

HYPOGLYCAEMIA

LOW

Blood Glucose Level <4.0mmol/L

Signs and Symptoms

Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour. *Symptoms may not always be obvious*

DO NOT leave child UNATTENDED
DO NOT delay TREATMENT

Child Conscious
(Able to eat hypo food)

Child Unconscious/drowsy
(Risk of choking/unable to swallow)

If BGL 2-4
Give fast acting carb
(e.g 5 jelly beans, 125ml lemonade)

If BGL <2
Suspend Pump Give fast acting carb
(e.g 5 jelly beans, 125ml lemonade)

First Aid DRABC
Stay with unconscious child

Call an Ambulance
Dial 000

Contact parents
when safe to do

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

Give sustaining Carb (eg muesli bar)

Recheck BGL after 15 mins
Restart pump when BG>4

PARENT NAME: _____
CONTACT No: _____

2015

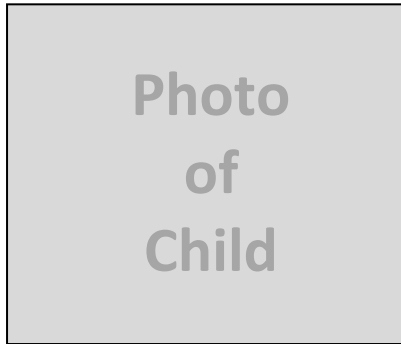
Diabetes Action Plan

Insulin Pump

[to be used in conjunction with management plan]

Child's Name: _____

School: _____



The insulin pump continually delivers insulin. The pump will deliver insulin based on carb and BGL entries.
Able to button push independently
 with supervision
 with assistance

Routine BGL checking times

- Any time, 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
- 1 serve fast acting carb before every 30 mins of swimming (no bolus)
- Vigorous activity should not be undertaken if BGL >15 and blood ketones are >0.6
- **DO NOT ENTER BG into pump within 1 hour of completing activity**

HYPERGLYCAEMIA

HIGH

Blood Glucose Level >15mmol/L

HIGH BGs are not uncommon

Signs and Symptoms

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

Check ketones

Ketones <0.6

Ketones >0.6

Correction bolus, return to class if well

Correction bolus, contact parents for further advice

Repeat BG in 2 hours
(If still high, consider line failure)

If unwell (eg vomiting)
Contact parents to collect child ASAP

DATE: _____
HOSPITAL: _____
TREATING DNE: _____
CONTACT No: _____