Parent study day

Learning objectives

- To work together as a team
- To recap on "What is diabetes?"
- To have a better understanding about insulin action, timings and types
- To have an introduction to carbohydrate and insulin ratios
- To learn the skills for counting grams of carbohydrate
- To practise insulin dose adjustment and when to use correction doses
- To learn how to manage hypoglycaemia – signs and symptoms, treatment and prevention
- To learn the principles of sick day rules using the KICk-OFF course
- To discuss school issues

Today's programme

Registration and coffee 9.15am - 9.30am

Session 1 9.30am - 10.30am

Team work
What is diabetes/KICk-OFF?
Insulin: - action, timings, types.
Introduce insulin/carbohydrate ratio

BREAK (work out insulin/CHO for snack)

Session 2 10.45am-12.15pm

Practise counting grams of CHO
Insulin dose adjustment
Correction doses

LUNCH (work out insulin/CHO for lunch)

Session 3 1.00pm-2.15pm

Hypoglycaemia
Sick day rules

BREAK

Session 4 2.30pm-3.00pm

School issues
Recap the days objectives

Parent

Session 1:

What is diabetes and KICk-OFF?

Insulin action

CHO/Insulin ratio

Learning Objectives

- To learn how to work as a team
- To recap on "What is diabetes and KICk-OFF?"
- To have a better understanding about insulin action, timings and types
- To understand the CHO/Insulin ratio

Materials

- Overhead (portable)
- Learning objectives P33
- Flip chart and pens
- Theory booklet
- Acetates and pens
- Body board
- Snacks
- laptop
- Sharps bin
- Scales
- Calculators
- ID cards
- Posters 18 and 32
- Insulin cards
- Educators work book

Educators	Nurse and Dietitian
Preparation	Overhead projector and materials for session

TIME	EDUCATOR ACTIVITY	PARENT ACTIVITY	MATERIALS
9.30am **9.40am** **9.45am**	**Introduction to the day** Introduce the team members, observers and their role. Give out name badges, theory booklet, food diary and blood glucose diary **Explain:** the lay out of the environment ❑ Toilets ❑ Dining area ❑ Fire exits and alarms **Ask:** Parents to introduce themselves and how long their child has had diabetes and what their reasons for coming on the course are. **Explain:** For effective education to take place and to be sustained, there has to be an agreement to work as a team with your child. There are 3 main barriers to the success of this. **Ask:** Can you think what they are? **Explain:** Society expects our young person to start to take responsibility for them self but they need help with this. Independence and privacy is a normal psychological development in teenagers and they may find it difficult to share tasks. Therefore you have to find a way of promoting independence whilst still taking part in their diabetes management. Hopefully during today some ideas may be explored/shared. Family conflict is common at this age and can lead to the young person hiding information because they are afraid of being blamed for a high or low blood glucose. This problem will be explored later and we can think of ways of sharing the problem instead of blaming someone. This way a team/sharing approach to a difficult time of life for the young person may be achieved.	**Response:** Introduce themselves **Response:** ❑ Society ❑ Independence and privacy for the young person ❑ Family	❑ Overhead projector ❑ Acetate and pens ❑ Flip chart and marker pens ❑ Name badges ❑ Post-it notes ❑ Theory booklet ❑ Food diary ❑ Monitoring diary ❑ Educators work book

