

diabetes





Contents

What is diabetes?	4.1
Type 1 diabetes	4.2
Type 2 diabetes	4.2
Signs and symptoms	4.3
Complications	4.3
Medication and treatments	4.5
Medication for Type 1 diabetes	4.5
Medication for Type 2 diabetes	4.8
Managing the condition	4.9
Lunch or snack breaks	4.10
Blood testing	4.11
Insulin during school hours	4.12
Diabetes management outside school	4.12
School visits	4.13
Triggers	4.14
Hyperglycaemia (hyper)	4.14
Hypoglycaemia (hypo)	4.14
Exercise and physical activity	4.15
Tips for supervising pupils during exercise	4.15
Pupils who use an insulin pump	4.16
Pupils with Type 2 diabetes	4.16
Emergency procedures	4.17
Hyperglycaemia (hyper)	4.17
Hypoglycaemia (hypo)	4.18
Other resources	4.19

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What is diabetes?

Diabetes is a long-term medical condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly.

This happens because:

- + the pancreas does not make any or enough insulin
- + the insulin does not work properly
- + or sometimes it can be a combination of both.

Insulin is the hormone produced by the pancreas that helps glucose, from digestion of carbohydrate, move into the body's cells where it is used for energy. The body's cells need glucose for energy and it is insulin that acts as the 'key' to 'unlock' the cells to allow the glucose in. Once the door is 'unlocked' the glucose can enter the cells where it is used as fuel for energy. When insulin is not present or does not work properly, glucose builds up in the body.

Glucose comes from the digestion of starchy foods and from the liver, which makes glucose. Starchy foods are high in carbohydrates and include:

- + bread
- + rice
- + potatoes
- + chapatis
- + yams and plantain
- + sugar and other sweet foods.

There are two main types of diabetes.

Type 1 diabetes

Type 1 diabetes develops if the body is unable to produce any insulin. Children or young people with this form of diabetes need to replace their missing insulin, so will need to take insulin (usually by injection or pump therapy) for the rest of their lives.

Type 1 diabetes usually appears before the age of 40 and most pupils with diabetes will have Type 1 diabetes. Nobody knows for sure why this type of diabetes develops. There is nothing a pupil with Type 1 diabetes or their parents* could have done to prevent it.

More than 15,000 school-age children in the UK have Type 1 diabetes.

Type 2 diabetes

Type 2 diabetes develops when the body can still make some insulin but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). In most cases this is linked with being overweight. This type of diabetes usually appears in people over the age of 40, although in South Asian and Black people it often appears earlier – usually after the age of 25. However, recently more children and young people are being diagnosed with the condition, some as young as seven.



*The term 'parent' implies any person or body with parental responsibility such as foster parent, guardian, carer or local authority.

Signs and symptoms

If diabetes goes untreated, the body starts breaking down its stores of fat and protein to try to release more glucose but this glucose still cannot be turned into energy and the unused glucose passes into the urine. This is why children and young people with untreated diabetes often pass large amounts of urine, are extremely thirsty, may feel tired, and lose weight.

Complications

Children and young people with diabetes can sometimes have short-term complications as a result of their condition. These complications include hypoglycaemia, hyperglycaemia and ketoacidosis

***Please note:** the term mmol/l, used throughout this document, refers to the unit of measurement (millimoles per litre) on blood glucose meters that a person with diabetes uses to check their blood glucose levels (see page 11 for more information on blood glucose meters).

Hypoglycaemia (or hypo)

Hypoglycaemia occurs when the level of glucose in the blood falls too low (usually under 4 mmol/l*). When this happens, a pupil with diabetes will often experience warning signs, which occur as the body tries to raise the glucose levels. Signs of a hypo vary from pupil to pupil, they may include any of the following:

- + hunger
- + trembling
- + sweating
- + anxiety or irritability
- + rapid heartbeat
- + tingling of the lips
- + blurred vision
- + paleness
- + mood change
- + difficulty concentrating
- + vagueness
- + drowsiness.

