 1 slice of bread or 1 small dinner roll
- 1/2 hot dog bun or 1/2 hamburger bun
- 1/3 cup cooked pasta or noodles
- 1/3 cup cooked rice
- 3/4 cup unsweetened cereal
- 1/2 cup sweetened cereal
- 1/2 cup corn, peas, or squash
- 1/2 cup dried beans, peas, or other legumes
- 1/2 cup potatoes
- 6 snack crackers
- 1 six-inch tortilla or hard taco shell
- 1/3 of a 3-4 inch bagel
- 15 potato chips
- 15 French fries
- One 5" pancake or one 5" waffle
- 3 cups popcorn
- 1/2 English muffin

## Fruits

- 1 small apple, orange, pear, or banana
- 15 grapes
- 1 cup of fresh berries or melon
- 1/2 cup of unsweetened juice
- 1/2 cup of canned fruit or 4 oz fruit cup (packed in water)
- 2 tbsp. of dried fruit
- 12 bing cherries
- 1/2 cup unsweetened applesauce
- 1/2 cup fresh fruit with light whipped topping
- 1 frozen 100% fruit bar

## Dairy Foods

- 1 cup of low-fat white milk
- 1/2 cup of low-fat chocolate or flavored milk
- 6 oz. container of light yogurt
- 1/2 cup frozen yogurt
- 1/2 cup sugar-free/light ice cream
- 1 sugar-free pudding cup

## Sweets and Desserts

- 2 small cookies
- 1 package of fruit snacks
- 1 fruit roll-up
- 1/2 cup of regular Jell-O
- 1/2 cup of ice cream
- 1/2 cup of reduced-sugar pudding
- 1 snack-size or fun-size candy bar
- 1/4 cup sherbet

## Munchies

- 3 graham cracker squares (2 ½ inches)
- 10 small pretzels
- 6 saltine crackers
- 5-8 snack crackers
- 3 cups light microwave popcorn
- 8 animal crackers
- 30 oyster crackers
- 25 square cheese crackers
- 12 mini rice cakes
- 2 plain or white cheddar rice cakes
- 1 caramel or chocolate rice cake
- 1 small granola bar

## Nuts and Seeds

**(each serving has approximately 8 grams carbohydrate)**

1 oz. of nuts

2 tbsp. of peanut butter or other nut butter

# Carbohydrate Amounts in Foods (continued)

## Non-Starchy Vegetables

**(each serving has approximately 5 grams carbohydrate)**

1 cup of raw, low-starch vegetables
(salad, cauliflower, broccoli, carrots, lettuce, cucumbers, peppers, celery, radishes, tomatoes)

1/2 cup of cooked, non-starch vegetables
(asparagus, beets, spinach, greens, broccoli, cauliflower, carrots, green beans, zucchini)

4 oz. can of tomato juice

1 tbsp. catsup

## School Lunch Items

School lunch items can vary considerably in amounts of carbohydrate. For example, one piece of 4" X 6" pizza could have 33, 36, or 42 grams of carbohydrate depending on the brand. For best results in counting carbohydrates at school, it is essential to work with a registered dietitian and food service personnel.

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Disclaimer: Amounts of food and number of carbohydrates are approximate. Always check with your school's food service personnel for exact amounts.

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# Super Healthy Snacks

Check Nutrition Facts for information on serving size and carbohydrate. Serving size is important and must be considered when choosing to eat a food or drink item. These snack options do not include the grams of carbohydrates nor serving size.

## Dairy

- String cheese or other low-fat cheese
- Fat-free cottage cheese or yogurt with fruit and/or nuts/seeds
- Smoothie with milk or yogurt and sliced bananas or strawberries
- Sugar-free pudding
- Light yogurt with fresh fruit or granola
- Low-fat white milk
- Sugar-free low-fat chocolate or strawberry milk
- Frozen yogurt with fresh berries

## Fruits and Vegetables

- Raw veggie sticks with low-fat dressing, yogurt dip, cottage cheese or hummus
- Apple and cheese or peanut butter
- Pear or other fresh fruits
- Canned fruit in light syrup
- Melon
- Grapes
- Celery and peanut butter
- Baby carrots
- Fruit salad
- Lettuce salad
- Unsweetened applesauce cup
- Frozen 100% fruit bars
- Dried fruit such as raisins or plums and nuts
- Tomato, veggie, or fruit juice
- Cherry or grape tomatoes

