

1. Q: When was your child dx'd as diabetic?

A: Nolan was dx'd April 11, 2001

2. Q: What type of diabetes does your child have?

A: Nolan has type 1, also known as Juvenile Diabetes, or Insulin Dependent diabetes.

3. Q: Is it hereditary in our family?

A: When Nolan was dx'd we did a very lengthy investigation to see if diabetes ran in our family on both sides. We found only 1 person, which was Nolan's father's grandfather but he was dx'd with type 2 at a very late age before passing away. Other than that it is obsolete going back many generations.

4. Q: How old is your child?

A: Nolan turned 6 on December 29th, 2001.

5. Q: Can you walk us through a day of your child's life?

A: A typical day starts with waking Nolan up at 7:00 am to get him ready for school. It is usually a huge battle as Nolan does not enjoy Kindergarten. At 7:15 I apply a topical anesthetic usually to the abdomen or upper thigh leg to allow time for the areatonumb. While I prepare his breakfast, Nolan will poke his finger to see what his blood sugar is for the morning. Next, Nolan eats breakfast, usually whatever he is hungry for, pop tart, cereal, muffin, etc... while watching cartoons. When he is finished eating it is time to count the amount of carbs he has taken in and administer the insulin according to our carb/insulin sliding scale. When finished giving him his injection it is time to get dressed and brush his teeth. If time allows Nolan will spend a few minutes playing in his room. At 8:15 it is time for school. He usually has his finger poked 1 or 2 times in the am and at 11:45 am right before lunch. At noon it is off to lunch, usually a sack lunch so he has the right amount of carb intake. Back to class after lunch he continues on with his day and hopefully doesn't have to have his finger poked unless he feels "funny," that is Nolan's way of saying he feels like his blood sugar is low. At 3:15 he is picked up from school and we come home. Usually I light a snack, 15 carbs, and then play time until dinner at 5:30 pm. We once again poke his finger to see what his blood sugar is before his dinner meal and apply the topical anesthetic to an injection area so that when he is finished eating dinner we are able to administer another injection. At 8 pm, Nolan takes a bath and when finished it is time for bed time snack. We do a finger poke before he chooses what he would like for a snack. 9 pm it is bedtime. At midnight it is time for another finger poke to check his blood sugar. He usually sleeps through this one but if his blood sugar is below 100 then he will need to have a drink of something with some carbs in it. Usually a 1/4 cup of regular chocolate milk that he drinks through a straw so that it goes down quicker. It is a battle trying to get a young child who is sound to

slept to drink anything. If we have had a rough day and a lot of flow numbers then we will check Nolan's blood sugar again at 3am. Our day is then complete and onto the next day.

6. Q: What is the current treatment your child is taking?

A: Nolan takes 2 injections a day. In the morning he is administered 4 units of NPH (regular - that peaks on an average of 4 - 5 hours after given, we use this to cover his lunch) mixed with Humalog (fast acting - starts working in 15 minutes, peaks in 90 minutes and out of the system in 5 hours), according to the amount of carbs he takes in for breakfast. His ratio is 1 unit per 25 grams of carbs. In the evening after dinner, he is administered, 6 units of Ultralente (long acting - 24 hour) and Humalog according to his carb intake for dinner. If his blood sugar is high then we use a sliding scale of Humalog to bring it down which is 150 - 250 BS: 1 unit, 250 - 350 BS: 2 units etc.... Also, if he would like a special treat that is high in carbs we cover it with Humalog.

7. Q: What is it like to be a parent of a diabetic child in comparison to a child without diabetes? Are the demands too high?

A: It is a strong challenge to be a parent of a diabetic child. You must be very cautious of what that child is eating and what others may be offering him to eat. You must be in great control of your child's blood sugars and make sure that you teach them the importance of taking care of themselves which can be difficult when they are such a young age. It is very time consuming. You also lose many hours of sleep with the round the clock BS checks. You tend to be very tired all the time. You have to be available at any time when they are away from you in case of any questions or problems that may arise. You must fully educate anyone that may take care of him while you are away. I would say the most difficult thing to deal with is the emotional side of having a child having to deal with diabetes. You feel very guilty, and heart broken that your child has to incorporate such a strict lifestyle into their childhood. You don't realize the freedom you have with a child without diabetes, when you don't have the constant monitoring and they are free to go as they please and don't have to worry about them while they are away. I don't feel the demands are too high. If I feel as a parent you are willing to do what it takes to allow your child as "normal" of a childhood as possible. I do feel that it can be overwhelming at times, but I also feel that when you choose to bring a child into this world you better be prepared for any situation.

8. Q: Is your child socially comfortable?

A: Nolan is very socially comfortable. He has adjusted quite well to accepting diabetes but does have his days where he gets frustrated with it. I think we all would. He has many friends and is very well liked.

9. Q: Does it restrict him from doing certain things that other kids can do?

A: We haven't experienced many things that he cannot do that other kids can do at this early of an age. A few things that Nolan is unable to do is go to friends for sleepovers due to the fact that the parents are not comfortable with the situation. Also I don't feel that I would be comfortable having him away overnight. Also, he is not able to eat when and what he wants at any given time. He does live a very normal active life. I know as he gets older there will be more challenges that we will have to overcome but they are all hurdles and we will make it over them.

10. Q: What improvements would you find helpful in the diabetic care?

A: I feel that they have come such a long way in the past 10 years in improving the technology for diabetics. I would like to see there be more insulin's available that closely resemble and release into the body like that of human insulin. Also I would like to see them be able to administer insulin without having to give an injection. Preferable orally. It would also be exciting to find a way to test BS without an intrusion to the skin. We are very fortunate to have the technology that we do have in today's world. They keep coming up with new and exciting technology every year.

11. Q: How often does your child test his/her blood glucose level? Do you test it? Does your child test it? How long does the test take? How is the procedure? Please describe it?

A: Nolan is to check his blood sugar before breakfast, before lunch, before dinner, before bedtime snack and at midnight. If he feels low then we check him. We usually test between 7-8 times a day on an average. Nolan tests his own blood sugar with the presence of an adult to confirm the test and BS number reading. It is in the middle of the night. The BS test is very quick. It takes only a second to poke the finger, draw the blood and apply it to the meter. The meter has a 5 second countdown time before showing the BS number. The entire procedure takes approx. 1 minute. The procedure is virtually painless. It is very fast and probably the least time-consuming procedure of having diabetes.