A hypo may occur if the pupil has taken too much of their diabetes medication, delayed or missed a meal or snack, not eaten enough carbohydrate, taken part in unplanned or more strenuous exercise than usual, or the pupil has been drinking alcohol, especially without food. Sometimes there is no obvious cause. Hypos are **usually** unexpected, sudden, rapid, without warning and unpredictable. The pupil is **not** to blame. (See page 4.18 for what to do in a hypo).



Hyperglycaemia (or hyper)

Hyperglycaemia is the term used when the level of glucose in the blood rises above 10mmol/l **and stays high**.

The symptoms of hyperglycaemia do not appear suddenly but build up over a period of time.

These may include the following:

- + thirst
- + frequent urination
- + tiredness
- + dry skin
- + nausea
- + blurred vision.

If a pupil with diabetes starts to develop these signs and symptoms, it means that their body is beginning to use its store of fat as an alternative source of energy, producing acidic by-products called ketones. This is due to a relative lack of insulin causing the blood glucose to rise. Ketones are very harmful and the body tries to get rid of them through the urine.

It is necessary to be aware that children can become unwell with hyperglycaemia, but show no symptoms. The parents should be contacted and extra insulin may be requested to be given. (See page 4.17 for what to do in a hyper).

Ketoacidosis

If the early signs and symptoms of hyperglycaemia are left untreated, the level of ketones in the body will continue to rise and 'ketoacidosis' will develop.

Ketoacidosis is recognised by symptoms such as:

- + vomiting
- + deep and rapid breathing (over-breathing)
- + breath smelling of nail polish remover.

These symptoms are emergencies and the parents must be contacted and 999 called for the emergency services.

If it is left untreated, a pupil experiencing diabetic ketacidosis (DKA) will eventually become unconscious and a coma will develop – this can be life-threatening.

However, it is important to know that at any of the intermediate stages, ketoacidosis can be treated with extra insulin and damage can usually be limited.

If in any doubt, at any time, call for emergency help (999). (See page 4.17 for what to do in a ketoacidosis).

Medication and treatments

The medication used to treat both types of diabetes helps pupils with the condition to achieve blood glucose, blood pressure and cholesterol levels as near to normal as possible. This, together with a healthy lifestyle, will help to improve the well-being of pupils with diabetes and will help protect them against long-term complications such as damage to the eyes, kidneys, nerves, heart and major arteries.

Medication for Type 1 diabetes

Type 1 diabetes is treated with insulin. Insulin cannot be taken by mouth because the digestive juices in the stomach destroy it. Treatment for this type of diabetes is sub-cutaneous insulin up to four injections a day or via a pump device. Some children may need help with this.

Pupils with diabetes need to adjust their insulin dose and diet according to their daily routine. In order to do this, they may need to test their blood glucose levels regularly using a finger-pricking device and an electronic blood glucose meter. Some children may need help with this.

If a pupil has Type 1 diabetes insulin is vital to keep them alive and they must have their insulin as recommended.

Most pupils with diabetes will use a pen-like device to administer their insulin in separate doses, but it is getting more common for insulin pumps to be used. The decision about which system to use should be reached by the pupil, their family and the pupil's healthcare team, which will include a doctor who specialises in care of people with diabetes (a diabetologist), a paediatric diabetes specialist nurse (PDSN) or diabetes specialist nurse and a dietitian.

Insulin pens

It is very unusual for a pupil with diabetes to use a syringe and needles in school time for their insulin. They are much more likely to have a pen-like device (known as an insulin pen), which can be easily carried in their pocket or bag. Insulin pens are very popular with young people as they are ready-to-use, discreet and come in a variety of styles and colours.

There are two types of insulin pen:

- + **disposable** these come prefilled and are thrown away when empty
- + **replaceable** these have a replaceable cartridge of insulin.

Using cold insulin can make the injection more painful, so the insulin the pupil is currently using should be kept at room temperature. Spare medication, not currently in use, should be stored in a fridge.

After removing from the fridge, insulin can be used for up to a month, after which it should be discarded, even if the cartridge is not empty, and a new supply started. The amount of insulin the pupil needs to keep at school will depend on how much insulin they are prescribed.