## Grains

- Unsweetened cereal (dry or with low-fat or fat-free milk)
- Pretzels (lightly salted or unsalted) and a glass of milk
- Whole wheat bagel or English muffin with tomato sauce and melted cheese
- Flavored rice cakes (like caramel or apple cinnamon) with peanut butter
- Popcorn (air popped or low-fat microwave)
- Whole-wheat crackers with cheese or peanut butter

## Munchies

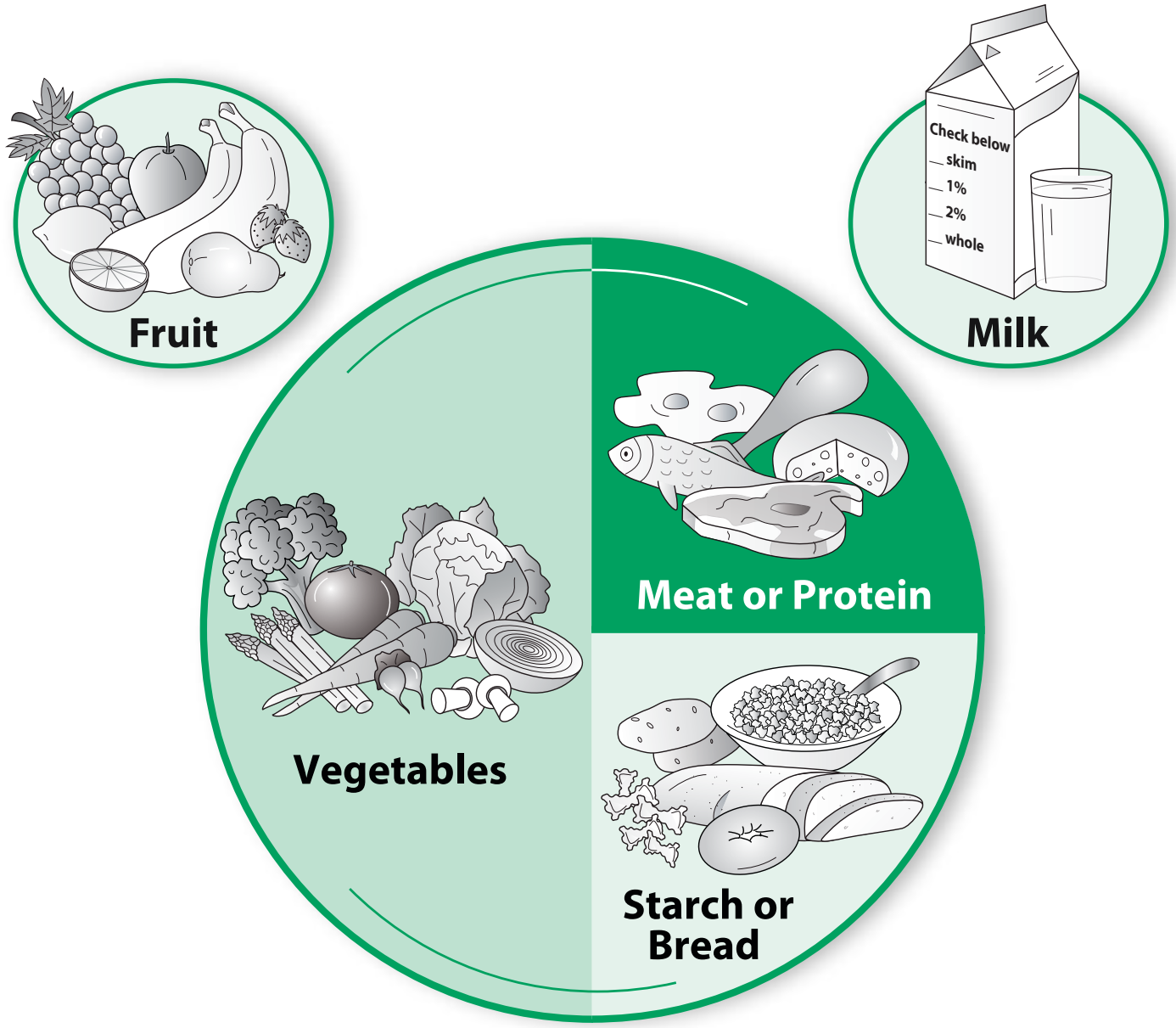
- Graham cracker squares
- Small pretzels
- Saltine, animal, oyster crackers
- Light microwave popcorn
- Low-fat/reduced fat crackers
- Mini rice cakes
- Plain or white cheddar rice cakes
- Caramel or chocolate rice cake
- Small granola bar





