
A Course for Babysitters of Children with IDDM

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Parents of children with insulin-dependent diabetes mellitus (IDDM) frequently deny themselves social and recreational activities because they have no competent babysitter with whom to leave the child. This pilot program was developed to train adolescents to care for children with IDDM. The program combines the American Red Cross babysitting course with additional training to meet the needs of children with IDDM. Although the program has not been formally evaluated, subjective response of participants has been positive.

Finding a reliable baby-sitter to watch any child is a common concern of parents, but it is especially difficult if the child has diabetes. The need for baby-sitters trained to care for children with IDDM was frequently identified by parents of diabetic patients during their clinic visits to Boston's Children's Hospital. Many parents have told us they deny themselves social and recreational activities in order to keep a close eye on their diabetic children.

This situation is obviously not healthy for either the children or their parents. Both need time to themselves, time to establish a healthy sense of independence and, for some parents, time off from the stresses of managing the child with diabetes. Unfortunately, we could identify no local programs that train people to baby-sit for children with diabetes. The purpose of this paper is to describe a pilot project designed to provide such a program.

Our first question was, whom should we train? It seems reasonable to approach responsible adolescents who attend the Children's Hospital Adolescent Diabetes Clinic. The young people have been living with the disease for several years and have demonstrated to clinic staff that they have good grasp of everyday diabetes management skills. The goal was to put their specialized skills to work, while fulfilling the needs of some families with young children with diabetes.

The general objectives of the program are twofold: (1) to teach basic diabetes management skills, and (2) to provide common orientation toward baby-sitting. Participants are expected to demonstrate certain skills and understand certain concepts. Areas relating to diabetes that are covered by this course included:

- Management of daily schedule (meals, snacks, insulin testing)
- Identification and treatment of insulin reactions
- Monitoring of glucose and ketone levels and interpreting results
- Knowledge of diet exchanges (snacks and meals)
- Insulin preparation and administration (to be done by parents)
- Identification and handling of emergencies

Complete guidelines were developed to assist the babysitter in organizing the care of the child with diabetes. (Copies

Checklist for Parents Preparing for the Sitter

- _____ 1. *Insulin* given.
- _____ 2. *Glucose monitoring* for fear of reactions (blood sugar must be greater than 100 mg/dl in infants and toddlers).²
- _____ 3. Have next *snack* and/or *meal* prepared.
- _____ 4. *Emergency numbers* must be written down:
Number where you can be reached

_____ Doctor's phone number _____
_____ Rescue phone _____
_____ Poison line _____
- _____ 5. Have all *glucose monitoring equipment* available. Tell sitter when the next test is due.
- _____ 6. Have a schedule written out. *Be specific* about what you want the sitter to do.
- _____ 7. *Glucagon* should be available.
- _____ 8. Have a list of your child's *signs and symptoms* of an *insulin reaction*.
- _____ 9. Have *sugar source* for treating a reaction available.

Baby-sitting Course Content

- Characteristics of children
- Selecting toys and games for children
- Supervising children
- Accident prevention
- Emergency actions
- Basic care of children
- Caring for children with diabetes

these guidelines may be requested from the authors.) A checklist designed to help parents prepare for the baby-sitter was also devised (see boxed checklist).

Baby-sitting skills were addressed by using the American Red Cross baby-sitting certification course.¹ Their manual, visual aids, handouts, and content outline have been modified only to include the extra needs of young children with diabetes.² The course content is shown in the accompanying box. At the end of the program, the adolescent is certified as a baby-sitter by the American Red Cross and, we believe, possesses important additional information about the care of diabetic children. A list of course graduates is given to families who might utilize this service. Parents make their own contacts.

A written test consisting of short answers and fill-in-the-blank items was administered following the pilot program. The test was meant to assess knowledge of subject matter taught during the course; the test's reliability and validity are unknown. Participants were graded on a pass/fail scale; all passed. A satisfaction questionnaire indicated the participants felt the course was helpful and the information useful. As one stated, "Now I'll be able to do the job that's expected of me as a baby-sitter."

It is important to note that our pilot program has not been formally evaluated, nor have enough sitters been trained for us to be able to draw firm conclusions. The response to date, however, has been very encouraging. In utilizing our own adolescent population and providing them with the modified American Red Cross baby-sitting course, we can point to one more resource for the parents of children with IDDM and, we hope, make their lives a little easier.

References

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2. Traisman H: When baby has diabetes. *Diabetes Forecast* 37:31-33, 1984.

Additional Readings

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