Extreme temperatures will destroy insulin. Therefore, insulin pens should not be kept in direct sunlight or near a radiator or other heat source.

The pupil's parents should talk to the school and come to an agreement about whether the insulin should be kept in a named container in a central but accessible place or whether the pupil is mature enough to keep it with them for use throughout the day and in case of hyperglycaemic events.

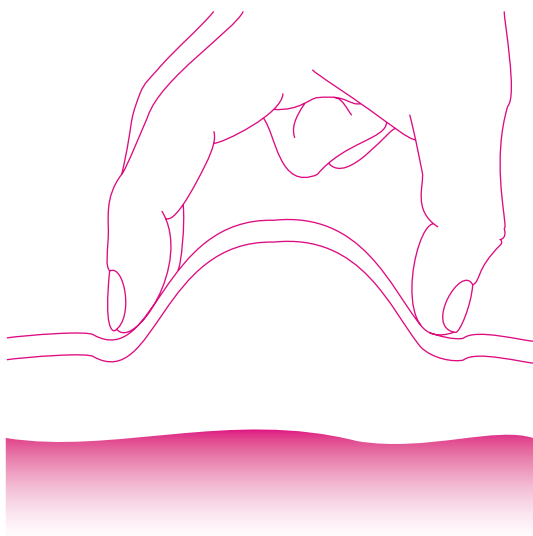
How to inject

Choose an area of skin usually on the stomach, legs or bottom. Pinch up a skin fold (as demonstrated in the illustration below). Push the needle in quickly as far as it will go and press the plunger down smoothly. Keeping the needle in place and the skin fold pinched up count to ten slowly (to prevent leakage back). Then remove the needle. Do not rub or massage the area. Remember to choose a different injection site each time to prevent a build-up of lumps under the skin.

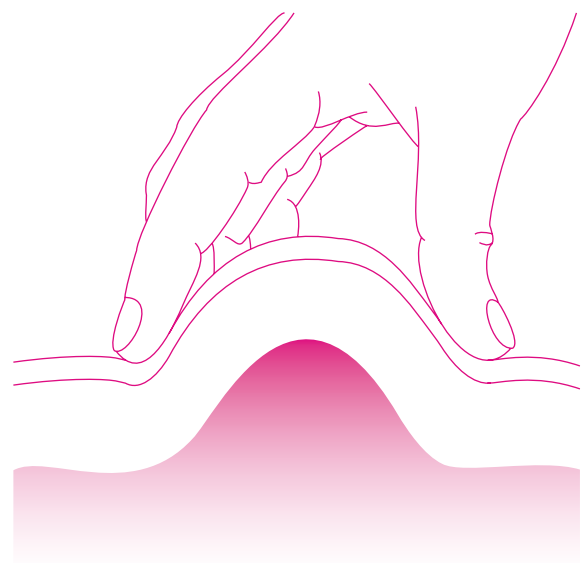
How to use an insulin pen

With both disposable and replaceable cartridge pens, the dose is loaded by turning the button at the end of the pen, as it is turned the button clicks. The clicks are the units of insulin being drawn up and correspond with the prescribed dose. After the dose has been set, a piston on a spring at the other end delivers the insulin.

Most pupils will use an insulin pen or a pump. If a pupil with diabetes uses a syringe and insulin – the pupil's parents and their healthcare professional will need to advise.



Correct



Incorrect

Needle disposal

The needles for insulin pens need to be changed after each injection. Pupils with diabetes who use insulin pens should have a special sharps disposal container to drop needles in after injecting insulin (or doing a blood test). This must be stored in a safe place until it is full and needs to be collected for disposal. This should be kept in a locked cupboard when not in use for safe keeping and should be accessible to the pupil when they need to take their insulin. The pupil must not be expected to take the sharps container home every day.

Some pupils carry a needle clipper, a small device that snips and collects the needles after use, this can be carried by the pupil (if mature enough to do so).

Some pupils may have a self-sheathing needle on their pen device, where a sheath covers the needle as it is withdrawn from the skin. It then deadlocks and so removes the need for disposal in a sharps bin.

