

## 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)

**Step 1: Give fast acting carb**  
(As supplied or listed on management plan)

**Step 2: Recheck BGL after 10-15 mins**  
If BGL < 4.0 repeat Step 1  
If BGL > 4.0 go to Step 3

**Step 3: Give sustaining carb**  
(As supplied or listed on management plan)

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

**First Aid DRSABC**  
Stay with unconscious child

**CALL AN  
AMBULANCE  
DIAL 000**

**Contact parent/guardian**  
When safe to do so

### SCHOOL SETTING

**Twice daily injections**

Use in conjunction with management plan

# DIABETES ACTION PLAN 2017



**CHILD'S NAME**

\_\_\_\_\_

**SCHOOL**

\_\_\_\_\_

### INSULIN

Insulin will be taken at home in the morning before school.

Please ensure all carbohydrate food is eaten at at snack and lunch times.

### ROUTINE BGL CHECKING TIMES

- Anytime, anywhere in the school
- Prior to lunch
- Anytime hypo is suspected
- Prior to activity
- Prior to exams or tests (e.g. NAPLAN)

### PHYSICAL ACTIVITY

- 1 serve sustaining carb before every 30 mins of activity or swimming
- Vigorous activity should not be undertaken if BGL > 15.0 and blood ketones are > 1.0

## 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** \_\_\_\_\_

**PARENT / GUARDIAN NAME** \_\_\_\_\_

**CONTACT No** \_\_\_\_\_