Coaches Playbook for Diabetic Athletes:

What is Type 1 Diabetes? (also known as Juvenile, insulin dependent, or T1D):
Type 1 and **Type 2 Diabetes** are **VERY DIFFERENT** in treatments and potential dangers!
Type 1 diabetes is a **Non Contagious** autoimmune disease that attacks specific cells in the body eliminating its ability to make new or process existing sugar (glucose) in the blood stream. Too little sugar and the body cannot function. Too much and it is not efficient in its function. **ALL** type 1 diabetics must give themselves insulin to live. Currently shots and/or an insulin pump are the only ways to do this. All Type 1 Diabetics can have high and low blood sugar levels.

Low Levels (< 80) are an immediate danger. Give Sugar immediately! If not treated, the athlete could become incoherent and possibly die.

- Symptoms of a Low Blood Sugar (acts like a drunk person):
    - **Slurred speech**
    - **Lack of coordination / lack of mental capacities**
    - **Glossed over eyes**
    - **Excessive sweating and/or heart rate**
    - **Shaking limbs**
- What Raises Blood Sugar:
    - Sugar (most foods that are not sugar free)
        - Simple Sugars raise level fast. **Use when Athlete <80 (low).**
            - **Ex: Gatorade, glucose tablets, fruits, fruit candy (a high sugar to carb ratio), coke, juice.**

    - Complex Carbohydrates raise at a slower level
        - Ex: bread, granola bar, hamburger, pasta
- What Lowers blood sugars:
    - Insulin (needed to transport sugar from blood to cells to use as energy)
    - Exercise

High Levels (above 180) cause dehydration, excessive thirst, frequent urination.
- <350 = not an immediate danger to athlete except for typical dehydration related dangers.
- >350 = a threat and they should work to get sugars under that mark before exercise.
- High levels do not mean more energy, but instead normal dehydration symptoms occur.

The Coach's Role
What role does the Diabetic Athlete Coach play?
- Have a basic understanding of the athlete and T1D.
  - Much like concussions, know the athlete so you know when he/she is normal.
- Be prepared to supply Sugar (glucose, coke, Gatorade, juice) for a Low Blood Sugar (<80) as this is the immediate DANGER!
  - If an athlete feels low, TREAT THE LOW FIRST, check blood sugars later. A false Low feeling and treatment is OK. A delayed Low treatment is a DANGER!
- Know what to do if Athlete loses consciousness from a low blood sugar.
  1. Administer Glucagon shot.
  2. Call 911

- Be Clear to athlete in a conversation that:
  1. **You want them** to take a break/test/recover if needed.
  2. **You are ok** with their need for extra breaks, Sugar, and testing at times that may be different from the other athletes.
  3. **You understand** that Low blood sugars will most likely occur with extreme physical demands and breaking for a Low Sugar is **NOT** a sign of weakness or lack of motivation.

Coaches Pre-Season Diabetic Checklist:

- ❏ **Make sure all Athlete Supervisors, Trainers, and Coaches understand basic T1D and how to treat a Low Blood Sugar.**
- ❏ **Talk with Athlete on <u>management game plan</u> (how athlete plans to manage pre/during/post activity).**
- ❏ **Talk with athlete that they may need extra, unplanned breaks and inform the whole staff to ENCOURAGE and UNDERSTAND that..**
- ❏ **Have a Glucagon Shot in the training bag. (for unconsciousness from low sugar)**
- ❏ **Have Sugar and/or Glucose Tablets in bag. (≥ 15g to treat a low sugar)**

Coached Diabetic Travel Checklist:
- ❏ **Blood Sugar Testing Meter**
- ❏ **Sugar (glucose tablets, Gatorade, fruit juice)**
- ❏ **Glucagon shot in case of unconscious low.**