





2015 Diabetes Management Plan

Twice daily injections

[to be used in conjunction with Action Plan]

Name of child:

First name (please print) Family name (please print)

Date of Birth: _____

Grade/Year : ____

Name of school: _

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.

Insulin Administration

The student will have had an injection of insulin at home, prior to breakfast, before coming to school

Therefore ALL carbohydrate food must be eaten at regular times throughout the day.

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







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
- Level of activity
- Type / Quantity of food

- Stress
- Growth Spurts
- Puberty

Parents will discuss insulin doses and any adjustments that need to be made with the hospital treating team.

Eating and Drinking

- The child/student should eat meals/snacks every 2-3 hours
- Younger children will require supervision to ensure all food is eaten
- The child/student should not exchange meals with another child/student
- Seek parents/guardians 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)
- The child/student has coeliac disease:

No	
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Yes Seek parents/guardians advice regarding appropriate foods and hypo treatments

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. (Available from sport/activity box)
- 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

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 <u>a specific management plan for camps is required</u>.
- Students are best 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

Extra supplies provided for diabetes care at school

Insulin and syringes/pens	
Finger prick device	
Glucose/Blood Ketone Strips	
Blood Glucose Meter	
Hypo Food / Sport/Activity Box	

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 (Credentialled) Diabetes Nurse E	Educator		
First name (please print) Family name (please print)	_ Signature		_ Date
School Representative			
Name:			
Role: Principal 🗌 Vice principal			
Signature		Date	