TYPE 1 INITIAL MANAGEMENT: INSULIN THERAPY AND SURVIVAL EDUCATION

Both insulin therapy and patient/family education must begin immediately after diagnosis.

**Initiate INSULIN THERAPY based on age of child**

- **Toddler and preschoolers (<6 years)**
  - Long-acting + Rapid-acting
  - Long acting: 0.3-0.4 unit/kg/day at breakfast
  - Rapid-acting:
    - before meals: ½ unit per 15-20 grams carbs
    - as correction dose: ½ unit per every 50 mg/dL over 200 mg/dL (example: If pre-meal blood glucose is 300 mg/dL, take unit NovoLog)

- **School-age children (6-12 years)**
  - Long-acting + Rapid-acting
  - Long acting: 0.3 to 0.4 unit/kg/day at bedtime
  - Rapid-acting:
    - before meals and snacks: 1 unit per 10-20 grams carbs
    - as correction dose: 1 unit per every 50 mg/dL over 150 mg/dL (example: If pre-meal blood glucose is 250 mg/dL, take 2 units NovoLog)

- **Adolescents and younger adults (13-19 years)**
  - Long-acting + Rapid-acting
  - Long acting: 0.4 to 0.6 unit/kg/day at bedtime
  - Rapid-acting:
    - before meals and snacks: 1 unit per 10-20 grams carbs
    - as correction dose: 1 unit per every 50 mg/dL over 150 mg/dL (example: If pre-meal blood glucose is 250 mg/dL, take 2 units NovoLog)

**Comments about this regimen**
Young children, especially toddlers, are notorious “grazers” who rarely eat regular meals. These children may do best with long-acting insulin.
- Long-acting insulin dose may be slightly higher as a % of the total daily dose to cover frequent intake of small amounts of carbohydrate (necessary because of erratic eating patterns).
- Rapid-acting can be used more as a “correction dose” to bring glucose down if it’s over 200 mg/dL, rather than as a “carb dose” to cover anticipated carb intake.

**Initiate EDUCATION**
- See information on page
- Focus on the following information and skills:
  - SMBG (self-monitoring of blood glucose) and record keeping
  - Insulin injections, storage, dosing
  - Instructions for home management of hypoglycemia, hyperglycemia, sick days

**Refer for MEDICAL NUTRITION THERAPY (MNT)**
Dietitian should provide meal plan that approximates the patient’s normal eating patterns AND considers insulin regimen, for example.

**Meal Plan for users of intermediate-acting insulin:**
- 3 meals, 2-3 snacks, at scheduled times (note that toddlers often eat the same amount of carbohydrate at meals and snacks—thus their meal plans should accommodate 6 small meals in a day, rather than 3 larger meals + 2-3 smaller snacks,
  - Kcal need per age

**Meal plan for users of long-acting insulin:**
- Eat to satisfy hunger
- Dose rapid-acting insulin to carbohydrate intake EVERYTIME child eats (except for toddlers)
- Toddlers may not need carbohydrate dosing initially, especially if grazing
  - Monitor growth and evaluate carbohydrate / caloric needs