

Twice daily injections
Use in conjunction with Action Plan

DIABETES MANAGEMENT PLAN 2018



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 alone and requires adult supervision until hypoglycaemia has resolved.

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 30 minutes from reliable ambulance service, then staff should discuss Glucagon injection training with the child's diabetes Treating Medical 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/s will need to receive training on how to administer insulin injections. This will need to be discussed with the child's Treating Medical Team listed on the last page of this plan.

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

Type of injection device: Pen Syringe

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

Parent/carer will determine insulin doses and any adjustments that need to be made.

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

BLOOD GLUCOSE CHECKING

Name of nominated and trained adult/s to check Blood Glucose Levels (BGLs):

.....
.....
Blood glucose levels will vary day to day and be dependent on a number of factors such as:

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

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

BGL results outside of this target range are common.

Further action is required if BGL is < 4.0 mmol/L or ≥ 15.0 mmol/L. [Refer to Diabetes Action Plan].

If the meter reads 'LO' this means the blood glucose level is too low to be recorded – follow hypoglycaemia (Hypo) treatment on Action Plan.

If the meter reads 'HI' this means the blood glucose level is too high to be recorded – follow hyperglycaemia treatment on Action Plan.

Prior to BGL checking, wash child's hands.

Times to check BGLs (tick all those that apply)

- Anytime, anywhere
- Before snack
- Before lunch
- Anytime hypo suspected
- Before 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 is, whenever needed.

INTERSTITIAL GLUCOSE MONITORING

Some children may be using a sensor to measure interstitial glucose.

This is not a substitute for finger prick blood glucose checking when confirming a suspected low or high BGL.

Hypo treatment is based on a blood glucose finger prick result.

- Refer to Continuous Glucose Monitoring (CGM) appendix
- Refer to Flash Glucose Monitoring appendix

HYPOGLYCAEMIA (HYPO) TREATMENTS TO BE USED

- All hypo treatment foods should be provided by parent/carer
- Ideally, packaging should be in serve size bags or containers and labelled as fast acting carbohydrate food and sustaining carbohydrate food
- Please use one of the options listed below:

Fast acting carbohydrate	Amount	Sustaining carbohydrate	Amount

- If needing to repeat the treatment more than twice, phone the parent/carer or the child's Treating Medical Team for further advice. These phone numbers will be found on the child's Diabetes Action Plan.

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 require supervision to ensure all food is eaten
- The child should not exchange food/meals with another child
- Seek parent/carer advice regarding appropriate foods for parties/celebrations that are occurring at the centre
- 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/carer advice regarding appropriate foods and hypo treatments)

(Seek parent/carer advice regarding play mediums that may contain gluten (e.g. play dough, cloud dough))

PHYSICAL ACTIVITY, ACTIVE OUTDOOR PLAY AND SWIMMING

- Physical activity may lower blood glucose levels. The drop in blood glucose may be immediate or delayed
- The child will require an extra serve of carbohydrate before every 30 minutes of physical activity, active outdoor play or swimming as provided in the sport/activity box.
- Some types of 'play' may or may not need activity carbohydrate food – check with parent/carer if unsure.

Carbohydrate to be used	Amount to be given

- Check blood ketones if BGL \geq 15.0 mmol/L and vigorous activity planned
- Vigorous activity should not be undertaken if BGL \geq 15.0 mmol/L and blood ketones \geq 1.0mmol/L
- A blood glucose meter and hypo treatment should always be available. If a hypo does occur (BGL $<$ 4.0 mmol/L) treat as per Action Plan.

EXCURSIONS

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

- Ensure blood glucose 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
- Always have extra hypo treatment available
- Permission maybe required to eat on bus – inform bus company in advance
- Staff/parents/carers to discuss well in advance of the excursion
- Additional supervision will be required for swimming and other sporting activities (especially for younger children) either by a 'buddy' teacher or parent/carer.

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
- (If urine ketone test is moderate to large, contact parents/carers 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 Medical Team about my child's diabetes management at the centre.

Parent/Carer

Name

Signature

Date

.....
First name (please print)

.....
Family name (please print)

Treating Medical Team

Name

Signature

Date

.....
First name (please print)

.....
Family name (please print)

Centre Representative

Name

.....
First name (please print)

.....
Family name (please print)

Role

Manager Supervisor

Other (please specify)
.....

Signature

Date
.....