# Meal Planning with the Plate Method: Lunch/Dinner

The Plate Method is a method of meal planning that provides an even distribution of carbohydrates, a lower fat intake, and an increased amount of fruits and vegetables. The Plate Method can help plan meals by dividing a plate as shown below:




**Starch or Bread, Fruit, and Milk food groups raise blood sugar.**

**Low carbohydrate vegetables raise blood sugar in tiny amounts.**

**Meat/Protein foods raise blood sugar in tiny amounts.**

# How to Use a Food Label to Select Foods

**1. Locate the serving size**

- The information on the label is for this serving size.
- How does it compare to your serving size?

**2. Locate the total carbohydrate grams (g)**

- 15g carbohydrate = 1 "carbohydrate serving" or "1 carbohydrate choice"

**3. Locate dietary fiber grams (g)**

- The recommended daily grams of fiber should equal the child's age plus 5 (for children older than 2 years). ⌘

Example: Your 4-year-old child should eat 9 grams of fiber per day (4 + 5 = 9)

- Aim for 3-5 grams fiber per serving.
- Fiber does not turn to sugar like other carbohydrate does.
- If fiber is over 5 grams per serving, subtract half of fiber from total carbohydrate grams.

Total carb grams (30)
− Dietary Fiber grams (10/2 = 5)
= Net carb grams that you count (30 − 5 = 25)

- Soluble fiber may help lower cholesterol levels.
- Soluble fiber sources = oats, beans, lentils, vegetables, fruits.

**4. Locate total fat grams (g)**

- "Low fat" = less than 3g fat per serving.
- Choose cheese with less than 5g total fat per ounce.
- Choose frozen entrees with less than 15g total fat each.

**5. Locate cholesterol milligrams (mg)**

- Aim for 200mg cholesterol or less per day.
- Cholesterol is found in animal foods (meat, egg, milk, cheese, butter, etc.).

**6. Locate sodium milligrams (mg)**

- Aim for 2,300mg sodium or less per day.
- Choose frozen entrees with less than 800mg sodium.

⌘*American Academy of Pediatrics recommendation*

*Adapted from material provided by UW Health Medical Foundation, Health Education and Nutrition Department. (2008).*

