



# Your child's diabetes annual review

# Information for children, families and carers

We have given you this factsheet because your child has an appointment for their diabetes annual review. It explains what will happen at your child's appointment so you know what to expect and can help to prepare your child. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact your child's diabetes keyworker nurse for advice.

### What is a children's diabetes annual review?

Every child and young person with diabetes needs to be reviewed once a year. This is so we can:

- assess your child's mental and physical wellbeing
- check for any early signs of diabetes-related health concerns (to help prevent the development of any long-term complications)
- · check what is going well and what may not be going as well for your child

#### Children's diabetes annual review checklist

We will give your child a checklist to carry around with them for the duration of their appointment. For each item on the checklist, please ask a member of staff to give your child a sticker or a stamp. At the end of your child's appointment, please hand the completed checklist to the nursing station in room 3.

## How should I prepare for my child's diabetes annual review?

- Ensure you have downloaded the data (as appropriate) from your child's diabetes equipment (for example, your child's insulin smart pens, pump or mylife app connected to Glooko) before their annual review so that it is visible to us ahead of time.
- The annual review will take approximately two hours. Please ensure that you allow enough time in your day for the appointment (including enough time to park if you are driving).
- If your child has not had a blood test or given a urine (wee) sample ahead of their annual review (usually three months before), this will be done on the day of their annual review. Please prepare your child for this.

## What will happen at my child's diabetes annual review?

At your child's diabetes annual review, we will:

- · measure your child's height and weight
- · take your child's blood pressure
- check your child's HbA1c (their average blood sugar levels for the last two to three months) with a finger prick blood test
- ask your child to provide a urine sample (if this has not already been done in the last three months)
- ask you to fill out a wellbeing questionnaire for your child (this will help us to understand if your child is finding any aspects of life with diabetes particularly difficult, so we can find the most appropriate ways to help support them)
- perform a blood test (if this has not already been done in the last three months)

Your child will then be seen by several members of our diabetes team.

## Who will my child be seen by?

During your child's diabetes annual review, they will be seen by some or all of the healthcare professionals below:

## Paediatric diabetes specialist nurses (PDSNs)

One of our PDSNs will provide education, support and advice on:

- diabetes in general
- · exercise and wellbeing
- carbohydrate counting

If your child is 12 or older, they will also explain what the Ready Steady Go programme is and what it involves.

#### Paediatric diabetes dietitians

One of our dietitians will provide education about eating a healthy diet. They will also ask for a diet history to check that your child's diet is healthy and well-balanced, and that they are not missing out on any important nutrients. During this review, they will also be able to offer support and advice on any food-related issues and any dietary concerns related to diabetes and weight management.

#### **Diabetes consultants**

One of our consultants will have a chat with your child about how things have been over the last year for them. This is a good chance to ask any questions or discuss any concerns you or your child may have.

The consultant will also look at the data you have downloaded from your child's app, insulin pens or pump and explain any adjustments that need to be made to your child's insulin doses. They will also check your child's feet and injection sites.

The consultant will then give your child the chance to talk about other areas of their life which are important to them (for example, sports, parties, school, exams and holidays) and offer advice on how to manage their diabetes around these areas. To finish up, the consultant will come up with some goals for your child for the upcoming year.



## Paediatric clinical psychologist

We understand that managing diabetes is a daily job which can affect not only your child, but the people around them. It can affect how people feel or think about things and can sometimes cause people to feel worried, stressed, angry, upset or down.

Paediatric clinical psychologists have training in child development and understanding how people think, feel and behave. They specialise in helping children, young people and families cope with, adjust to and live with diabetes.

At your child's diabetes annual review, you will have the opportunity to meet with our paediatric clinical psychologist(s). At this meeting, the paediatric clinical psychologist will help your family to:

- understand the links between diabetes and how you think, feel and act
- find ways of coping with the difficulties or feelings that you may be experiencing

The paediatric clinical psychologist will also ask you and your child to complete a few questionnaires to assess the impact of diabetes on your lives. This information will highlight any areas that are causing you distress and help the paediatric clinical psychologist work out how best to help you.

## What measurements or checks will my child have?

## Height and weight

We will measure your child's height and weight and plot these on special charts called 'centile charts'. These allow us to check that your child is growing as expected. If a child's blood sugar levels are too high, it can prevent them from growing as well as they should.

### **Blood pressure**

We will usually check your child's blood pressure three months before their annual review to make sure it is not too high. However, if this is not possible, we will take your child's blood pressure on the day of their annual review.

High blood pressure is rare in children, and it may suggest that their kidneys are not working as well as they should be. However, we are aware that coming into hospital can make some children worried, which can make their blood pressure higher than usual. If this is the case, your child may prefer to have their blood pressure measured at their GP surgery.

#### **Urine test**

We will ask your child to provide a urine (wee) sample three months before their annual review. However, if this is not possible, we will give your child a small pot and ask them to provide a urine sample when they arrive for their annual review. If your child is worried or embarrassed about doing this, please let us know and we can help. Once done, please place the sample in the box outside room 3.

We will send your child's urine sample to the laboratory where it will be tested for traces of a protein called albumin. If this protein is present in your child's sample, their kidneys may not be working as well as they should, and your child may be at risk of kidney disease (nephropathy).



