



To: School/Coach:

We follow _____ in the AFCH Pediatric Diabetes Clinic for Type 1 Diabetes. Last HbA1c * _____. We are pleased that _____ is interested in pursuing _____ and encourage our patients to participate in athletics. To facilitate safety, we have discussed parameters to help keep _____ in good control and performing well.

Plan:

1. _____ should be encouraged to participate in any/all sports that he/she desires.
2. Aim for blood sugar (BS) at start of practice of about (*suggested range: 120-150mg/dL*) _____.
3. To prevent low blood sugars during practice, reduce insulin dose at lunch (suggested _____) and have snack available prior to practice (such as raisins, granola bar, juice, etc).
4. Test as needed during practice and treat lows appropriately with fast-acting sugar. If blood sugar is (_____), give (_____)grams of carbohydrates. Check blood sugar 15 minutes later to ensure good response. _____ should be allowed to test and treat as needed. He/she can resume practice as soon as he/she is feeling able.
5. If _____ has high blood sugar (over 300mg/dL) prior to the start of practice, he/she should check for urine ketones. If ketones are positive, he/she should not practice and should return home for appropriate management.
6. Ensure adequate hydration prior to and throughout practice.
7. We encouraged having a face-to-face meeting with coach and/or athletic trainer to discuss diabetes management. _____ will have glucagon pen available at practice for emergency low blood sugar.
8. _____ should have his/her supplies at all practices and events (to include blood glucose monitoring supplies, carbohydrate source, glucagon)
9. The night following practice or particularly active days, decrease long-acting insulin/basal rate by 10-20% to prevent delayed hypoglycemia.

Sincerely,

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