SCOUTS-L

DIABETIC SCOUTS

From <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU> Sun Nov 10 12:20:51 1996
Return-Path: <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU>
Received: from pucc.PRINCETON.EDU (smtpc@pucc.Princeton.EDU [128.112.129.99]) by cap1.CapAccess.org (8.6.12/8.6.10) with SMTP id MAA23138; Sun, 10 Nov 1996 12:20:51 -0500
Received: from PUCC.PRINCETON.EDU by pucc.PRINCETON.EDU (IBM VM SMTP V2R2)
with BSMTP id 1262; Sun, 10 Nov 96 12:17:24 EST
Received: from TCUBVM.IS.TCU.EDU (NJE origin MAILER@TCUBVM) by PUCC.PRINCETON.EDU (LMail V1.2a/1.8a) with BSMTP id 1071; Sun, 10 Nov 1996 12:17:24 -0500
Received: from TCUBVM.IS.TCU.EDU (NJE origin LISTSERV@TCUBVM) by TCUBVM.IS.TCU.EDU (LMail V1.2a/1.8a) with BSMTP id 1919; Sun, 10 Nov 1996 11:13:58 -0600
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with NJE id 1914 for SCOUTS-L@TCUBVM.IS.TCU.EDU; Sun, 10 Nov 1996
11:13:25 -0600
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V1.2a/1.8a) with BSMTP id 1913; Sun, 10 Nov 1996 11:13:23 -0600
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Sun, 10 Nov 96 11:13:19 CST
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lynx.csn.net (8.6.12/8.6.12) with ESMTP id KAA04966; Sun, 10 Nov 1996
10:12:57 -0700
X-MSMail-Priority: Normal
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MIME-Version: 1.0
Content-Type: text/plain; charset=ISO-8859-1
Content-Transfer-Encoding: 7bit
Message-ID: <199611101712.KAA04966@lynx.csn.net>
Date: Sun, 10 Nov 1996 10:12:56 -0700
Reply-To: SCOUTS-L - Youth Groups Discussion List
<SCOUTS-L@TCUBVM.IS.TCU.EDU>
Sender: SCOUTS-L - Youth Groups Discussion List
<SCOUTS-L@TCUBVM.IS.TCU.EDU>

From: Monte Kalisch <montek@MONTEKCS.COM>
Subject: Re: Diabetic Scout
X-cc: arend@peoples.net
To: Multiple recipients of list SCOUTS-L <SCOUTS-L@TCUBVM.IS.TCU.EDU>
Status: RO
X-Status:

Hi Mark. Just some feedback.

> 1. Obviously his Patrol, and to a certain extent the whole Troop, will
> have to change cooking styles (which isn't the worst thing since a diabetic
> diet is a lot healthier than what we usually eat). Are there any good
> diabetic camp recipes out there? How about advice on converting some Troop
> favorites? (Although I don't think their favorite chocolate-cherry cake
> will survive). This came at a good time for us; because of the holidays we
> don't have a campout until January.

There may be no need to alter any of the cooking styles. There's some things about diabetes that you should probably know. Diabetes is an insulin deficiency, either completely or partially. When your body consumes sugar (everything gets broken down into sugars), that sugar has to
get inside your cells. It's kind of like you have to get inside your house. To do so, you need a key. The key for sugar to get inside your cells is insulin (insulin is created in the pancreas). Without proper insulin, sugar cannot enter cells in your body.

There are two types of diabetes: Type I and Type II. Type I, or insulin-dependent, diabetes occurs in individuals with little or no ability to produce insulin. This type of diabetes affects children more frequently than adults. Type II, or noninsulin-dependent, diabetes occurs in individuals who have the ability to produce insulin but are unable to develop
enough of it or use it efficiently. Type II diabetes usually affects adults and is generally controlled through their diet. Type I diabetes is controlled by the use of insulin injections. Your Scout's doctor will explain all of this, including teaching the Scout and his family how to administer the medication.

Don't forget the basics:

"The right amount of sugar" + "The right amount of insulin" = Good. Any other combination is bad.

What will be difficult for the Scout is having to keep track of all of this stuff. And he will probably forget. (It's the nature of kids and even some adults!) As time goes on, he will become increasingly more aware of the way his body handles sugar and it will become easier. Before you do an activity, like camping, hiking, etc., you will want to make sure that the Scout is completely prepared. This may seem like a hassle at first, but for his sake you don't want to be underprepared. Make sure he's brought his medication, including extra in case something goes awry.

Some emergency-like things to watch for. Hyperglycemia (Hyper = Too Much; Glycemia = Sugar): This occurs when there's too much sugar and not enough insulin. (The problem is the sugar can't get into the cells without the "key.") Medically, when this happens, the body will start to process stored fats as sugars, but that doesn't work very well and a waste product of ketones are produced. Ketones are the same thing that are in finger nail polish. Ketones can make the breath smell acidic (like alcohol on the breath).