Breakfast Cereal

**Nutrition Facts**

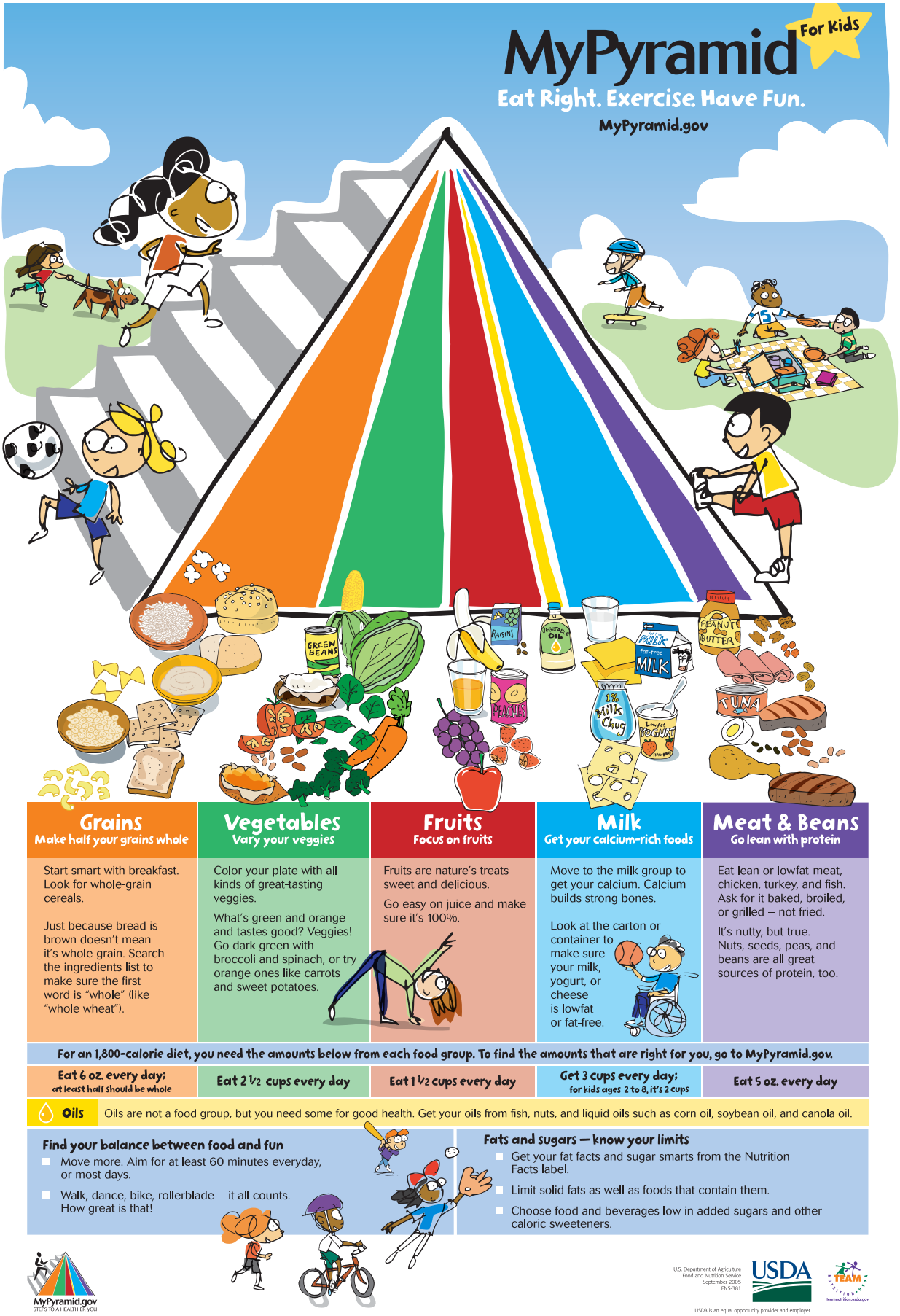
Serving Size 1 cup (52 g)
Servings per container 8

| Amount Per serving | | |
|---|---|---|
| **Calories** 148 | | Calories from Fat 9 |
| | | **% Daily Value*** |
| **Total Fat** 1 g | | 2% |
| Saturated Fat 0g | | 1% |
| Trans Fat 0g | | |
| **Cholesterol** 0mg | | 0% |
| **Sodium** 86mg | | 4% |
| **Total Carbohydrate** 30g | | 10% |
| Dietary Fiber 10g | | 41% |
| Sugars 6g | | 41% |
| **Protein** 14g | | |
| Vitamin A | 1% • Vitamin C | 0% |
| Calcium | 7% • Iron | 14% |

*Percent Daily Values are based on a 2000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.



Disclaimer: This label is for general purpose education. Locating serving size and total carbohydrate grams are all that is necessary for basic carbohydrate counting/insulin dosing. Adjusting for fiber grams for school lunch may not be appropriate.




*United States Department of Agriculture, Food and Nutrition Service. (2005). MyPyramid for Kids Poster – Advanced Elementary. Retrieved from: http://teamnutrition.usda.gov/Resources/mpk_poster2.pdf.*

Tips for Teens

# Lower Your Risk for Type 2 Diabetes

National Diabetes Education Program

**Today, more teens than ever before have type 2 diabetes.**

Have more energy, more fun, and feel good about yourself!

*Take action now...* **check out tips to lower your risk**

*National Diabetes Education Program. (2007). Tips for Teens: Lower Your Risk for Type 2 Diabetes. Retrieved from: www.ndep.nih.gov/media/YouthTips_LowerRisk_Eng.pdf.*

# Be active, eat well, and lower your risk!

## What is type 2 diabetes?

be active

Diabetes means that blood glucose (GLOO-kos), also called blood sugar, is too high. Glucose comes from the food we eat and is needed to fuel our bodies. Glucose is also stored in our liver and muscles. Your blood always has some glucose in it because your body needs glucose for energy. An organ called the pancreas (PAN-kree-as) makes insulin (IN-suh-lin). Insulin helps glucose get from your blood into your cells. Cells take the glucose and turn it into energy.

