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# Transitioning Your Daughter's Care

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# Objectives

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- Discuss age appropriate expectations in self-care
- Discuss tips to help daughter increase self management of diabetes
- Review transition skills
- Discuss differences between pediatric and adult care
- Questions and discussion of your experiences

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Change is hard and everyone's journey is unique





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# Early Adolescents (10-13 years)

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- Physical: puberty beginning; rapid growth
- Cognitive: thinking mostly concrete
- Social: interest in forming relationships with peers
- Family: Increased need for privacy; push for independence with beginning of detachment from parents



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# Early Adolescents and Diabetes

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- Start being responsible for giving own shots/managing pump
  - Rely on parents help with decisions about insulin adjustments
- Start independently treating low BG and identify when to check for ketones
- Still rely on parents to talk to others about diabetes
- Start being responsible for carrying own supplies and knowing what they need to have on them

# Middle Adolescents (14-17 years)

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- Physical: Puberty and growth slowing
- Cognitive: More sophisticated thinking emerging; still not able to process long term thinking (brain fully develops early to mid 20s)
- Social: Concern with peers, sexuality, and dating
- Family: Interdependence

# Middle Adolescents and Diabetes

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- Responsible for giving own shots/managing pump
  - Start making decisions about insulin adjustments
  - Responsible for carrying own supplies and letting you know when they're running low
- Inform others about diabetes
  - Friends, teachers, doctors
- Understand driving safety and effect of risky behaviors on diabetes
- Start taking on responsibility for transition tasks
  - No age recommendations, but should be able to do tasks at 18

# Developmental Challenges in Adolescence

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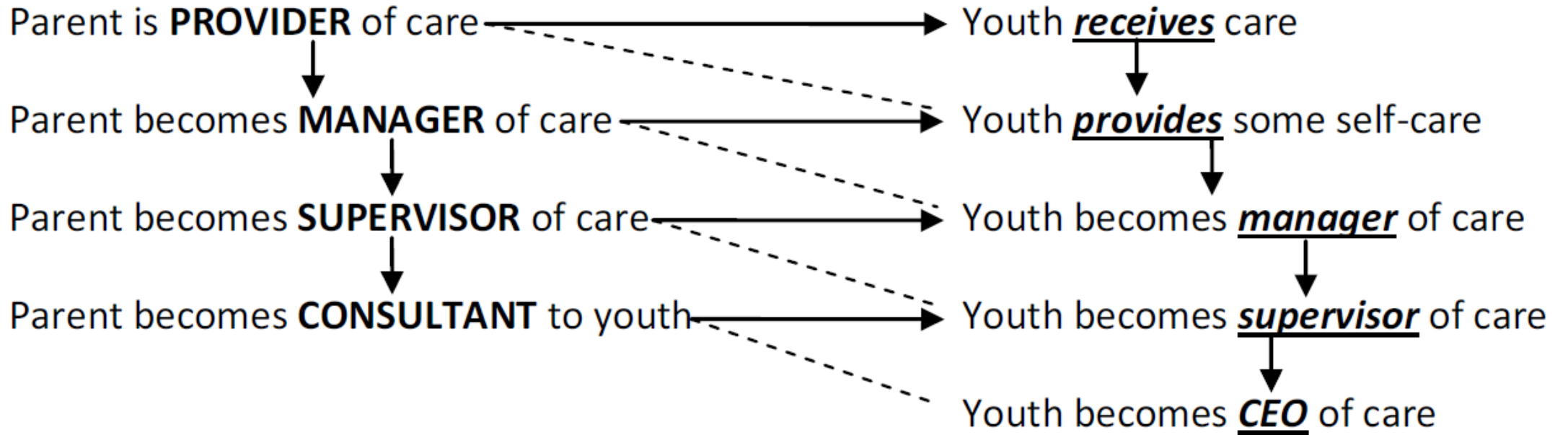
- Want to be the same as their peers
- Problem solving with undeveloped brains (not always aware of risks/consequences of actions)
- Frustration that adherence does not always improve outcomes and poor adherence does not always impair outcomes
- Desire for increased independence and responsibility---but may not be ready for this
- Schedules tend to be busy
- More time away with the peers and may experiment with risky behaviors
- Sense of invulnerability
- Sensitive to “judgmental tone of voice”