Arrangements for collection of full sharps bins need to be made with your local authority. These arrangements vary throughout the country and can differ from area to area. The pupil's diabetes specialist nurse will be able to help and can advise the school about what the arrangements are locally. Details of the pupil's diabetes specialist nurse should be included on the pupil's Healthcare Plan.

Insulin pumps

Insulin pump therapy is also known by the longer name of continuous subcutaneous insulin infusion (CSII). This name describes what an insulin pump does – it continually infuses insulin into the subcutaneous tissue (the layer of tissue just beneath the skin).

- + Insulin pumps run on batteries and have many safety features including warning if the power is running low, or if they are running out of insulin. They are about the size of a mobile phone.
- + The pump can be safely and discretely 'worn' in lots of different ways, such as attached to a belt or the waist of trousers or worn in a pouch that is attached to the arm or leg (if the insulin is being given at these sites).
- + The advantage of insulin pump therapy is that for some pupils it can help improve their diabetes control and minimise the frequency of hypos. It can also give pupils with diabetes more freedom with insulin, diet and activity levels, as the pump mimics the action of the pancreas.

How an insulin pump works

Insulin pumps are usually worn 24 hours a day but can be disconnected for a short time if necessary, for example, during some contact sports (see Exercise and Physical Activity page 4.16).

- + Running from the pump is an infusion set, which is a thin plastic tube with a soft plastic cannula (a very thin and flexible tube) at the other end.
- + The cannula is inserted under the skin and can usually be left in place for two to three days.
- + After two or three days a new infusion set should be inserted into a different place on the body.
- + The cannula stays in the body when the pump is disconnected, for example during PE, and a cap is put on the exposed end to keep it clean.

Setting and boosting the pump

Insulin pumps work by delivering varying doses of rapid-acting insulin continually throughout the day and night, at a rate that is pre-set according to the individual's need. The insulin is rapid-acting, so when a pupil who uses a pump eats a meal they give themselves an additional dose by pressing a button on the pump. And because the dose can be 'boosted' in this way, the pump mimics the way the pancreas produces insulin in someone who does not have diabetes. Occasionally there is a risk of hyperglycaemia if the bolus dose (additional dose with food) is forgotten but because the pump is always with the pupil a high glucose level can be easily dealt with.

An insulin pump does not test blood glucose levels or work out how much insulin to deliver. Each pupil who uses a pump:

- + must learn to set the insulin dose themselves according to their diet, activity and blood glucose levels.
- + needs to test their blood glucose levels at least four times a day, in order to give them the information they need to set the right dose for them.

Medication for Type 2 diabetes

Type 2 diabetes is mainly treated with lifestyle changes such as a healthier diet, weight loss and increased physical activity. However, tablets and/or insulin may sometimes be required to achieve normal blood glucose levels in pupils with Type 2 diabetes.

There are several kinds of tablets for people with Type 2 diabetes including medication that:

- + helps the pancreas to produce more insulin
- + helps the body to make better use of the insulin produced by the pancreas
- + slows down the speed at which glucose is absorbed from food.

Most pupils with Type 2 diabetes will be prescribed a tablet called metformin.

Taking metformin helps the liver to stop producing glucose and helps the body by making the insulin that is available more effective at carrying glucose into muscle and fat cells.

Metformin is taken either with the last mouthful of a meal or immediately afterwards. It does not usually cause hypoglycaemia.

Managing the condition

Although diabetes cannot be cured, it can be managed and treated very successfully. An essential part of managing diabetes is having a healthy lifestyle: eating a healthy diet that contains the right balance of foods and taking regular physical activity – the recommendation for all children and young people is 60 minutes of physical activity per day.

- + **Pupils with Type 1 diabetes** need insulin for the rest of their lives. They also need to eat a healthy diet that contains the right balance of foods: a diet that is low in fat (once over five years old), sugar and salt, and contains plenty of fruit and vegetables.
- + **Pupils with Type 2 diabetes** need to eat a healthy diet that is low in fat (once over five years old), sugar and salt, and contains plenty of fruit and vegetables. If it is found that this alone is not enough to keep their blood glucose levels in the target range, they may also need to take medication (see page 4.8).