TIME	EDUCATOR ACTIVITY	PARENT ACTIVITY	MATERIALS
9.55am	**Explain:** **The background to the KICk-OFF course for 11-16 year olds** KICk-OFF course stands for Kids In Control Of Food and has been modelled from the adult DAFNE course which has been running for over 12 years and was based on the teaching course run in Germany. **Explain:** **Our objectives for the KICk-OFF course.** We hope that the course will enable your child to learn the skills needed to adjust their insulin dose more closely in line with the food they choose to eat and at a time that suits them. We hope that this course will (depending on the age of the child) give more independence to your child but at the same time have more control over their diabetes, resulting in better blood glucose levels. **Discuss:** Many conflicts arise over blood glucose levels. For parents, high blood glucose levels are a constant worry because of the threat of complications in later life. This may be a worry for the young person or they may just see it as another thing for parents to 'nag' about. It ends up becoming a vicious circle. **Explain**: The poster (or acetate) on the vicious circle . We will discuss later in the day causes of high and low blood glucose levels and how we can help avoid the "shame and blame" scenario and the family conflict and bad feeling this causes. **Explain:** The aims and objectives for the parents' day (acetate) Our aim is to give an outline of what your child will learn on the course. It is important that you have an understanding of how to count grams of CHO and what is meant by insulin ratios.	**Response:** Look at vicious circle diagram **Response:** Look at the aims and objectives	❑ A4 Poster - vicious circle, explanation also on acetate ❑ Poster P33 of aims and objectives, also on acetate

TIME	EDUCATOR ACTIVITY	PARENT ACTIVITY	MATERIALS
10.05am	You will also be expected to have an understanding about how to adjust insulin and respond to high or low blood glucose level using the KICk-OFF guidelines and the blood glucose target range. The course suggests the following blood glucose targets. Show poster (P18) If at anytime you do not understand anything please stop us and ask. It is important that you go away today with the knowledge and confidence to be able to support your child when they start the course. **Ask:** **What is Diabetes?** Write down key words from response. **Explain**: There are 2 types: Type 1 and 2. In both types there is no control over the amount of glucose that travels around the body. The main hormone responsible for this is insulin. In type 1 diabetes insulin producing cells have been destroyed therefore insulin has to be given back to the body. In type 2 the insulin just does not work properly so there are different options for treatment to help control the blood glucose levels. KICk-OFF is designed to educate young people with type 1 diabetes. **Explain**: Using the body board, what normally happens if you do not have diabetes and what happens if you have type 1 diabetes? Explain that insulin is the key to the cell door allowing the glucose to enter. The glucose is either stored in the liver or muscle cells or used for energy. Energy is needed to do our usual day to day activities. Some days we require more energy than others (give examples) It is like putting fuel in a car, without petrol the car will not start It is therefore important to know how much insulin to give with food and when to give it.	**Response:** Ask questions Take down web address **Response:** Parents to give their version of the definition **Response:** Watch visual explanation and ask questions	❑ Body Board ❑ Flip chart and pens Poster of targets P18: ❑ 4 - 7mmol/L before breakfast ❑ 4 - 7mmol/L before other meals ❑ 5 – 8mmol/L before bed and over night

TIME	EDUCATOR ACTIVITY	PARENT ACTIVITY	MATERIALS
	Ask: **What types of insulin do you know and which group do they go in?** Label 2 sheets of paper with 1. very quick 2. Slow acting. Give out post-it notes for parents to write answer on and stick on correct sheet. **Explain:** The different insulin action times using the flow charts in the theory booklet or they can be drawn on the flip chart. **Explain:** **There are many different insulin regimes each has pros and cons e.g.:** The KICk-OFF course teaches how to use the basal bolus regime. Injecting insulin with each CHO meal. This mimics more closely the action of insulin in people without diabetes **Ask:** **Can you think of pros and cons for this regime?** **Ask:** **Do you have any comments to make about this regime?** **Explain:** The insulin ratio is the amount of meal or QA insulin per 10g CHO (P14) Leave out snacks labelled as 10g for parents to choose.	**Response:** Parents to give the names of insulin they know and put them in the correct group **Response:** **Cons for basal bolus regime** ❑ More injections ❑ More blood tests ❑ More thought to work out insulin dose ❑ Injections at school **Pros** ❑ Eat what you want when you want ❑ More flexibility ❑ Better weight control if healthy diet principles followed and around exercise ❑ Better blood glucose control ❑ Less hypos ❑ Less hypers **Response:** Ask any questions **Response:** Parents to choose a snack and look at the CHO value	❑ Post-it notes ❑ Insulin flow charts to refer to in the theory booklet (page 13) ❑ Cards of all insulin names used (W7) ❑ 1 unit of quick/meal insulin per 10g CHO P14 ❑ Snacks and drinks available labelled with CHO content
10.30am **Break**			

