Sick day rule: Survey of parents of children with Type 1 diabetes (Experience and Knowledge)
J Chizo Agwu, M S Ng, J Drew, C Moudiotis, M Kershaw, N.P Wright, J Edge, C Gardiner

Introduction
Inappropriate management of illness/stress, accidental or deliberate insulin omission are some of the causes of Diabetes ketoacidosis (DKA) in patients with established diabetes. During illness, patients with type 1 diabetes are advised to monitor for hyperglycaemia and ketosis, maintain fluid intake and if required, to administer supplemental insulin. Previous studies have confirmed that comprehensive diabetes self-management education (DSME) programs on management of sick days and availability of telephone support can lead to a reduction in the rates of DKA

Objectives
The aim of the study is to establish parent’s experience of self-management education programs and out of hours telephone support. In addition we evaluated their knowledge of sick day rules

Method
Parents of children with Type I diabetes completed an online questionnaire posted (October 2014-February 2015) on social media fora popular with parents of children with diabetes living in United Kingdom. The questionnaire was set up to allow only one response per internet protocol (IP) address. The questionnaire was validated for consistency by a panel of parents.

It tested four domains of sick-day self-management;
glucose monitoring,
ketone monitoring,
fluid intake and
supplemental insulin administration.
It also sought information on their experience of self-management education programs and telephone support

Results
680 completed the questionnaire. Median duration of their child’s diabetes was 3 years. Median age of their children was 10 years. The majority (52.1%) had access to their diabetes team out of hours, whilst 14.6% had access to ward staff/Pediatric Registrar for advice

Conclusion: Survey results highlight the need to improve quality of sick day rule education programs for parents of children with Type 1 diabetes