

2015 Diabetes Management Plan

Multiple daily injections

[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 : _____

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 requires an injection of insulin at lunchtime.

Is supervision required? Yes

No

If yes: Teacher needs to remind

Teacher needs to observe

Teacher needs to assist

Teacher needs to administer injection

(Dose as per additional documentation provided)

Type of injection device: Pen Syringe

The location in the school/centre where the injection is to be undertaken: _____

(must be agreed upon by all parties)

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

- The child/student can eat all usual meals/snacks at school
- 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
 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.
- Vigorous activity should not be undertaken if BGL >15mmol **and** blood ketones >1.0mmol.
- 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 **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

Extra supplies provided for diabetes care at school

- | | |
|--------------------------------|--------------------------|
| 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"/> |

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 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** _____