Parent

Session 2:-

Carbohydrate counting

Insulin dose adjustment

Correction doses

Learning Objectives

- To learn the skills for counting grams of carbohydrate
- To practise insulin dose adjustment
- To learn when to use correction doses

Materials

- Scales
- Food models
- Spoons of different sizes
- Flip chart
- Pens
- Diaries
- Work sheets
- Posters P14, 17,18
- Calculators
- Food ingredients
- Packets of food
- Photos of food plates
- Eat well mat
- Overhead projector
- Theory booklet
- Laptop

Educator	Dietitian
Preparation	Display packs of foods, food models and 10g CHO food samples

TIME	EDUCATOR ACTIVITY	PARENT ACTIVITY	MATERIALS
10.45am	**Discuss CHO estimation:** Food choices and timing of meals are a source of conflict. A child could have the same food 2 days running but see different blood glucose results. This is because food is not the only thing affecting blood glucose levels in a child going through puberty and growth spurts. Try and forget about labelling food as "good" or "bad" and being the only cause of an unwanted blood glucose result. Instead think "How can we treat this?" If there is a pattern and it is connected to a certain food then work with your child to decide how to avoid the unwanted blood glucose result. It may just need a change in insulin dose. Promoting a healthy diet includes all foods and should be followed by all the family. This session is the start of practising how to work out how much CHO is in the food we eat so that the insulin dose can be accurately matched. It is important to know that there may be a different insulin ratio in the morning compared to the rest of the day. Most children will start on the 1:10 ratio (see poster P14), unless advised otherwise. Personal ratios will be worked out during the course	**Response:** Look at the poster	Poster of suggested ratio: ❑ 1:10g poster P14 ❑ Overhead projector ❑ Acetate P17 of 10g CHO raises BG by 2-3 mmols/L 10g CHO models of foods:- ❑ 3 sugar cubes ❑ 3 dextrose ❑ 65ml lucozade ❑ 75ml coke ❑ 14g dry pasta ❑ 11g dry rice/cooked rice ❑ 3 chunks of Cadbury milk chocolate ❑ 1 apple ❑ ¾ bag crisps ❑ thin slice bread ❑ Food models ❑ Theory booklets
10.55am	**Ask:** Parents to look at food sample display and write down how much CHO is in each. Feed back answers. (Note: They will all be 10g CHO but a good exercise to see if that comes out.)	**Response:** Look at food samples and guess the CHO content Feed back answers	❑ Flip chart and pens ❑ Overhead projector
11.05am	**Demonstrate:** That foods may have a different weight, texture, taste (sweet vs savoury) but the same CHO value **Explain:** 10g CHO raises BG by 2-3 mmol/L. P17	**Response:** Understand the concept of the CHO value of food **Response** Look at poster or acetate	

TIME	EDUCATOR ACTIVITY	PARENT ACTIVITY	MATERIALS
11.10am **11.20am** **11.35am** **11.45am**	**Educator to place food mat on the floor and put plastic food in the middle of the table** **Ask:** **What are the functions of fat, protein and CHO?** **Ask:** In pairs, parents to choose a food for each group identifying those that will raise the blood glucose level **Explain:** CHO content of a serving and show how it may be worked out from the tables on the packets of food. Look at example sheets W13 **Split group into pairs:** Give out work sheets and food to weigh out. Parents to weigh out portion sizes they would eat and write down the CHO content and insulin dose (5mins), then feed back the answers. Emphasise that the CHO content is different to the weight of the food. **In pairs think about:-** **What causes a high blood glucose level?** **What causes a low blood glucose level?** Answers on the flip chart and feed back to the group **Discuss** By working together to decide how to get the blood glucose back into the target range may alleviate any feelings of guilt on the part of the child or blame issued by the parent. Children want to be like their peers and sometimes they will want to eat things that their friends eat. We have to help them manage these times. They need to know how to adjust their insulin, that way they may feel they can be honest about what they are doing instead of hiding their actions.	**Response:** ❑ Fat is a secondary source of energy and provide fat soluble vitamins ❑ Protein helps body repair and muscle development ❑ CHO provides energy **Response:** Put foods in appropriate group and identify the carbohydrate containing foods **Response:** In pairs write down answers. The rest of the group may comment on the answers **Response:** ❑ Too little insulin/missed injection ❑ Under estimation of CHO ❑ Less activity than normal ❑ Hormones/puberty ❑ Injection into lumpy site ❑ Illness **Response:** ❑ Too much insulin given by accident ❑ Over estimation of CHO ❑ Unplanned exercise ❑ Alcohol	❑ Plastic food ❑ Floor mat Maths sheets W13 and food for the exercise: ❑ Packs of cereals ❑ Rice (this may need to be cooked and uncooked) ❑ Pasta (cooked) ❑ Bread ❑ Potato (new, mashed, chips, crisp) ❑ Scales ❑ Paper and pens ❑ Laptop

