

DIABETES MANAGEMENT PLAN 2017

Name of child: _____ Date of birth: _____
First name (please print) Family name (please print)

Name of centre: _____ Age: _____

This plan should be reviewed and updated at least once per year.

EMERGENCY MANAGEMENT

Please see the Diabetes Action Plan as to the treatment of severe hypoglycaemia (hypo).
The child should not be left unattended.

DO NOT attempt to give anything by mouth or rub anything onto the gums as this may lead
to choking.

If the centre is located more than 30mins from reliable ambulance service, then staff should
discuss Glucagon training with the child's diabetes health team.

If the child has high blood glucose levels please refer to the Diabetes Action Plan.

INSULIN ADMINISTRATION

This child is on two injections of insulin per day. Therefore, ALL carbohydrate food must be eaten at
regular times throughout the day.

The child will have their injections at home before breakfast and before the evening meal

The child requires an injection of insulin at the centre Before breakfast
 Before evening meal

Nominated adult needs to assist with injection

Nominated adult needs to administer injection
(Dose as per additional documentation provided)

Name of adult assisting with /administering injection(s): _____

Type of injection device: Pen Syringe

The location in the centre where the injection is to be undertaken: _____

Refer to Department of Education and Training (DET) and/or centre policy regarding sharps
management and disposal.

BLOOD GLUCOSE MONITORING

Is the child able to perform their own blood glucose monitoring? Yes No

If yes, the nominated adult needs to: Remind Observe Assist

If no, the nominated adult needs to do the check: Yes

Name of adult assisting with/checking BGLs: _____

Target range for blood glucose levels (BGLs): **4-8 mmol/L**

BGL results outside of this are not uncommon

Further action is required if BGL is <4.0mmol/L or >15.0mmol/L. (Refer to Diabetes Action Plan)

Times to check BGLs

(tick all those that apply)

- Anytime, anywhere
- Prior to morning snack
- Prior to lunch
- Anytime hypo suspected
- Prior to planned activity
- When feeling unwell
- Other routine times – please specify: _____

PLEASE NOTE

Blood glucose checking should not be restricted to the sick bay.

Checking should be available where the child/student is (in the classroom), whenever needed.

Blood glucose ranges will vary day to day for the individual with diabetes and will be dependent on a number of factors such as:

- Insulin
- Age
- Type / quantity of food
- Illness/ infection
- Stress
- Growth spurts
- Level of activity

HYPO TREATMENTS TO BE USED

- All hypo treatment foods should be provided by parent/guardian
- Ideally, packaging should be in serve size bags or containers
- Please use one of the items provided as listed below

Fast acting carbs

Sustaining carbs

If the above options are not available for some reason, use any alternative hypo treatment – e.g. lemonade, jelly beans

EATING AND DRINKING

- The child should not go for longer than 3 hours without eating a carbohydrate meal or snack. Some young children may 'graze' rather than eat at specified times – this is fine.
- Younger children will usually require supervision to ensure all food is eaten
- The child should not exchange food/meals with another child
- Seek parent/guardian advice regarding appropriate foods for parties/celebrations that are occurring whilst in your care
- Allow access to drinking water and toilet at all times (high blood glucose levels can cause increased thirst and urination)
- Does the child have coeliac disease:
 - No
 - Yes (Seek parent/guardian advice regarding appropriate foods and hypo treatments)
(Seek parent/guardian advice regarding play mediums that may contain gluten (eg play dough, cloud dough))

PHYSICAL ACTIVITY, ACTIVE OUTDOOR PLAY AND SWIMMING

- Physical activity usually **lowers** blood glucose levels. The drop in blood glucose may be immediate or delayed as much as 12-24 hours.
- The child will require an extra serve of sustaining carbohydrate before every 30 minutes of planned physical activity or active outdoor play
- Some types of 'play' may or may not need activity carb – check with parent / guardian if unsure
- Check blood ketones if BGL > 15.0 mmol/L and vigorous activity planned
- Vigorous activity should not be undertaken if BGL >15.0mmol/L **and** blood ketones >1.0mmol/L.
- A blood glucose meter and hypo treatment should always be available. If a hypo does occur (BGL <4.0mmol/L) treat as per action plan.
- **Prior to swimming, 1 serve of fast acting carb needs to be eaten before every 30 mins of swimming activity**

EXCURSIONS

It is important to plan ahead for extracurricular activities and consider the following:

- Ensure BG meter, blood glucose strips, blood ketone strips, hypo and activity food are readily accessible during the excursion day
- Diabetes care is carried out as usual during excursions off-site centre premises
- Always have extra hypo treatment available
- Permission maybe required to eat on bus – inform bus company in advance
- Staff /parents/guardians to collaborate and plan well in advance of the activity
- Additional supervision will be required for swimming and other sporting activities (especially for younger children/students) either by a 'buddy' teacher or parent/guardian
- Investigate local medical services.

EXTRA SUPPLIES PROVIDED FOR DIABETES CARE AT THE CENTRE

- Insulin and syringes/pens/pen needles
- Finger prick device
- Blood glucose meter
- Blood glucose strips
- Blood ketone strips
- Urine ketone strips (this may be a preferred option for some families – if urine ketone test is moderate or large, then a blood ketone check MUST be done promptly)
- Hypo food
- Sport/activity food

AGREEMENTS

I have read, understood and agree with this plan. I give consent to the centre to communicate with the treating team about my child's diabetes management at centre.

Parent/Guardian

_____ Signature _____ Date _____
First name (please print) Family name (please print)

RN (Credentialed) Diabetes Nurse Educator

_____ Signature _____ Date _____
First name (please print) Family name (please print)

School Representative

Name _____
First name (please print) Family name (please print)

Role: Manager Supervisor Other _____
(please specify)

Signature _____ Date _____