Sharing Diabetes Care Across Two Households

Many children spend time in more than one household, and co-parenting can be challenging. Children with diabetes require more communication between all of their main caregivers about their blood sugar management. Here are some tips for helping families when caregivers live in separate places.

Consider splitting up supplies (syringes, test strips, insulin, etc.) so that each caregiver has "backup" at their house.

Find a way to communicate key information as the child moves from one household to another. Sharing blood sugar numbers, carbohydrates eaten and anything unusual, can set the other caregiver up for success as they take over care. Some options for sharing include:

- Paper log that travels back and forth with the child's diabetes bag (space for notes in addition to numbers is helpful)
- Sharing documents online (example: Google Docs) that both parents can access
- Text message or email
- If the child uses technology like a DexCom, inPen, or insulin pump, use the appropriate apps to access information. Caregivers do not necessarily need to be "following" the information when the child is out of your care but reviewing it before they come to your home can be helpful.

Give each other and yourselves patience as you all adjust to and manage this chronic condition. Sometimes blood sugars will be unpredictable, and it doesn't mean anyone has done something "wrong".

Know that **each caregiver may develop their own preferences for diabetes management over time.** It's OK if these aren't exactly the same, as long as they are generally consistent (inconsistency can be confusing for children) and safety is not compromised. As long as the other caregiver's approach is working for them and the child, it's OK for it not to be exactly the same as your own.

Talk about who will be able to attend clinic visits. Having all main caregivers at clinic visits can be very helpful, especially when your child spends equal time at both residences. If this isn't possible, you can consider:

- Having one caregiver be available by phone for the visit (be aware that clinics don't always run exactly on schedule).
- Alternating visits (example: mother attends in January, father in April).
- Having the caregiver who doesn't attend send along notes that might be helpful for the provider.

It's not possible for your child to have multiple visits, for example: one with mother, then with father, in the same 3-month period. Providers are also not able to call caregivers who are not present for the appointment to review what happened, but they can provide copies of the After Visit Summary as requested. If your child is 12 or younger you have access to their MyChart, where you can see the After Visit Summary and visit notes.

Ensure that both households know how to contact the diabetes care team via phone 206-987-2640 or MyChart. MyChart messaging can be a general helpful tool for two-household families. You should ensure that each parent has access to the child's MyChart. Ideally, you can include the other parent on any messages to the care team like for non-urgent questions or requests for dose adjustments. This keeps both caregivers looped in on the questions and successive response.

To Learn More

- Endocrinology 206-987-0179
- Ask your child's healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.



Seattle Children's offers free interpreter services for patients, family members and legal representatives who are deaf or hard of hearing or speak a language other than English. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201. This handout has been reviewed by clinical staff at Seattle Children's. However, your needs are unique. Before you act or rely upon this information, please talk with your healthcare provider.

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