If you have diabetes, the pancreas makes little or no insulin or your cells cannot use insulin very well. Glucose builds up in your blood and cannot get into your cells. If blood glucose stays too high, it can damage many parts of the body such as the heart, eyes, kidneys, and nerves.

If you have type 2 diabetes, you may need to take insulin or pills to help your body's supply of insulin work better. Type 2 used to be called "adult onset diabetes." Now more teens are getting type 2, especially if they are overweight.

## How can I lower my risk for getting type 2 diabetes?

There are several ways to lower your risk:

- Stay at a **healthy weight**.
- Be more **physically active**.
- Choose to eat the right amounts of **healthy foods**.
- Follow the ideas on this tip sheet and share them with your friends and family. They are good for everyone's health.

## What puts you at risk?

You are at risk if you:

- are overweight
- don't get enough physical activity
- have a mom, dad, or other close relative who has type 2 diabetes
- are American Indian, Alaska Native, African American, Hispanic/Latino, Asian American, or Pacific Islander

**FACT: Eating too much sugar does not cause diabetes.**

## How will physical activity help?

Like eating well, physical activity can help you feel good. Being physically active may:

- help you control your weight, build lean muscle, and reduce your body fat
- strengthen your bones
- increase flexibility and balance
- improve your self-esteem and mood
- help you sleep better
- help you focus in school
- improve your teamwork skills through sports

## Know the warning signs:

If you have type 2 diabetes, you might:

- urinate a lot
- be very thirsty
- lose weight without any reason
- feel tired
- have patches of thick, dark skin that feels like velvet on your neck or under your arms

Some teens do not notice any of these warning signs. They find out they have diabetes when they go to their doctor for a check-up.

## What can I do to be m

Okay, let's get started:

- **Set small goals at first.** Do not get upset if you can not do a lot or if you get out of breath at first. Keep moving! Any amount of activity will help. Add more activity each week until you reach your goal.
- **Aim for at least 60 minutes everyday.** You don't have to do it all at once—20 minutes at a time, three times a day is okay, too. There are lots of ways to be active. Go for a walk, ride a bike, dance, play ball, or shoot hoops. Choose what you like best, then do it!

*National Diabetes Education Program. (2007). Tips for Teens: Lower Your Risk for Type 2 Diabetes. Retrieved from: www.ndep.nih.gov/media/YouthTips_LowerRisk_Eng.pdf.*

**What can I eat?** "Your Healthy Food Guide" gives ideas about what kinds of foods are good for you. Remember, this is only a guide. Talk with your doctor or dietitian about making a meal plan just for you.

## Your Healthy Food Guide

### Vegetables

Choose dark green and orange vegetables as often as you can.

**Aim for 2 1/2 to 3 cups a day. Here are choices that equal 1 cup:**
- 1 cup cut up raw or cooked or vegetables
- 2 cups leafy salad greens
- 1 cup vegetable juice

### Fruits

Choose fresh whole fruits as often as you can.

**Aim for 1 1/2 to 2 cups a day. Here are choices that equal 1 cup:**
- 1 cup cut up raw or cooked fruit
- 1 cup fruit juice
- 1/2 cup dried fruit

### Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts

**Aim for 5 to 6 ounces a day. Here are choices that equal 1 ounce:**
- 1 ounce lean meat, fish, or chicken
- 1 egg
- 1 tablespoon peanut butter
- 1/2 ounce nuts
- 1/4 cup cooked dry peas or beans such as kidney, white, split, or blackeye
- 1/4 cup tofu

### Milk, Yogurt, and Cheese

**Aim for 3 cups a day. Here are choices that equal 1 cup:**
- 1 cup nonfat or low-fat milk or yogurt
- 1 1/2 ounces cheese

### Breads, Cereals, Rice, and Pasta

Choose whole grain foods for at least 3 of your 6 choices.