TIME	EDUCATOR ACTIVITY	PARENT ACTIVITY	MATERIALS
	Reminder: As already mentioned there are times that unusual blood glucose results are nothing to do with food but simply the fact that hormone changes can upset diabetes control. If you have tried to solve the problem but still struggling ask the diabetes team for help. **Discuss:** How to adjust insulin in response to raised or low blood glucose results. Show the blood glucose target range as a guide as to where the blood glucose levels should be before meals P18. Use W17 to explain how it is done using KICk-OFF principles. These examples can be put on the overhead projector.		❑ 1 unit QA insulin lowers BG by 2-3 mmol/L (P17) ❑ Poster on Blood glucose target range (P18) ❑ Overhead projector and pens ❑ Educators example on acetate on insulin adjustment for high and low BG ❑ Worksheets practising insulin adjustment for high and low BG. Answers on acetate ❑ Worksheet – correction dose practise ❑ Educators work book
11.50am	**Ask:** Parents in pairs to look at high and low blood glucose scenarios and fill in answers	**Response:** Work in pairs to complete worksheets	
11.55am	**Feed back answers from each pair** Educator to place the acetate with answer over the exercise sheet. Rest of the group may comment	**Response:** Feedback answers to group	
12noon	**Explain:** The use of correction doses. Correction doses are used when the blood glucose level is outside of the target range see P18. This additional insulin may be given in addition to the meal insulin. However there are times when correction doses are not used. This will be discussed further during the course. See page 31 in theory booklet for more information. The following exercises are to practise how much correction dose to give and how to document it in the diary. **Give out:** worksheets on correction doses to complete in pairs and display poster P17	**Response:** Think about how to do correction doses. Complete work sheets and feed back answers	
12.10pm	**Feed back answers**		
12.15pm	**Lunchtime.**	Parents to work CHO content of meal	

Parents

Session 3:-

Hypoglycaemia

Sick day rules

Learning Objectives

- To how to manage hypoglycaemia – signs, symptoms, treatment and prevention
- To be aware of diabetic ketoacidosis and apply KICk-OFF principles of care

Materials

- Flip chart and pens
- Body board
- Sharps bin
- Ketostixs
- Optimum meter
- Overhead projector
- Worksheets for SDR W18,19
- Hypo signs and symptoms cards W10
- Hypo treatment, guidelines P1 and 2
- Glucagel
- Glucagen
- Lucozade
- Coke
- Fruit juice
- Ribena
- P20 and 21
- Display 10g CHO - slow acting foods
- Glucagen instructions and practise kits
- School sheet for teachers W12
- ID cards