## SHARED MANAGEMENT OVERVIEW

### Role of Parent

### Youth Role



# What does shared management look like?

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- Start evaluating your daughter's skills
- Is she ready to start taking on more responsibility?
- Start working as a team and gradually transfer responsibility
- Set specific goals to work towards
- Identify responsibilities of child and parent and clearly communicate who is responsible for what
- Monitor your child's progress, support efforts, and negotiate changes in responsibility as needed

# Tips to Facilitate Independence

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- Talk about normal activities before diabetes
- Be realistic with where your child is at
- Remember self care is NOT easy
- Accept greater independence, but stay connected
- Anticipate challenges and help troubleshoot
- If you notice burnout, ask how you can help
- A short lapse in care is not a sign of failure—acknowledge what happened and move on
- Discuss risky behaviors openly

# Tips to Increase Daughter's Self-Care

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- Ask her what to do and go with it
  - Evaluate later and talk about it
- Have her sit with you when you call the doctor or pharmacy
  - Take her with you to pick up prescriptions
- Offer to leave room during appointment to give her a chance to speak to doctor alone
  - Let her fill out questionnaires at appointments
  - Try to let her answer questions first and chime in if she left out pertinent information
  - Have her come up with one question for the doctor before appointment and have her ask it
- Help her create a written summary of her diabetes history and update together periodically
- Review transition checklists together
  - Check off what she can do and set goals to work towards unchecked items



# Transition Skills

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- Understand how insulin works
  - Practice insulin adjustments
- Understand importance of checking blood sugar
  - Know how to treat low blood sugar
  - Know how to teach others to use glucagon
- Know how to count carbs independently
  - Understand how different foods affect blood sugar
- Understand what ketones are
  - Know what causes and what to do if you have ketones
- Understand how to manage diabetes when sick
- Know how to prepare for traveling

# Transition Skills

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- Understand management of exercise and blood sugars
- Know what the A1C is
- Understand complications of uncontrolled diabetes
- Understand driving safety
- Understand effects of alcohol, smoking, and drugs
- Understand risk of depression
- Understand importance of planned pregnancy
- Understand you do NOT have to disclose you have diabetes in a job interview
  - But should tell employer after hire

# Transition Skills

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- Wear medical ID bracelet or necklace
- Recognize need for routine follow up (every 3-4 months)
- Recognize need for insurance
- Carry an insurance card
- Be comfortable speaking for yourself and sharing your medical history
- Know how to make doctors appointment
- Know how to call doctor for emergencies
- Know how to keep track of your supplies
- Know how to call for prescriptions and obtain refills



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# Transition Checklists

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## NDEP National Diabetes Transition Program

- Pediatric to adult diabetes care transition planning checklist
- <http://ndep.nih.gov/media/NDEP-Transitions-Planning-Checklist-508.pdf>

## Endocrine Society Transition Toolkit

- Self assessment of worries, concerns, and burdens related to diabetes and preparation for transitioning
- Provider assessment of patient skill set
- <http://www.endocrinetransitions.org/type-1-diabetes/>



# Pediatric vs Adult Care

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## Pediatric Care

- Family-centered
- Questions asked to parent and child
  - Parent is key in helping make decisions
- Visit guided by provider
- Focus on diabetes; but may discuss other teen health issues
- Longer visits
- Patient population is mostly type 1

## Adult Care

- Focus on the patient
- Questions directed to the patient
  - If parent present, there for support
- Visit guided by patient
- Focus on diabetes/endocrine issues only; PCP expected to address anything else
- Shorter visits
- Patient population is mostly type 2



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# Transition Resources

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National Diabetes Education Program. <http://ndep.nih.gov/transitions/ResourcesList.aspx>

Health Care Transitions (University of Florida Transition Project).  
[http://www.floridahats.org/?page\\_id=616](http://www.floridahats.org/?page_id=616)

Got Transition. <http://www.gottransition.org/youth-information>

*College Diabetes Network.* <http://collegediabetesnetwork.org/>

# Questions and Experiences???

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