**Aim for 6 to 7 ounces a day. Here are choices that equal 1 ounce:**
- 1/2 cup of cooked cereal
- 1/2 cup cooked rice or pasta
- 1 cup ready-to-eat cereal
- 1 slice of whole grain bread
- 1/2 small bagel or 1 small muffin

### Heart-healthy Fats


**One serving is**
- 1 teaspoon vegetable, olive, or canola oil
- 1 teaspoon tub margarine
- 5 large olives or 1/8 avocado
- 1 tablespoon low-fat mayonnaise
- 2 tablespoons low-fat salad dressing

**How much should you eat?**
You get most of the fat your body needs from other foods you eat—so choose only a few extra servings of these heart-healthy fats each day.

Source: USDA (www.usda.gov)

### Regular Soda, Candy, Cookies, and Desserts

If you choose to eat these foods, have a very small amount and **not every day**.

**How much should I eat?** The amount of food you need to eat each day varies with your age, sex, height, and activity level. The amounts in "Your Healthy Food Guide" are right for girls age 11 to 17 or boys age 11 to 14 who get 30 to 60 minutes of physical activity each day. If you are a boy older than 14, or if you want to enter your own height or activity level, visit **www.mypyramid.gov**.

**Limit your screen time.** Turn off the TV and get moving! Several studies have found that teens who watch a lot of TV have more body fat than those who watch TV less than two hours a day.

## ore physically active?

- If you are overweight, **check with your doctor** before you start a physical activity program.
- **Be active every day.** Physical activity should be part of your daily life. Play sports, take P.E. or dance, or other exercise classes—check out your local Y for some ideas. Get from place to place by walking or biking. Take the stairs whenever you can.

**Try to cut some calories. If you cut 100 to 200 calories a day, it can make a big difference.**

| If you: | You could cut about: |
|---|---|
| Drink water instead of regular soda or a sweetened fruit drink | 150 calories |
| Eat a piece of fruit instead of a candy bar or a bag of chips | 200 calories |
| Eat a small serving of french fries or share a big one | 250 calories |
| Eat one half cup of sugar-free, nonfat pudding instead of regular ice cream | 150 calories |

*National Diabetes Education Program. (2007). Tips for Teens: Lower Your Risk for Type 2 Diabetes. Retrieved from: www.ndep.nih.gov/media/YouthTips_LowerRisk_Eng.pdf.*

## Try these healthy eating tips.

- Take your time when you eat. It takes about 15 minutes for your stomach to tell your brain that you are full. So, wait 15 minutes before eating second helpings.
- Do not skip meals. Eat breakfast, lunch, and dinner, plus a snack. You will have a ready supply of energy and not get too hungry.
- For breakfast, try one or two slices of whole grain toast with a tablespoon of peanut butter, a hard-boiled egg, or a piece of low-fat cheese, along with a glass of low-fat or nonfat milk.
- Make a sandwich with turkey or lean beef for lunch. Use mustard or a little low-fat mayonnaise.
- Snack on a small bowl of whole-grain cereal with low-fat or nonfat milk and a piece of fruit.
- Don't "super-size" it! Order smaller, kid-sized meals and drink water or low-fat or nonfat milk. Share a larger meal with a friend.
- Fill up half of your plate with salad or vegetables. Use small amounts of low-fat salad dressing, mayonnaise, or margarine.

## What's in it for me?

If you lower your risk for type 2 diabetes, you will:

- have more energy
- feel good about yourself
- be healthy now and in the future

**Take action now.** Use the ideas in this tip sheet to stay healthy and lower your risk for type 2 diabetes.

## Are studies being done about type 2 diabetes?

Yes, studies are being done to learn ways to help prevent and manage type 2 diabetes in kids and teens.

**The SEARCH for Diabetes in Youth Study** is finding out how many kids and teens have type 2 diabetes. www.searchfordiabetes.org