Lunch or snack breaks

Pupils with Type 1 diabetes need to eat at regular intervals. A missed meal or snack could lead to hypoglycaemia.

It is important to know the times a pupil with diabetes needs to eat and make sure they keep to those times. They may need to be at the front of the queue at the canteen and have their lunch at the same time each day. Snacks are best eaten during breaks to avoid any fuss.

If it is necessary for a pupil with diabetes to eat or drink in class or during an exam, it is important to discuss with the pupil how they feel about having their diabetes explained to the class to enable other pupils to understand more about their condition and avoid any misunderstandings.

Pupils with Type 2 diabetes will not have the same need for snacks etc as they may need to lose weight, they are also not so susceptible to hypos.



Blood testing

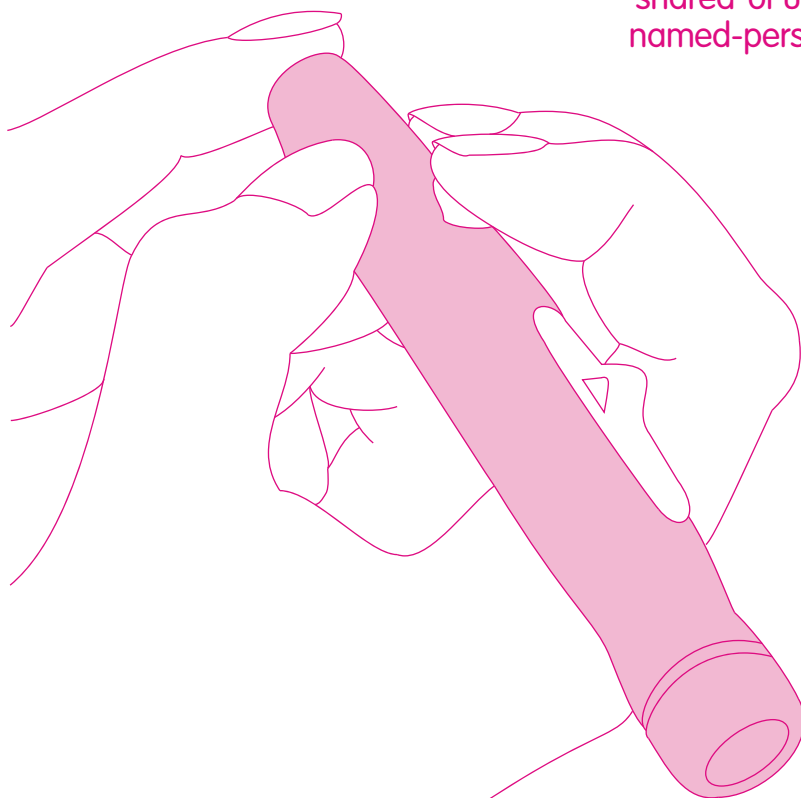
Most pupils who are treating their diabetes with insulin will need to test their blood glucose levels on a regular basis. At school this may be:

- + before or after physical activity
- + before a meal
- + anytime they feel that their blood glucose level is falling too low or climbing too high.

Pupils with diabetes should aim for blood glucose levels of between 4mmol/l and 8mmol/l before meals, and less than 10mmol/l two hours after a meal.

A blood glucose meter is used to test blood glucose levels. A test strip is inserted into a small machine (meter), which gives a measurement in millimoles per litre (mmol/l). The pupil then pricks their finger using a lancet and a small drop of blood is applied to the test strip. Older pupils with diabetes will usually want to keep their testing equipment with them so they can test their blood glucose if and when needed. The lancet (finger pricker) and reagent (test) strip are disposed of in a special sharps disposal container used only for contaminated waste, often referred to as a 'sharps bin' (the same container pupils use for depositing their insulin pen needles). This should be kept with the pupil when needed and locked in a safe place when not in use.

A blood glucose meter is not a device to be 'shared' or used in any way but as a single, named-person device.



Lancing device, used to prick finger to get a sample of blood.

