

Developmental Stages and Diabetes Management

Students need to be encouraged and supported to gradually assume diabetes self-care as they mature and demonstrate confidence.

The school nurse, parent, and student must discuss when the responsibility is given and when the child is willing to take it. Keep in mind that a child's ability or willingness to perform certain diabetes-related tasks may vary from day to day. Staff must be sensitive to the child's needs and be able to take over with no questions asked. Below is a general list to guide discussions on self care behaviors that may be considered as a child matures and advances in responsibility.

<i>Age</i>	<i>Non-diabetes-related</i>	<i>Diabetes-related</i>
3 - 7 years	Imaginative/concrete thinkers Cannot think abstractly Self-centered	Parent supervision for all tasks Gradually learns to cooperate for finger sticks and insulin Inconsistent with food choices Gradually learns to recognize hypoglycemia Not much concept of time
7 - 12 years	Concrete thinkers More logical and understanding More curious More social More responsible	Can learn to test blood sugars At age 10 or 11, can draw up and give shots on occasion Can make own food choices Can recognize and treat hypoglycemia By 11 or 12 years, can be responsible for remembering snack, but may still need assistance of alarm watches or staff reminders
12 - 18 years	More independent Behavior varies Body image important Extracurricular activities important More responsible Abstract thinking	Capable of doing the majority of shots and blood tests but still needs some parental supervision and review at times to make decisions about dosage Knows which food to eat Gradually recognized the importance of good sugar control to prevent later complications May be more willing to inject multiple shots per day