

HYPOGLYCAEMIA (Hypo)

LOW

Blood Glucose Level (BGL) < 4.0mmol/L

**DO NOT LEAVE CHILD ALONE
DO NOT DELAY TREATMENT**

Signs and symptoms

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

Child conscious
(Able to eat hypo food)

**Child unconscious/
drowsy**
(Risk of choking/unable to swallow)

Step 1: Give fast acting carbohydrate
(as supplied or listed on management plan)

First Aid DRSABCD
Stay with unconscious child

Step 2: Recheck BGL after 15 mins
If BGL < 4.0 repeat Step 1
If BGL ≥ 4.0 go to Step 3

**CALL AN
AMBULANCE
DIAL 111**

Step 3: Give sustaining carbohydrate
(as supplied or listed on management plan)

Contact parent/carer
When safe to do so

PARENT/CARER NAME _____

CONTACT No _____

OTHER CONTACT NAME & No _____

EARLY CHILDHOOD EDUCATION AND CARE SETTING Multiple daily injections DIABETES ACTION PLAN 2019



New Zealand Child & Youth
Clinical Network

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photograph
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CHILD'S NAME

CENTRE

Use this plan in conjunction with Diabetes Management Plan

- Continuous Glucose Monitoring (CGM) Appendix
- Flash Glucose Monitoring Appendix

INSULIN

Insulin is given 3 or more times per day.
An injection will be needed before lunch.

This injection requires assistance.

Injection will be given by:

Injection will be given in:

(Room/location)

Please make sure ALL carbohydrate food is eaten at snack and lunch times

ROUTINE BGL CHECKING TIMES

- Anytime, anywhere in the centre
- Before lunch
- Anytime hypo is suspected
- Before planned activity

PHYSICAL ACTIVITY

- 1 serve of sustaining carbohydrate food before every 30 mins of planned activity
- Vigorous activity should **not** be undertaken if BGL ≥ 15.0 and blood ketones are ≥ 1.0
- Usually playtime doesn't require additional action, but check with parent/carer about this.

HYPERGLYCAEMIA (Hyper)

HIGH

Blood Glucose Level (BGL) ≥ 15.0 mmol/L

HIGH BGLS ARE COMMON

Signs and symptoms

Note: Symptoms may not always be obvious.
Some could be increased thirst, extra toilet visits, poor concentration, irritability, tiredness

Child well
Re-check BGL in 2 hours

Child unwell
Check blood ketones (if able) if ≥ 1.0 mmol/L

Encourage oral fluids, return to activity
1–2 glasses water per hour; extra toilet visits may be required

**CONTACT PARENT/
CARER
TO COLLECT
CHILD ASAP**

**In 2 hours, if BGL still ≥ 15.0
call parent/carer for advice**

DATE _____

TREATING MEDICAL TEAM _____

CONTACT No _____

This plan has been adapted from the original work of Diabetes Victoria, Monash Children's Hospital and the Royal Children's Hospital, Melbourne.