Insulin during school hours

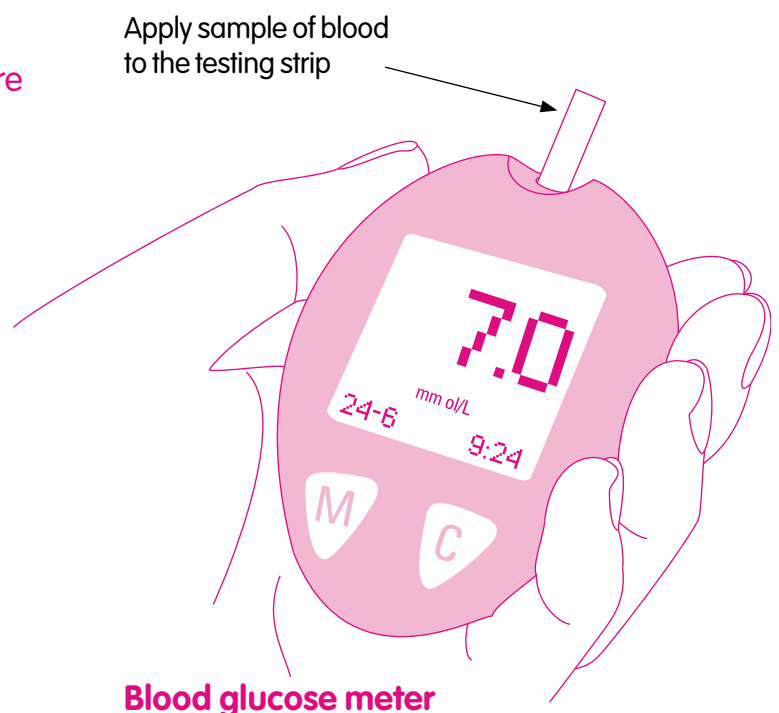
Although many pupils at school will start on a twice daily injection regime of insulin at breakfast and early evening, regimes alter depending on the pupil's needs and so some may need to have an injection during the school day, for example before lunch, or they may use an insulin pump. It is unusual and may be inappropriate for a pupil to have to use a first aid room to take their insulin if they are happy to inject discreetly at the table or the first aid room is a long way from where the pupils eat.

Insulin injections – some types of insulin are given immediately before eating, so the pupil may need to inject discreetly at the meal table. Most children will use a pen injector and will need to dispose of the needle into a sharps bin afterwards.

Insulin pumps – are attached 24 hours a day and they deliver a set dose of rapid-acting insulin continuously, but a pupil with diabetes will need to 'boost' the dose at mealtimes having worked out the amount of carbohydrate they have eaten. Older pupils will usually do this themselves, for younger children discussion with parents and their healthcare professional is needed about how this is managed at school.

Diabetes management outside school

Children and young people with diabetes should have an annual review with their healthcare professional to discuss their diabetes management. They should also have reviews every three months. A pupil's diabetes specialist nurse may want to visit the pupil at school and values feedback from school staff.



School visits

Pupils with diabetes must not be excluded from day or residential visits on the grounds of their condition. They are protected by the DDA (Disability Discrimination Act) and the DED (Disability Equality Duty).

Day-only school visits

Going on a day visit should not cause any real problems for pupils with diabetes.

They need to remember to take their insulin and injection kit with them, even those who would not usually take insulin during school hours, in case of any delays over their usual injection time. They will have to eat some starchy food following the injection, so should also have some extra starchy food with them. They should also take their monitoring equipment and their usual hypo treatment with them.

Residential and overnight visits

It is important to know how confident a pupil with diabetes is at managing their own injections and monitoring their own glucose levels before deciding on appropriate staffing for an overnight visit. If a pupil is not confident in managing all aspects of their condition for an overnight visit including administration of medication then a trained member of staff will need to accompany the pupil to assist.

The school will need to ensure that a copy of the pupil's Healthcare Plan is taken on the trip.

If any medical equipment has been lost or left behind, the paediatric department or accident and emergency department at the nearest hospital should be able to help.

If the pupil is travelling outside the UK on a school trip, Diabetes UK (see page 4.20) publishes country guides. These contain useful information about local foods and diabetes care, and translations of useful phrases.