Educator	Nurse and dieitian
Preparation	Flip chart and pens, paper. Display P20

TIME	EDUCATOR ACTIVITY	PARENT ACTIVITY	MATERIALS
1pm **1.10pm**	This afternoon will be focused on hypo treatment and sick day rules. **Ask:** **How do you know your child is having a hypo?** **Ask:** **At what blood glucose level can it happen?** NOTE : This will vary for each child **Discuss:** Signs and symptoms using the cards W10 or the theory booklet, page 55 **Explain**: Which symptom occurs first, which follow and why confusion occurs? The first signs may be described as mild i.e. feeling hungry, dizzy, shaky then if untreated may lead a moderate hypo i.e. confusion, burred vision etc. Confusion or odd behaviour occurs because the barin is lacking the glucose it needs to think properly. If still untreated a severe hypo may lead to loss of consciousness **Ask:** **Has anyones' child experienced bad hypos?** **Explain:** That each child will have different signs and symptoms for a hypo but they must treat them immediately.	**Response:** Give signs and symptoms and experiences **Response:** Anything 4mmol/L or less **Response:** Group may look in the booklet **Response:** Group to share experiences	❑ Poster P20 HYPO - LOW GLYC - SUGAR AEMIA – BLOOD ❑ Flip chart, pens ❑ Signs and symptoms for hypos- cards W10 ❑ Theory booklet ❑ Show poster of see-saw depicting how the blood glucose rises and falls P21 ❑ Body board

TIME	EDUCATOR ACTIVITY	PARENT ACTIVITY	MATERIALS
	Explain: Everyone should know what normally happens in the body if you do not have diabetes so that they can see why the signs and symptoms need treating immediately. Use the body board and P21 to explain how insulin and glucagon are normally triggered and why in diabetes a hypo needs prompt treatment. **Explain:** That diabetes is a fine balance between insulin, food and exercise. Draw diagram of triangle with insulin, food and exercise at each point. **Ask:** **What causes a hypo?** **Ask:** **Can you feel hypo at a level higher than 4mmol/L?** **Explain:** This is because the body has been used to a higher blood glucose level. It does not need treating but it is important to do a test. Symptoms may also be poor because the blood glucose level is often low or your child has had many hypos and the brain has adjusted itself. This can be corrected by running the blood glucose level higher for a while then the symptoms will return. When you have had diabetes for a long time the symptoms may change anyway so monitoring is important. **STRESS:** **If in doubt or unable to do a blood test TREAT.**	**Response:** ❑ Too much insulin, due to incorrect calculation or faulty equipment ❑ Extra/unplanned exercise ❑ Not enough food due to a CHO over estimation of or no appetite ❑ Alcohol as it stops the liver from releasing the glucose **Response:** Yes	❑ Diagram of triangle with insulin, food and exercise at each point

TIME	EDUCATOR ACTIVITY	PARENT ACTIVITY	MATERIALS
1.20pm	**Parents to look at the KICk-OFF principles of treating a hypo in the theory booklet, page 56** Display treatment for all stages P2. Display examples of 15 to 20g of fast acting carbohydrates Display examples of slower acting carbohydrate **Ask:** **What should you do when your child first feels the symptoms of a hypo?** Look at poster P1 to decide what treatment is needed. Or in booklet chapter on Hypos. Then follow-up using P2 guidelines **Explain:** That biscuits and chocolate are not advised for the first line treatment of a hypo as it takes too long to be absorbed due to the high fat content. Stress that some form of fast acting glucose should be carried at all times. **Ask:** **Do you think hypos are serious?** Serious hypos causing unconsciousness or fits do happen to some people and should always be discussed with your diabetes team to prevent any more. **Ask:** **What other forms of treatment may be given if your child is refusing the first line treatment or is unconscious?**	**Response:** Look at the hypo information and the suggested treatment options **Response:** Take some fast acting carbohydrate 15-20g CHO **Response:** 1-2 mild hypos a week are acceptable. **Response:** Glucagel may be given if still able to swallow. Not if they are unconscious or unable to take instructions Glucagen can be given if unconscious.	❑ Show the poster of the first line treatment for a hypo P1 ❑ Hypo box with laminated instruction sheet ❑ Table showing the KICk-OFF advice for treatment P2 ❑ 15 to 20g of fast acting carbohydrates: 200ml carton fruit juice, 150ml mini can coke, 130ml Lucozade, 5 dextrose, 200 ml Ribena. ❑ Display examples of slower acting carbohydrate for;1 hour until meal (10g CHO: 1 biscuit, low fat yoghurt, piece fruit)