Hypoglycemia (Hypo = Low): This occurs when there's not enough sugar inside the cells. This can happen for a variety of reasons, including the diabetic has taken too much insulin, the diabetic has not eaten enough to provide normal sugar intake, the diabetic has overexercised or overexcerted himself (thus reducing his blood glucose levels), or the diabetic has vomited a meal. This condition is sometimes classified by erratic behavior, including abnormally hostile or aggressive behavior which may appear to be alcoholic intoxication!

Story Time: (I'm going to interject a story to offset all this medical stuff) I work at a camp in the summer. This past summer, we had a diabetic Scout who had taken too much insulin (his father was at camp also). The Scout was in one part of the camp when I found out. A couple of other staffers, his father, and I ended up chasing him about a mile and half

before he slowed down. He was hypoglycemic and needed sugar, but he wouldn't stop so we could get it in him. We finally got him, let him drink a pop, and within SECONDS he was fine and couldn't figure out why we had been chasing him. 8-)

Basically, in the field, there is no easy way to detect the difference between hyperglycemia and hypoglycemia. If the Scout is conscious and if his doctor recommends this, just give him a pop (we say pop in the west!). If he's low on sugar, then he'll be okay within moments. Just be cautious. Be aware of the erratic behavior. Did you note that in the hyperglycemia section I mentioned that it could smell like he has alcohol on his breath and in the hypoglycemia section his actions could mimic what a drunk would do. Many diabetics have been pulled over by police officers and taken to jail for "Driving under the Influence" when they're really just low on sugar! That's one of the reasons, diabetics will wear wrist bands and tags.

Anyway, that's enough on the medical side for now. If you need more advice or help, please let me know.

> 3. Are there any other diabetic Scouts out there who could offer him a
> few words of encouragement. This is quite an upheaval in his life and I
> know he is apprehensive. Hearing from other kids might help. His name is
> Josh; if you email me I will pass it on.

Tell Josh that I said hi. And if he would like to talk to someone who knows about the medical side of diabetes, I would be glad to talk to him. Also, I've dealt with many diabetic patients (my grandmother has Type II diabetes). It's important that Josh knows that diabetes is just going to force him to become aware of everything he drinks and eats (yes, including that Halloween candy!!). 8-) Many people have controlled diabetes for their entire lives.

And Mark, just be there for him. Make sure the other Scouts are told only what is okay with Josh. They don't need to know everything unless Josh wants to tell them. Don't share this story with the rest of Troop unless they need to know. If the Scouts, parents, or committee, etc. are going to know, make sure they know enough about diabetes so there's no

misconceptions. The Scouts should just be told that Josh has to be careful of what he eats and drinks. He has to be smarter about what he does. Josh will need support from everyone.

And if you ever get into a situation where something isn't quite right and you're not sure what to do, call EMS immediately.

Please let me know if I can help more.

Yours in Scouting,
Monte Kalisch
Emergency Medical Technician

Ben Delatour Scout Ranch (http://www.montekcs.com/www/bedsore)

From <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU> Mon Nov 18 00:18:30 1996
Return-Path: <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU>
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with BSMTP id 2028; Mon, 18 Nov 96 00:14:48 EST
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Received: from TCUBVM.IS.TCU.EDU (NJE origin LISTSERV@TCUBVM) by TCUBVM.IS.TCU.EDU (LMail V1.2a/1.8a) with BSMTP id 2132; Sun, 17 Nov 1996 23:12:13 -0600
Received: from TCUBVM.IS.TCU.EDU by TCUBVM.IS.TCU.EDU (LISTSERV release 1.8b)
with NJE id 2125 for SCOUTS-L@TCUBVM.IS.TCU.EDU; Sun, 17 Nov 1996
23:11:30 -0600
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V1.2a/1.8a) with BSMTP id 2124; Sun, 17 Nov 1996 23:11:28 -0600
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TCP; Sun, 17 Nov 96 23:11:24 CST
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cedar.netten.net (8.6.12/8.6.12) with SMTP id XAA09562 for

<SCOUTS-L@TCUBVM.IS.TCU.EDU>; Sun, 17 Nov 1996 23:16:13 -0600
X-Sender: jkasper@netten.net (Unverified)
Mime-Version: 1.0
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Message-ID: <v01520d03aeb59a08fabe@[205.244.191.120]>
Date: Sun, 17 Nov 1996 23:09:30 -0600
Reply-To: John Kasper <jkasper@NETTEN.NET>
Sender: Scouts-L Youth Group List <Scouts-L@tcu.edu>
From: John Kasper <jkasper@NETTEN.NET>
Subject: Re: Diabetic Scout
To: Multiple recipients of list SCOUTS-L <SCOUTS-L@TCUBVM.IS.TCU.EDU>
Status: RO
X-Status:

>
>1. Obviously his Patrol, and to a certain extent the whole Troop, will
>have to change cooking styles (which isn't the worst thing since a diabetic
>diet is a lot healthier than what we usually eat). Are there any good
>diabetic camp recipes out there? How about advice on converting some
Troop
>favorites? (Although I don't think their favorite chocolate-cherry cake
>will survive). This came at a good time for us; because of the holidays we
>don't have a campout until January.