Please note that sometimes the level of albumin may be higher than expected if your child:

- gave a sample that was not from their first wee of the day
- is on their period (if applicable)
- has exercised in the last 24 hours

We will always contact you if your child's level of albumin is high. To ensure that none of the above reasons are causing the high level of albumin, we will ask your child to provide three early morning urine samples first. We will then discuss what the next steps are, if appropriate.

#### Feet check

We will examine your child's feet to check that they are healthy. We will also educate your child on when and why to check their feet themselves. This is to ensure that any problems are caught early and can be treated as soon as possible.

We will also check the sensation in your child's feet, as raised blood sugar (glucose) levels over many years can:

- damage the nerves in the feet (known as neuropathy)
- affect blood vessel health and how well blood circulates around the body, leading to the feet getting a reduced blood supply (without a good blood supply, cuts and sores may not heal as well)

If these foot problems are not treated, they may lead to foot ulcers, infections and long-term problems. Most foot problems can be prevented with good, regular footcare.

#### **Blood tests**

We will arrange for your child to have a blood test in our butterfly room three months before their annual review. If this is not possible, we will arrange for them to have the blood test on the day of their annual review.

The blood test will screen for some or all of the following:

#### Coeliac disease

Coeliac disease is an autoimmune condition (when the body's immune system mistakenly attacks its own healthy cells) that occurs when the body is unable to process gluten (found in wheat products). This may be referred to as a tissue transglutaminase test or a TTG test.

#### Thyroid disease

The thyroid gland produces a hormone that regulates the body's metabolism (how fast it works). People with diabetes may have a slightly increased risk of having an underactive thyroid. An underactive thyroid is also an autoimmune condition. We will test for a thyroid stimulating hormone (TSH) and the thyroid hormones T3 and T4.

#### Cholesterol

Cholesterol is a fatty substance known as a lipid and is needed for the body to function normally. It is mainly made by the liver, but it can also be found in some foods. If your child has a high level of lipids in their blood (hyperlipidaemia), this can have a negative effect on their health.

We will discuss the results of your child's blood test at their next clinic appointment.

If you think that the blood test is going to be especially difficult for your child, let your child's diabetes keyworker nurse know ahead of the appointment so that we can work through the best plan to help.



## HbA1c (glycosylated haemoglobin)

We will check your child's blood sugar level using a single drop of their blood. This test will provide us with their average blood sugar levels for the last two to three months. Ideally, your child's HbA1c result should be close to the level of someone without diabetes to minimise their risk of developing complications. The national target we aim for is less than 48mmol/mol.

## **Retinal screening**

Annual retinal screening is offered to all people with diabetes aged 12 and over. Retinal screening is where a photograph is taken of the back of a person's eyes to check that they are healthy. The reason for this test is because high blood sugar levels can damage the back of the eye (retina). This is called **diabetic retinopathy** and can cause blindness if left undiagnosed and untreated. However, if it is caught at an early stage, the damage can be reversed and treated.

## **Smoking**

Smoking is one of the main causes of illness that can be prevented. For this reason, it is important that we know if your child smokes so we can support them to have a healthier lifestyle.

## What will happen after my child's diabetes annual review?

Once you've completed your child's annual review and handed in the completed checklist to the nursing station in room 3, you will be able to go home.

It is important that all parts of your child's annual review are completed. The more information we receive from your child's review, the better we will be able to:

- · discuss your child's current management plan, health and wellbeing
- provide valuable feedback, additional updates and education
- · plan further management

#### Contact us

If you have any questions or concerns, please contact your child's diabetes keyworker nurse in the first instance using the details you have been given.

Alternatively, you can contact our paediatric diabetes co-ordinator for support.

Paediatric diabetes co-ordinator

Telephone: **023 8120 8518** (Monday to Friday, 8am to 4pm)

### **Useful links**

#### General information about diabetes

- www.diabetes.org.uk
- www.childrenwithdiabetesuk.org
- www.jdrf.org.uk
- www.DigiBete.org
- www.what0-18.nhs.uk/parentscarers/long-term-conditions-1/diabetes-1



### Sleep

• www.nhs.uk/live-well/sleep-and-tiredness/healthy-sleep-tips-for-children

#### **Exercise and diabetes**

- www.theglucoseneverlies.com
- www.runsweet.com
- www.extod.org

### Additional support for children (welfare, wellbeing and mental health)

No Limits

A local Southampton charity providing confidential and free support for young people.

Website: www.nolimitshelp.org.uk

Kooth

A digital mental health and wellbeing service.

Website: www.kooth.com

Childline

A free, confidential support service for people under the age of 19 in the UK.

Telephone: **0800 1111** (available 24 hours, 7 days a week)

Website: www.childline.org.uk

NHS urgent mental health service

Offers mental health support and advice to people in England. The service can help you to speak to a mental health professional and/or arrange an assessment to help decide on the best course of care. Website: www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline

Samaritans

A charity that provides support to anyone in emotional distress (this is a listening service only and does not offer advice or intervention).

Telephone: 116 123 (available 24 hours, 7 days a week)

Website: www.samaritans.org

Shout

This is a free text service that young people can contact when they need in the moment support.

Text: **SHOUT** to **85258** (available 24 hours, 7 days a week)

Website: www.giveusashout.org

## **Useful apps**

- · DigiBete app
- Carbs & Cals app
- MeeToo app
- Mylife app



### **Useful books**

- Type 1 diabetes in children, adolescents and young adults: How to become an expert on your own diabetes by Dr Ragnar Hanas
- Carbs & Cals (product code: 4352)

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