**The TODAY Trial** is finding the best ways to treat type 2 diabetes in kids and teens. www.todaystudy.org

**The HEALTHY Study** is testing a program to lower risk factors for type 2 diabetes in middle school students.

## Learn more!

### Check out...

**National Diabetes Education Program** for more about diabetes www.YourDiabetesInfo.org 1-888-693-NDEP

**American Diabetes Association** for help to manage diabetes www.diabetes.org/planetD 1-800-DIABETES (1-800-342-2383)

**American Dietetic Association** to find a dietitian near you www.eatright.org • 1-800-366-1655

**Bam! Body and Mind** website for help to stay healthy www.bam.gov

**Children With Diabetes** website for more about kids and families with diabetes www.childrenwithdiabetes.com

**MyPyramid.gov** for more about healthy eating and being active www.mypyramid.gov

**National Association for Health and Fitness** that promotes physical activity www.physicalfitness.org • 1-716-583-0521

**National Diabetes Information Clearinghouse** for more about diabetes www.diabetes.niddk.nih.gov • 1-800-860-8747

**President's Council on Physical Fitness and Sports** that promotes physical activity www.fitness.gov 1-202-690-9000

**USDA Team Nutrition** to make healthy food choices and stay active www.fns.usda.gov/eatsmartplayhardkids

**VERB** for cool and fun ways to be active every day www.verbnow.com

**WIN – Weight-control Information Network** for weight control help

- *Take Charge of Your Health! A Teenager's Guide to Better Health*

www.win.niddk.nih.gov/publications/take_charge.htm 1-877-946-4627

**Special thanks to the teens who helped create this tip sheet**

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NDEP National Diabetes Education Program

small steps big rewards Prevent type 2 Diabetes

**www.YourDiabetesInfo.org**

*The U.S. Department of Health and Human Services' National Diabetes Education Program is jointly sponsored by the National Institutes of Health and the Centers for Disease Control and Prevention with the support of more than 200 partner organizations. www.YourDiabetesInfo.org or 1-888-693-NDEP*

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*National Diabetes Education Program. (2007). Tips for Teens: Lower Your Risk for Type 2 Diabetes. Retrieved from: www.ndep.nih.gov/media/YouthTips_LowerRisk_Eng.pdf.*

*Curators of the University of Missouri Extension. (2006). MyActivity Pyramid.*
*Retrieved from: http://extension.missouri.edu/explorepdf/hesguide/foodnut/n00386.pdf. Reprinted with permission.*

# MyActivity Pyramid

**Be physically active at least 60 minutes every day, or most days.
Use these suggestions to help meet your goal:**

| Everyday Activities | Active Aerobics and Recreational Activities | Flexibility and Strength | Inactivity |
|---|---|---|---|
| As often as possible | 3-5 times a week | 2-3 times a week | Cut down |
| • Playing outside<br>• Helping with chores around the house or yard<br>• Taking the stairs instead of the elevator<br>• Picking up toys<br>• Walking | • Playing basketball<br>• Biking<br>• Playing baseball or softball<br>• Rollerblading<br>• Skateboarding<br>• Playing soccer<br>• Swimming<br>• Playground games<br>• Jumping rope | • Practicing martial arts<br>• Rope climbing<br>• Stretching<br>• Practicing yoga<br>• Doing push-ups and pull-ups | • Watching television<br>• Playing on the computer<br>• Sitting for too long<br>• Playing video games |

## Find your balance between food and fun:

- Move more. Aim for at least 60 minutes every day, or most days.
- Walk, dance, bike, rollerblade – it all counts. How great is that!