My son is a diabetic scout, served on camp staff this summer. Diabetes hasn't stopped him from doing anything. (he did the mile swim this summer)

Recipes really don't change much, that is if you've been having square meals like you should. Can't skip meals, although most youth diabetics eat snacks between every meal, snacks and meals can be swapped. Injections need
to be given within about an hour of their usual time. Regular soft drinks and Bug Juice is out and replaced with suger free versions. Most of the time my son is so active at camp that he burns up the sugar and eating an extra sugar snack is OK. Can eat ice cream, but not 12 scoops. Can eat a candy bar or chocolate for a snack but can't have more than one. Twix and other cookie bar are better than chocolate bars. Cobbler is OK for late night snacks. Could go on for hours here.

>2. His father is going to sit down with us and tell us what we need to
>know and watch for but are there any special conditions or circumstances

>that the father or doctor might not think of but that might show up in a >Scouting activity?

Your doing good here by networking with others, as your parent is in a new
situation, he will be really learning as here goes and may have as many questions for himself as you will have. Usually the typical camp injury may
drive the Scouts blood sugar low. Become familiar with the Scouts blood sugar meter and be sure that he checks his blood suger 3-4 times a day while camping as his blood sugar patterned change with different activity levels and you won't have a pattern on outdoor activities for about 6 months. A separate cooler for storing insulin is a must. The key thing that most people don't know is that it needs to be stored in a consistant temperature as possible. Anywhere from 40 (low) to 90 (high) is OK, Don't submerg insulin in ice as it warms up and cools down too much as it taken in and out. A tray that stays in top of the cooler and ice in the bottom works great. During mild weather just put the insulin in a cooler in a shaded area with a wet towel on top.
>
>3. Are there any other diabetic Scouts out there who could offer him a >few words of encouragement. This is quite an upheaval in his life and I >know he is apprehensive. Hearing from other kids might help. His name is
>Josh; if you email me I will pass it on.

Don't hide his diabetes and don't treat him special. He's just another one of the guys who has an extra duty about 1/2 hour before eating.
>
I think my son could be a help here, he's 14 and was diagnosed in the 5th grade. Feel free to pass on our E-Mail address. (his name is Jonathan)

We'll both be glad to share info.

BTW, my Diabetic Scout needs 2 merit badges and an Eagle project. (Brag, Brag)
I don't feel that he has a handicap and neither does he.

>Thanks for the help.
>Mark W. Arend
>Beaver Dam Community Library

John Kasper | >>>--------> | jkasper@netten.net

Eagle of 1973 Scoutmaster T-415
Chickasaw Council - Memphis, TN USA
Camp Tallaha Aquatics Instructor
...and a good ole' Bobwhite too!

From <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU> Mon Nov 11 13:36:51 1996
Return-Path: <@pucc.PRINCETON.EDU:owner-scouts-l@TCUBVM.IS.TCU.EDU>
Received: from server1.capaccess.org (server1.CapAccess.org [207.91.115.5]) by cap1.CapAccess.org (8.6.12/8.6.10) with ESMTP id NAA07114; Mon, 11 Nov 1996 13:36:51 -0500
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with BSMTP id 3337; Mon, 11 Nov 96 13:32:43 EST
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with NJE id 9778 for SCOUTS-L@TCUBVM.IS.TCU.EDU; Mon, 11 Nov 1996
12:27:05 -0600
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Received: from smtp01.worldbank.org by tcubvm.is.tcu.edu (IBM VM SMTP V2R2)
with TCP; Mon, 11 Nov 96 12:26:52 CST
Received: from mrgw.worldbank.org by worldbank.org (PMDF V5.0-7 #16195) id
<01IBPZ2Q16Q89FN38Y@worldbank.org>; Mon, 11 Nov 1996 13:26:15 -0500
(EST)
Received: with PMDF-MR; Mon, 11 Nov 1996 18:24:35 +0000 (GMT)
MR-Received: by mta WBHQB1; Relayed; Mon, 11 Nov 1996 18:24:35 +0000
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Alternate-recipient: prohibited
MIME-version: 1.0
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Priority: normal
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Message-ID: <"A1837ZWOLJ5HVJ*/R=WBHQB/R=A1/U=KIM HANNEMANN/"@MHS>
Date: Mon, 11 Nov 1996 17:30:38 +0000
Reply-To: SCOUTS-L - Youth Groups Discussion List
<SCOUTS-L@TCUBVM.IS.TCU.EDU>
Sender: SCOUTS-L - Youth Groups Discussion List
<SCOUTS-L@TCUBVM.IS.TCU.EDU>
From: Kim Hannemann <khannemann@WORLDBANK.ORG>
Subject: Re: Diabetic Scout
X-cc: arend@peoples.net
To: Multiple recipients of list SCOUTS-L <SCOUTS-L@TCUBVM.IS.TCU.EDU>
Status: RO
X-Status:

Mark and Josh,

Take heart, it is probably a big change for Josh, but it is not nearly as bad as you think. You can do whatever you want to do; you are a healthy person who happens to have diabetes.

I am a type II diabetic (adult-onset, could control with diet but I take a pill because I have less self-control than I would like). My pancreas still produces insulin, but it is insufficient or inefficiently used. Two of my three children are Type I (insulin-dependent); the islet cells in their pancreases (plural of pancreas = pancrei?) are essentially shot. They test their blood sugar 3+ times a day; one takes two insulin injections daily and the other takes 3. The older, Chris, is now 12 - he was diagnosed when he was 8. Vicky is 9 and has had diabetes since she was 7. They both do

their own testing, and draw and inject their own insulin. We "look over their shoulders" frequently and watch their diets, though both have had extensive nutritional counseling. Because of his age I assume Josh is also the less common Type I.

Chris went to Scout camp as a Webelos scout when he was 9 and 10, and as a Boy Scout at 11. I was along as a leader and I kept a pretty close eye on him. At camp and on weekend Scout outings, as well as with an active sports agenda, we found that the biggest problem in these settings is *not* avoiding sugar (excess carbohydrates), but getting enough to eat and otherwise avoiding insulin shock (too much insulin for exercise level). We had two episodes of insulin shock at camp the second year - we were misled by a lack of problems the first year. Now we know to drastically lower insulin dosages and make sure they always carry sugar (glucose tablets), even in their tents at night (and to heck with raccoon visits).

Vicky was off to GS camp within a week of her diagnosis, at age 7, without one of us along! With the help of Chris's example and her own training, she taught the counselors a lot about diabetes. And she taught us a lot about what kids are capable of doing. I am continually amazed and proud of their chutzpah.

I don't think you have to worry about changing your troop's diet or cooking styles to suit Josh's diabetes. He can even have some of that choco-cherrybomb cake stuff. He can't have unlimited amounts - he has to count his carbs and trade off a little cake for a potentially larger serving of something with fewer carbs. If he knows the cake is coming, he can adjust his insulin (see * below) or play Capture the Flag with a little more vigor!

For the short-term weekend camps and even week-long residential camps your biggest problem, as I noted, is the danger of insulin shock. Keeping the blood sugar a little high during these active periods is

more safe than sorry. Josh will, however, be concerned about keeping his blood sugar lower *over the long term* to avoid potential problems with his sight, extremities and internal organs as I'm sure his doctor will explain. Knowledge is power, and knowledge about diabetes and nutritition will be Josh's best asset for control.

Chris and Vicky have both been called upon many times to explain diabetes to their friends and classmates, and demonstrate blood sugar monitoring and injections. This teaching enhances their own knowledge as well as their friends', and in Chris's case his friends/classmates have more than once helped him when he went "low". You might ask Josh if he would make a presentation to the Troop. He may be nervous at first, but after he draws blood to test his sugar and then injects himself - he can use a sterile solution, or just use a syringe without any injection - I'm sure he will gain the respect of even your most senior scouts. A good time to do this might be at camp where he would have injected anyway.

I am not a doctor and I strongly suggest that Josh and his family review all of this with his doctor, who should make specific suggestions relevant to Josh and his situation. However, I can state with confidence that Josh can still enjoy Scouting pretty much as he has come to know it, and that your troop can keep its traditional menus.

You or Josh's family should feel free to call me at my home number below to get more information or just to talk with a family who has been through it.

Kim Hannemann
khannemann@worldbank.org
(703)569-9234

* Most diabetics inject insulin 30 minutes before a meal, so if the meal is late - this never happens on a campout, right? - the insulin can start to lower blood sugar too soon. Chris is trying a new insulin which works so fast he doesn't inject it until after he begins eating. This is combined with a slower acting, longer lasting

insulin to try to match what his own pancreas would have done, had it still been producing insulin.