



HME  HGM  HRV  
 MCH  MGH  RVH  
 HNM  ITM  CL  
 MNH  MCI  LC



\* F M U - 0 6 2 2 \*

**Unité d'Investigation Clinique**  
**Enseignement de l'utilisation du Glucomètre**  
**aux familles par l'infirmière-H4**  
Clinical Investigation Unit  
Glucometer Teaching for Families  
by Nurse Handout-H4

Numéro de dossier / Unit number / Nom du patient / Patient's name

Date: \_\_\_/\_\_\_/\_\_\_  
AAY / MM / JD

Prescribed by physician \_\_\_\_\_ Endo/GI/ Genetics \_\_\_\_\_ Meter type \_\_\_\_\_

Prescription attached \_\_\_yes/no\_\_\_ for strips/lancets/lancet device  
Log book for family \_\_\_yes/no\_\_\_ Testing frequency \_\_\_/ day

Symptoms of hypoglycemia reviewed with you:

- sweatiness  loss of consciousness  paleness  
 shakiness or tremors  seizures  extreme sleepiness

A low blood sugar for your child is less than \_\_\_ mmol/L  
We discussed with you how to treat this yes \_\_\_ no \_\_\_ (See below for specific suggestions)  
We demonstrated how you could give IM glucagon: yes \_\_\_ no \_\_\_  
We demonstrated how you could give IM hydrocortisone (Soluortef) \_\_\_yes\_\_\_no\_\_\_  
We gave you a prescription for : glucagon-emergency kit / hydrocortisone / im syringes / D50 W (Circle those provided)

Treatment of mild to moderate low blood sugar:

if your child has mild hypoglycemia and is awake, give the child their usual feed (mild hypoglycemia is a sugar between \_\_\_ and \_\_\_ mmol/L)  
If the child has a moderate hypoglycemia and is conscious (sugar < \_\_\_ mmol/L), give the child \_\_\_g of carbohydrates (fast acting sugar). Use one of these choices that has been discussed with you:

- \_\_\_ cc of D50W OR \_\_\_ 2 Tablespoons corn syrup  
OR  
\_\_\_ honey OR \_\_\_ Instaglucose tube  
OR  
\_\_\_ ml of juice OR \_\_\_ glucose tablets OR \_\_\_ other

After the treatment, retest the blood sugar 15 min later, if still < \_\_\_ mmol/L repeat until sugar is > \_\_\_ mmol/L

Once sugar is elevated to > \_\_\_ mmol/L, give a usual meal.

SEVERE LOW BLOOD SUGAR:

1. If your child is unconscious give only Instaglucose, corn syrup or honey (smear this on the inside of the cheeks) **AND CALL AN AMBULANCE (911)**. Some children may get other fasting acting sugars via their NG or gastrostomy tubes.
2. **AND/OR** give \_\_\_ mg IM glucagon
3. **AND/OR** give \_\_\_ mg IM Soluortef® (hydrocortisone)
4. **DO NOT GIVE LIQUIDS like juice IN THE MOUTH**

Call the \_\_\_ specialist on call at 514 412 4400 extension 53333  
Have the ambulance take you to the Montreal Children's Hospital or to the nearest hospital.

Nom du Résident/Étudiant (Lettres Moulées) Resident's Name or Student's Name (PRINT)		#Permis License #	Signature Résident/Étudiant Resident's Signature or Student's signature		Date Date	Heure/Time Heure/Time
Nom du Médecin (Lettres Moulées) Physician's Name (PRINT)		#Permis License #	Signature du Médecin Physician's Signature		Date Date	Heure/Time Heure/Time



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 MNH  MCI  LHC



\*FMU-0623\*

**Enseignement pour suppression des glandes surrénales- H5**

**Division d'Endocrinologie Pédiatrique**

Adrenal Suppression Teaching-H5

Division of Pediatric Endocrinology

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

YYYY / MM / DD

1. The physician has completed the CIU requisition, the stress letter and the prescriptions
2. The child has been determined to need a) daily cortisol coverage + stress OR b) only stress coverage

The child is thought to have temporary OR permanent cortisol insufficiency.

3. If the child needs daily coverage, the physician will have decided for either hydrocortisone pills ( Cortef @10 and 20 mg, which are cutable even into quarters although halves are preferred) OR liquid prednisolone ( Pediapred ® or generic 1 mg/ml)
  4. The family will already know that the child has a cortisol deficiency.
  5. They need to know that the child needs cortisol on a daily basis
  6. Plus, if the child is sick, which usually means a moderate to high fever or significant illness such as a bad cold, significant vomiting or diarrheal symptoms (the parents can always call if they are not sure)
- Once the illness has declared itself, the parents need to give an immediate double or triple dose. Double doses for moderate illness/fever (38.5°-39.4 °C) and triple for 39.5 ° C and above.

The family will continue with the regularly scheduled doses (doubled or tripled) until the child is better.

The children can have antipyretics q 4-6 h as indicated on the medication box.

If the child cannot take the medication orally, the parents have a choice to come to the closest hospital for IV hydrocortisone or im hydrocortisone at home. It is best to contact the doctor on call at this point. This also includes if the child is to have surgery or has a severe accident.

- 7) The children will be seen every 4-6 months by Endocrinology for adjustment of the doses.

Stress coverage only (this typically is for 6-12m)

- 1) If the child needs stress coverage only, the physician will have decided for either hydrocortisone pills (Cortef @ 10 and 20 mg, which are cutable even into quarters although halves are preferred) OR liquid prednisolone (Pediapred ® or generic 1 mg/ml).
  - 2) The family will already know that the child has the potential to become cortisol deficient with stress such as illnesses or surgeries. This means only cortisol replacement from time-to-time.
  - 3) If the child is sick, which usually means a moderate to high fever or significant illness such as a bad cold, significant vomiting or diarrheal symptoms (the parents can always call if they are not sure).  
Once the illness has declared itself, the parents need to give an immediate double or triple dose. Double doses for moderate illness/fever (38.5°-39.4 °C) and triple for 39.5 ° C and above.  
The family will continue with the regularly scheduled doses (doubled or tripled) until the child is better.
- The children can have antipyretics q 4-6 h as indicated on the medication box.
- If the child cannot take the medication orally, the parents have a choice to come to the closest hospital for IV hydrocortisone or im hydrocortisone at home. It is best to contact the doctor on call at this point.
- 4) The children will be seen every 4-6 months by Endocrinology for adjustment of the doses until the child is no longer considered at risk.

Norm de l'infirmière (Lettres Moulées)  
Nurse's Name (PRINT)

AA YY/MM/JD heure(time)

Signature du l'infirmière  
Nurse's Signature

AA YY/MM/JD heure(time)