

Introduction

Adolescence is a period of rapid biological change accompanied by increasing physical, cognitive and emotional maturity (*porte et al., 2003*). Insulin Dependent Diabetes Mellitus (IDDM), like any chronic illness, challenges the resources of a child and family. Changes in the adolescent's life style include regimented scheduling of every day life, readjustment of roles in the family, potential activity alterations, and mastery of complex therapies in addition psychological adjustment (*Amer, 1999*).

Diabetes mellitus is a chronic disorder of metabolism that characterized by a partial or complete deficiency of insulin hormone . It is the most common metabolic disease , resulting in physiologic change in almost all of the body (*Wong et al., 2003*).

Diabetes mellitus is typically classified into two main subtypes, type I or insulin Dependent Diabetes Mellitus (IDDM), type II or Non Insulin Dependent Diabetes Mellitus (NIDDM) (*Baker , 2001*) . Type I diabetes, occurs most commonly in children and adolescents and is characterized by beta cell failure and treated with insulin . In type II diabetes, persons are often over weight , are older than 30 years of age, over produce insulin , and have a receptor site defect and treated with oral hypoglycemic agents (*Grey and Kanner, 2000*).

Home health care is that component of a continuum of comprehensive health care whereby health services are provided to individuals and families in their places of residence for the purpose of promoting, maintaining, or restoring health, or of maximizing the level of independence, while minimizing illness. services appropriate to the individual patient and family are planned, coordinated and made available

by providers organized for the delivery of home care through the use of employed staff, contractual arrangements, or a combination of the two patterns (*Amscler, 2002*).

On the other side, health related to home care is a concept which reflects the physical, social and emotional attitudes and behavior of an individual as they relate their prior and current health state (*Borgaonkar and jrvine, 2000*). It has been increasingly recognized that, home care considered as an important factor in outcomes assessment of the individual with diabetes (*Delamater, 2000*).

The family should also play an active role in making the youngest feel better. The family should work in collaboration with health team. Teachers, counselors, school nurses, day care providers, and other community members can provide extended support and guidance. (*Basavanthappa, 2008*).

Community health nurse should be uses a distinct knowledge base for decision making in nursing practice , contributes , to the education of the family with special health need Health education has been closely identified with the health promotion as asocial concept or campaign , as well as a set of health education activities intended to develop healthy life styles (*spradley and Allender , 2000*).

Significance of the Study:

In Egypt the incidence of diabetes mellitus is 8-11% of the total population , it seems to be increase from 4-11% between adolescent in 2025 (*Al-ahram press, 2003*). The main goals in diabetes care are good metabolic control minimization of complication caused by diabetes, and good home care (*Toljamo and hentienen, 2001*).

The Nurse play an important role in giving instruction to adolescents and their family about diet and dose of insulin according to doctor instruction and how to take insulin and avoid injury . Giving information about signs and symptoms of high and low blood sugar and what adolescent and their family care for it.