

2015 Diabetes Management Plan – Insulin Pump Therapy [to be used in conjunction with Action Plan]

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

Name of school: _____ Grade/Year : _____

Insulin Pump Model: _____

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

Emergency Management

Please see the Diabetes School Action Plan as to the treatment of severe hypoglycaemia (hypo). The child/student 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 child/student has high blood glucose levels please refer to the Diabetes Action Plan.

Extra supplies given to school

- | | |
|--------------------------------|--------------------------|
| Infusion sets and lines | <input type="checkbox"/> |
| Reservoirs | <input type="checkbox"/> |
| Inserter (if applicable) | <input type="checkbox"/> |
| Batteries | <input type="checkbox"/> |
| Insulin and syringes/pens | <input type="checkbox"/> |
| Finger prick device | <input type="checkbox"/> |
| Glucose/Blood Ketone Strips | <input type="checkbox"/> |
| Blood Glucose Meter | <input type="checkbox"/> |
| Hypo Food / Sport/Activity Box | <input type="checkbox"/> |

Blood Glucose Monitoring

Is the student able to perform their own Blood Glucose Monitoring (BGL)? Yes
 No

If yes, the teacher needs to: remind
 observe

If no, the teacher or another adult needs to do the check:

Target Range for blood glucose levels: 4-8 mmol/L

BG results outside of this are not uncommon

Further action is required if BGL is <4mmol/L or >15mmol. [Refer to Diabetes Action Plan]

Times to check BGLs:

(tick all those that apply)

Anytime, anywhere		<p>PLEASE NOTE:</p> <p>Blood glucose checking should not be restricted to the sick bay.</p> <p>Checking should be available where the child is (in the classroom), whenever needed.</p>
Prior to recess/snack		
Prior to lunch		
Anytime hypo suspected		
Prior to activity		
Prior to exams/tests		
When feeling unwell		
Beginning of after school care session (OHSC)		
Other routine times please specify →		

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

<ul style="list-style-type: none"> • Insulin • Age • Level of activity • Type / Quantity of food 	<ul style="list-style-type: none"> • Stress • Growth Spurts • Puberty
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Parents will discuss insulin doses and any adjustments that need to be made with the hospital treating team.

Eating and Drinking

Carbohydrate Counting and Button Pushing

The Child/Adolescent will need to have an insulin bolus prior to all carbohydrate foods being consumed. The insulin dose will be determined by the pump based on the grams of carbohydrate they will be eating and the current blood glucose value.

Is supervision required for bolusing? Yes

No

If yes: Teacher needs to remind

Teacher needs to observe

Teacher needs to assist

Teacher needs to button push

(Additional instruction to be provided by parents)

Set Meal Plan

Child/Adolescent will have a set meal plan where they eat an amount of carbohydrate for recess and lunch in accordance with the insulin pump. The insulin pump is pre programmed to deliver an amount of insulin for the carbohydrate at these set times (recess & lunch).

Please ensure all meals and snacks are eaten and on time if the child/student is on a set meal plan.

The child/student has **coeliac disease**:

No

Yes Seek parents/guardians advice regarding appropriate foods and hypo treatments

Student pump skills

- | | |
|--|--|
| 1. Able to independently count carbohydrates | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> (parent will label all food) |
| 2. Able to enter BG and carb info into pump | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> (adult assistance required) |
| 3. Able to prepare reservoir & tubing for line insertion | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> (needs to be undertaken at home) |
| 4. Able to insert a new infusion set if needed | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> (needs to be undertaken at home) |
| 5. Able to disconnect & reconnect pump if needed | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> (adult assistance required) |
| 6. Able to give an injection of insulin with a syringe/pen if needed | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> (adult assistance required) |
| 7. Able to troubleshoot pump alarms or malfunctions if needed | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> (contact parents) |

Physical Activity and swimming

- Physical activity usually **lowers** blood glucose. 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 physical activity which they **DO NOT** bolus for via the pump.
- Vigorous activity should not be undertaken if BGL >15mmol **and** blood ketones >0.6mmol.
- 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 WITHOUT A BOLUS.**

Excursions and Camps

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

- Ensure BG meter, hypo and activity food are readily accessible during the excursion day
- Diabetes care is carried out as usual during excursions off-site school 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
- Early and careful planning with parents/guardians and medical team is required prior to school camps and a specific management plan for camps is required.
- Students are able to attend camps when they are reliably independent in the management of their diabetes otherwise a parent/guardian or registered school nurse must attend.
- Investigate local medical services

Exams and tests

- BG should be checked prior to an exam or test at school
- BG should be >4mmol/L
- Blood glucose meter and hypo food should be available in the exam setting if required
- Considerations for extra time if a hypo occurs should be discussed in advance
- Applications for special consideration for VCE exams should be attended to at the beginning of year 11 and 12 – check VCAA requirements

Agreements

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

Parent/Guardian

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

RN (Credentialed) Diabetes Nurse Educator

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

School Representative

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

Role: Principal Vice principal

Signature _____ **Date** _____

Common insulin pump terminology – glossary of terms

Pump – small battery operated, computerized device for delivering insulin

Cannula – plastic tube inserted under the skin

Reservoir – syringe-like container which holds the insulin within the pump

Line – plastic tubing connecting the pump reservoir to the cannula

Line failure – disruption of insulin delivery due usually to line kinking or blockage

Basal – background insulin delivered in small amounts continuously

Bolus – insulin for food delivered following data entry of BG level and carb amount to be eaten

Correction – extra insulin dose given to correct an out-of-target BGL and/or to clear ketones

Suspend – temporary stopping of insulin delivery (e.g. in severe hypo or during contact sport)