TIME	EDUCATOR ACTIVITY	PARENT ACTIVITY	MATERIALS
	Explain: **when these treatments may be given and how** If a child is still able to take instruction then ask them to swallow Glucagel 1.5 tubes or third of a bottle. Rubbing it into the gums is not as effective. However if they have reduced consciousness or are unconscious do not put anything into their mouth. Look at the Glucagel treatment and ask the parents to taste it **Ask:** **What is the first thing to do if a hypo causes unconsciousness?** Show recovery position by asking one of the parents to lie in the recovery position. **Ask:** **What could you do next?** Glucagen may be given into muscle or subcutaneously. **See instructions (enlarged ones for demonstration)** Glucagen may take up to 10 minutes. Do not repeat the injection as there will be no store of glucagon left in the liver. Parents to practise drawing up glucagen and discuss storage - In the fridge until date on the box or room temperature for 18 months. Do not forget to replace the glucagen kit when it has been used and contact your diabetes team to discuss what has happen. **Ask:** **When the child has regained consciousness what could you do?** **Ask:** **What should you do if your child does not regain consciousness within 10 mins or you are unsure of what to do?**	**Response:** Taste Glucagel **Response:** ❑ Place child in the recovery position ❑ Check they have nothing in their mouth ❑ Stay with them **Response:** Administer Glucagen **Response:** ❑ Give 20g of fasting acting CHO ❑ Then 40g of slow acting CHO ❑ Check the blood glucose level **Response:** Call for an ambulance	❑ Show Glucagel and Glucagen kit ❑ Glucagen kit and instruction sheets

TIME	EDUCATOR ACTIVITY	PARENT ACTIVITY	MATERIALS
1.35pm	**Advise:** Severe hypos requiring glucagon may cause vomiting for a few hours and you may not know how to manage this so please ask for help. Advise other forms of CHO drinks i.e. flat sugary drinks **Discuss:** It may be necessary to teach other family members these KICk-OFF principles for treating a hypo. Use the chart in the theory booklet to help explain to others **Note for schools:** Advice for schools is the same but they will call an ambulance if a child is unconscious or not fully recovered from a hypo. Families should know that schools may not give glucagen or store it on site. **Carrying identification cards** It is a good idea for children to carry some form of ID with them stating that they have diabetes and the treatment for hypos, and who to contact. Display ID cards and jewellery leaflets **Any Questions?**	**Response** Look at ID cards and jewellery leaflets **Response** Ask questions	❑ Look at advice sheet for schools W12 ❑ Different types of ID cards and jewellery leaflets

Educator	Nurse and dietitian
Preparation	Set up 4 work stations. Two educators role playing in 2 stations. 1 educator helping at the unattended stations

TIME	EDUCATOR ACTIVITY	PARENT ACTIVITY	MATERIALS
1.40pm	**Explain:** Now we are thinking about sick day rules and how to manage illness with the KICk-OFF advice sheets. Remember what the target blood glucose levels (P18) are and the signs and symptoms of a high blood glucose (page 9 theory booklet) **Ask:** **What should you do if your blood glucose result is out of the target range?** Parents to use the booklet to find the answer (from page 30) **Ask:** **What are ketones a sign of?** Diabetic ketoacidosis or DKA is a serious condition due to a lack of insulin in the body therefore glucose is not used for energy and the body uses fat, this can lead to vomiting, abdominal pain, breathlessness. If left untreated may lead to coma requiring an emergency admission to hospital **Parents in pairs for the work stations. Follow instructions for the session (educators work book).** 2 educators at the stations for 10% and 20% SDR. 1 educator floating between the other 2 and checking on the time for each station.	**Response**: Parents to refer to theory booklet and poster **Response:** ❑ Test for ketones if blood glucose is 14 mmol/L or more on 3 separate occasions but feel OK (perhaps there is not enough insulin) ❑ Test for ketones immediately if unwell ❑ Give extra quick acting insulin as per advice sheets **Response:** ❑ Insufficient insulin ❑ DKA **Response:** In small groups for exercise	❑ Poster on blood glucose targets P18 ❑ Flip chart and pens ❑ Equipment to test for ketones at each station ❑ Timer for the sessions ❑ Theory booklet ❑ Educators workbook ❑ SDR sheets