Pupils with diabetes need to make careful preparation for an overnight trip.

The equipment they need to take with them will include:

- + tablets or insulin injections (and spares)
- + blood glucose monitoring kit
- + hypo remedies
- + ketone urine/blood test sticks
- + emergency contact numbers
- + personal identification card/bracelet.

If the pupil uses an insulin pump, they will also need:

- + spare insulin set
- + spare battery (for pump)
- + extra insulin for pump
- + extra long acting insulin
- + insulin pen or syringe – in case of pump failure.

Triggers

Hypoglycaemia (hypo)

Hypoglycaemia occurs when the level of glucose in the blood falls too low, usually under 4 mmol/l (see page 4.3 for symptoms of hypoglycaemia).

Hypoglycaemia can be caused by:

- + too much insulin
- + a missed or delayed meal or snack
- + not enough food, especially carbohydrate
- + strenuous or unplanned exercise.

Hyperglycaemia (hyper)

Hyperglycaemia is the term used when the blood glucose levels rise above the normal range, usually above 10 mmol/l. If the levels stay high the pupil may become very unwell and develop ketoacidosis (see page 4.4 for symptoms of hyperglycaemia and ketoacidosis).

Hyperglycaemia can be caused by:

- + too little or no insulin
- + too much food
- + stress
- + less exercise than normal
- + infection or fever.



Exercise and physical activity

Exercise and physical activity is good for everyone, including pupils with diabetes. The majority of pupils with diabetes should be able to enjoy all kinds of physical activity. It should not stop them from being active or being selected to represent school or other sporting teams.

However, all pupils with diabetes do need to prepare more carefully for all forms of physical activity than those without the condition, as all types of activity use up glucose.

Tips for supervising pupils with Type 1 diabetes during exercise

- + If the blood glucose level is 15mmols/l or above the pupil should **not** take part in physical activity.

Before an activity

- + Ensure the pupil has time to check their glucose levels.
 - + If the test shows a blood glucose level of 14mmol/l or above, a urine or blood test for ketones (the by-product of the body burning fat for energy) should be performed.
- + Even if ketones are not present and their blood glucose level is 14mmol/l, there may still not be enough insulin for the muscles to be able to create the energy needed to exercise. Blood glucose levels will rise as a response to the activity and the body will not be able to provide the muscles with energy.
- + Ensure the pupil waits until their insulin has taken effect and their blood glucose levels have come down, before taking part in physical activity.

- + Inform the pupil how energetic the activity will be and ask if they have food to eat beforehand.
- + Check that a pupil with diabetes has eaten enough before starting an activity, to prevent their blood glucose dropping too low and causing a hypo.
- + Some pupils with diabetes may also need to eat or drink something during and/or after strenuous and prolonged exercise to prevent their blood glucose level dropping too low and causing a hypo (see page 4.18 for how to treat a hypo).

While it is important that teachers keep an eye on pupils with diabetes they should not be singled out for special attention. This could make them feel different and may lead to embarrassment.

If a pupil with diabetes does not feel confident participating in physical activity, teachers should speak to the pupil's parents to find out more about the pupil's situation. The majority of pupils should be able to take part in any sport, exercise or physical activity they enjoy, as long as they are enabled to manage their diabetes.

During an activity

It is important that the person conducting the activity is aware that there should be glucose tablets or a sugary drink nearby in case the pupil's blood glucose level drops too low. If the activity will last for an hour or more the pupil may need to test their blood glucose levels during activity and act accordingly (see page 4.18 for how to deal with a hypo).

If a hypo occurs while a pupil is taking part in an activity, depending on the type of activity, the pupil should be able to continue once they have recovered. A pupil's recovery time is influenced by a number of factors, including how strenuous the activity and how much the pupil has eaten recently.

The pupil should check their blood glucose after 10 – 15 minutes and take further action if necessary. If their blood glucose is still low repeat immediate treatment. If above 4mmol/l the pupil should eat a longer-acting starchy food (see list on page 4.18).

