

Table 1: Recommended glycemic targets for children and adolescents with type 1 diabetes

Age (years)	A1C Fasting/Preprandial (%) PG (mmol/L)	Two-hour postprandial PG * (mmol/L)	Considerations
<6	<8.0 6.0-10.0	-	Caution is required to minimize hypoglycemia because of the potential association between severe hypoglycemia and later cognitive impairment. Consider target of <8.5% if excessive hypoglycemia occurs
6-12	≤7.5 4.0-10.0	-	Targets should be graduated to the child's age. Consider target of <8.0% if excessive hypoglycemia occurs.
13-18	≤7.0 4.0-7.0	5.0-10.0	Appropriate for most adolescents. †

A1C, glycosylated hemoglobin; PG, plasma glucose.

* Postprandial monitoring is rarely done in young children except for those on pump therapy for whom targets are not available.

† In adolescents in whom it can be safely achieved, consider aiming toward normal PG range (i.e. A1C ≤6.0%, fasting/preprandial PG 4.0–6.0 mmol/L and 2-hour postprandial PG 5.0–8.0 mmol/L).