

HYPOGLYCAEMIA

LOW

Blood Glucose Level < 4.0mmol/L

**DO NOT LEAVE CHILD ALONE
DO NOT DELAY TREATMENT**

Signs and symptoms

Note: Symptoms may not always be obvious.
Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behavior.

Child conscious
(Able to eat hypo food)

**Child unconscious/
drowsy**
(Risk of choking/unable to swallow)

Give fast acting carb
(As supplied or listed on management plan)

First Aid DRABC
Stay with unconscious child

Recheck BGL after 15 mins
If BGL < 4.0 repeat fast acting carb

**CALL AN
AMBULANCE
DIAL 000**

Give sustaining carb
(As supplied or listed on management plan)

Contact parent/guardian
When safe to do so

PARENT / GUARDIAN NAME _____

CONTACT No _____

EARLY CHILDHOOD EDUCATION AND CARE SETTING

Multiple daily injections

Use in conjunction with management plan

DIABETES ACTION PLAN 2017

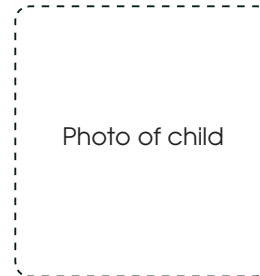


Photo of child

CHILD'S NAME

CENTRE

INSULIN

Insulin is taken 4 or more times per day.
An injection will be needed before lunch.

This injection requires assistance.

Injection will be given by: _____

Injection will be given in: _____
(Room/location)

ROUTINE BGL CHECKING TIMES

- Anytime, anywhere in the centre
- Prior to lunch
- Anytime hypo is suspected
- Prior to planned activity

PHYSICAL ACTIVITY

- 1 serve sustaining carb before every 30 mins of planned activity
- Vigorous activity should **not** be undertaken if BGL > 15.0 and blood ketones are > 1.0
- Usual play time doesn't usually require additional action, but check with parent/guardian about this

HYPERGLYCAEMIA

HIGH

Blood Glucose Level > 15.0mmol/L

HIGH BGLS ARE NOT UNCOMMON

Signs and Symptoms

Note: There may be no signs and symptoms.
Some could be: increased thirst, increased urine production, poor concentration, irritability, lethargy.

Child well
Re-check BGL in 2 hours

Child unwell
E.g. vomiting
Check blood ketones if able

**Encourage oral fluids,
return to activity**
1-2 glasses water per hour; extra toilet visits may be required

**CONTACT PARENT/
GUARDIAN
TO COLLECT
CHILD ASAP**

**In 2 hours, if BGL
still > 15.0
call parent/guardian
for advice**

DATE _____

HOSPITAL _____

TREATING DNE _____

CONTACT No _____