After an activity

Pupils with diabetes may need to eat some starchy food, such as a sandwich or a bread roll, but this will depend on the timing of the activity, the level of exercise taken and whether a meal is due.

Pupils who use an insulin pump

Pumps need to be disconnected if taking part in contact sports and, although some may be waterproof, pupils may prefer to disconnect when swimming.

Pumps cannot be disconnected for long periods of time because the pump uses rapid-acting insulin. Generally, the rule is that they should not be disconnected for more than an hour. While the pump is disconnected, no more insulin will enter the body and the blood glucose level will gradually begin to rise.

To ensure insulin levels are correct after exercise, check that the pupil remembers to reconnect their pump as soon as the activity is over and tests their blood glucose levels. In the case of extended activity it is important to check how the pupil manages their glucose levels.

Pupils with Type 2 diabetes

If a pupil has Type 2 diabetes and is taking metformin, it is very unlikely that they will have a hypo during exercise.

Emergency procedures

Hyperglycaemia

If a pupil's blood glucose level is high (over 10mmol/l) and stays high.

Common symptoms:

- + thirst
- + frequent urination
- + tiredness
- + dry skin
- + nausea
- + blurred vision.



Do . . .

Call the pupil's parents who may request that extra insulin be given.

The pupil may feel confident to give extra insulin.

999

If the following symptoms are present, then call the emergency services:

- + deep and rapid breathing (over-breathing)
- + vomiting
- + breath smelling of nail polish remover.



Hypoglycaemia

What causes a hypo?

- + too much insulin
- + a delayed or missed meal or snack
- + not enough food, especially carbohydrate
- + unplanned or strenuous exercise
- + drinking large quantities of alcohol or alcohol without food
- + sometimes there is no obvious cause.

Watch out for:

- + hunger
- + trembling or shakiness
- + sweating
- + anxiety or irritability
- + fast pulse or palpitations
- + tingling
- + glazed eyes
- + pallor
- + mood change, especially angry or aggressive behaviour
- + lack of concentration
- + vagueness
- + drowsiness.



Do . . .

Immediately give something sugary, a quick-acting carbohydrate such as one of the following:

- + a glass of Lucozade, coke or other non-diet drink
- + three or more glucose tablets
- + a glass of fruit juice
- + five sweets, eg jelly babies
- + GlucoGel.

The exact amount needed will vary from person to person and will depend on individual needs and circumstances.

This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again.

- + roll/sandwich
- + portion of fruit
- + one individual mini pack of dried fruit
- + cereal bar
- + two biscuits, eg garibaldi, ginger nuts
- + or a meal if it is due.

If the pupil still feels hypo after 15 minutes, something sugary should again be given. When the child has recovered, give them some starchy food, as above.

999

If the pupil is unconscious do not give them anything to eat or drink and call for an ambulance and contact the parents.

Other resources

www.diabetes.org.uk

Download information and read the latest news and advice about diabetes.

Diabetes UK Careline

Diabetes UK Careline provides support and information to people with diabetes as well as friends, family and carers. We can provide information to help you learn more about the condition and how to manage it.

Diabetes UK Careline

Macleod House
10 Parkway
London NW1 7AA

Phone 0845 120 2960

Monday-Friday, 9am-5pm
careline@diabetes.org.uk

Children with Diabetes (CWD)

Phone 01242 257 895

jackie.jacombs@childrenwithdiabetes.com
www.childrenwithdiabetes.com/uk/

INPUT (promoting INsulin PUmp Therapy)

Phone 01590 677911

john.davis@input.me.uk
www.input.me.uk

Juvenile Diabetes Research Foundation

Phone 020 7713 2030

info@jdrf.org.uk
www.jdrf.org.uk

NHS Direct

Phone 0845 4647

www.nhsdirect.nhs.uk

Diabetes UK

Diabetes UK is the largest organisation in the UK working for people with diabetes, funding research, campaigning and helping people live with the condition.

Diabetes UK Central Office

Macleod House

10 Parkway

London NW1 7AA

Phone 020 7424 1000

Fax 020 7424 1001

info@diabetes.org.uk

www.diabetes.org.uk

Registered charity number 215199

Disclaimer

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