TIME	EDUCATOR ACTIVITY	PARENT ACTIVITY	MATERIALS
2.10pm	**Recap on SDR advice noting the page numbers in the theory booklet and the diary.** **Stress:** If you are unwell and the advice sheets are not helping, or you need further advice, or vomiting persists, or after 3 extra doses of QA insulin ketones are still large, call for help do not wait as DKA is very serious and life threatening **Give out local emergency numbers** **Ask:** **Any questions?** **Note** **There is a quiz in the educators work book that can be done if time or if needed.**	**Response** Parents to check that they know where the advice is in the book and local contact numbers and policies. **Response** Parents to ask any questions.	❑ Local emergency numbers ❑ Educators work book
2.15PM	**Break-time**		

Parent	Learning objectives	Materials
Session 4: **KICk-OFF and school** **Finalise the days aims and objectives** **Evaluation**	✦ To discuss potential problems using KICk-OFF in school ✦ To recap learning objectives	❑ Sample school packs W12, W32 ❑ Aims and objectives for today (P33) ❑ Overhead projector ❑ Evaluation sheets W35

Educator	Nurse and Dietitian
Preparation	Overhead projector, flip chart, pens, school pack

TIME	EDUCATOR ACTIVITY	PARENT ACTIVITY	MATERIALS
2.30pm	**Ask:** Parents to jot down any potential problems they envisage using KICk-OFF in school	**Response:** Parents to make notes on potential problems	❑ Sample school pack on disc, school info sheet on hypos ❑ Flip chart and pens ❑ Paper ❑ Aims and objectives P33 ❑ Evaluation sheets W35
2.32pm	**Ask:** **Group to share their concerns** Educator to write down on flip chart the areas of concern and discuss a possible solution. If there is a particularly difficult problem this may need to be discussed separately with the local nurses after the session has finished.	**Response:** Share concerns	
2.50pm	**Show:** The group the sample school pack and hypo sheet that will be going to school and that their child will contribute to.	**Response:** Any comments	
2.55pm	**Recap the learning aims and objectives for the day and answer questions** **Stress** This course is a new way of educating and it could be the start of a new diabetes relationship between you and your child, especially if you have had conflicts before. Work and learn together to solve the problems. Learn from mistakes together without blaming each other. Then perhaps the diabetes conflict in day to day life will improve. **Stress the children do not start the KICk-OFF principles before the course.**	**Response:** Parents to ask any further questions about KICk-OFF	
	Ask: Parents to complete evaluation sheets **Finish**	**Response:** Fill in evaluation sheets	
3pm			

Collect in any materials used that are for the course. The parents may take home the theory book. The children will have their own

KICk-OFF Study Day for parents

Time	Session	Topics
9.15am		Welcome, registration and coffee
9.30am	1	What is diabetes/KICk-OFF? Insulin: - action, timings and types CHO/insulin ratios
10.30am	**BREAK**	
10.45am	2	Practising counting grams of CHO Insulin dose adjustment Correction doses
12.15pm	**LUNCH**	
1.00pm	3	Hypoglycaemia, sick day rules and KICk-OFF guidelines
2.15pm	**BREAK**	
2.30pm	4	School and using KICk-OFF Recap the day's aims and objectives
3.00pm	FINISH	

KICk-OFF study day for parents

Aims and objectives

- To work together as a team
- To learn the skills associated with KICk-OFF in order to support your child during and following the course
- To recap – "What is diabetes?" and introduce KICk-OFF
- To have a better understanding about types of insulin, their action and timings
- To have an introduction to carbohydrate and insulin ratios
- To learn the skills for counting grams of carbohydrate
- To practise insulin dose adjustment and the use of correction doses
- To learn how to manage hypoglycaemia using KICk-OFF guidelines
- To learn how to manage illness using the KICk-OFF guidelines
- To discuss how to manage KICk-OFF in school

Notes

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