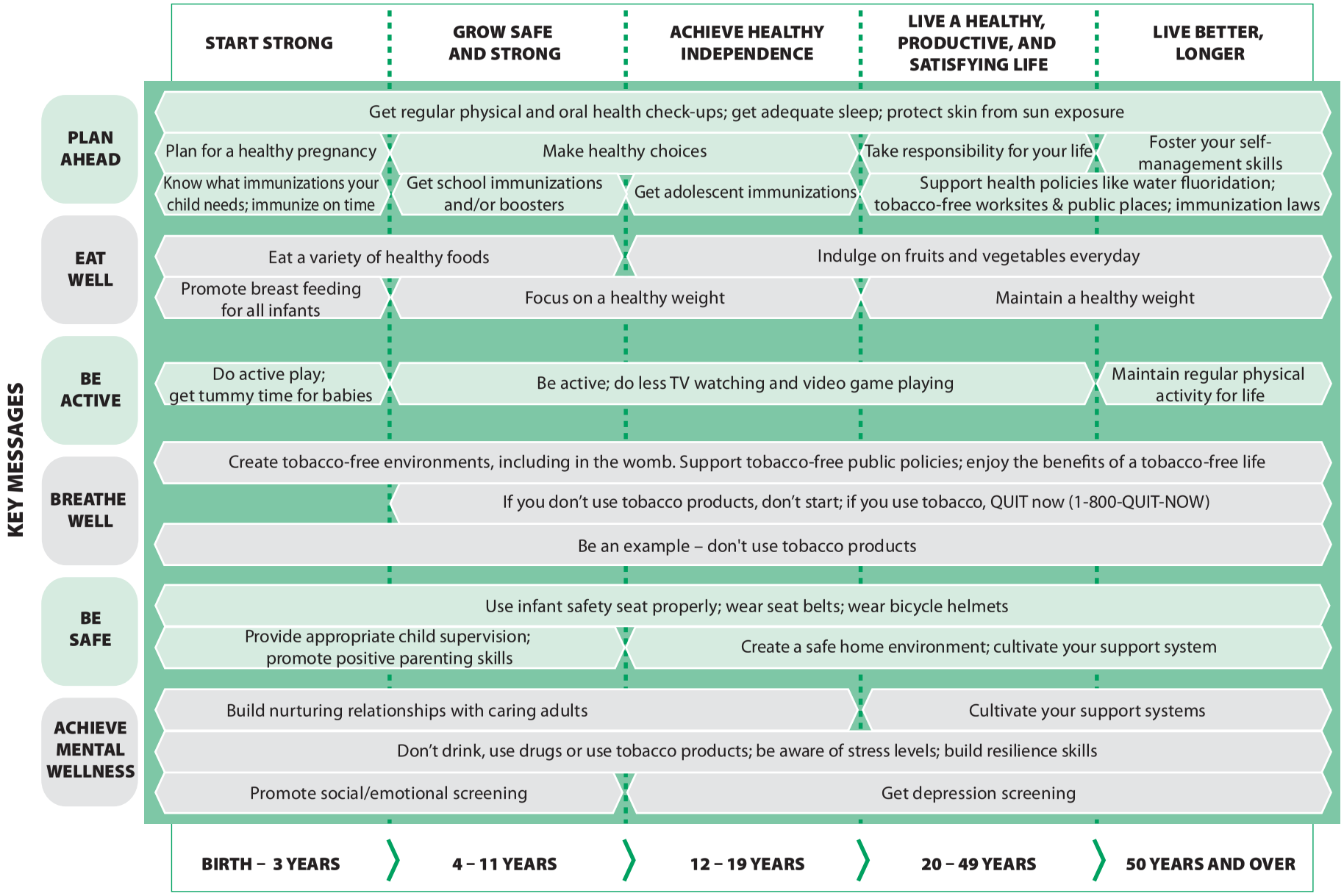
This publication is adapted from USDA's MyPyramid and was funded in part by USDA's Food Stamp Program.



N 386

Revised 7/06/100M

# Healthy People at Every Stage of Life Framework: Core Messages



## Give a Child with Diabetes the Experience of a Lifetime

## RESIDENT CAMP FOR CHILDREN WITH DIABETES

American Diabetes Association.
Cure • Care • Commitment®

### Wisconsin Lions Camp
**Rosholt, WI**

**Tentatively**
**Last Week of July and**
**First Week of August**

**Improve self-care skills, build self-confidence, have fun, make new friends ...**

These are the goals of this unique camping experience for Wisconsin residents ages 8 through 16 — up to 150 of them for each of the two one-week camp sessions.

Campers are supervised by counselors trained to work with children with diabetes, and medically supported by a lead physician and a large team of nurses. Lodging, meals and all diabetes-related supplies are furnished. There is a $100 registration fee, but all other costs are underwritten by the Wisconsin Lions Foundation, Inc., the American Diabetes Association (ADA) and health industry supporters.

**For registration information and an application ...**

The ADA maintains a list of those who want to receive information about the Camp. At the beginning of the year, you will receive a mailing that includes information about that year's camp and an application form to register. Applications are accepted on a first-come, first-served basis—*except* that children who have not previously been to camp are accepted as a first priority. For late applications, a "waiting list" is created in order of application receipt, and cancellations are filled from the "waiting list."

To get on the list to receive information about the upcoming year's Camp, complete the following form and mail to: ADA Camp Director, Camp for Children With Diabetes, American Diabetes Association-Wisconsin Area, 375 Bishops Way, Suite 220, Brookfield, WI 53005. For more information immediately, contact the Camp Director at (414) 778-5500.

*Prospective Camper's Name* _____ *Birth Date* _____

*Parent or Guardian* _____

*Street Address* _____

*City/State/Zip* _____

*Home Phone* _____ *Work Phone* _____