

HYPOGLYCAEMIA (Hypo)

LOW

Blood Glucose Level (BGL) < 4.0 mmol/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 DRABC
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
If starting BGL was between 3.0–4.0
No follow up sustaining carbohydrate required

Step 3
If starting BGL was < 3.0
GIVE sustaining carbohydrate as supplied
Restart pump

Contact parent/carer
When safe to do so

PARENT/CARER NAME _____

CONTACT No _____

OTHER CONTACT NAME & No _____

EARLY CHILDHOOD EDUCATION AND CARE SETTING Insulin pump DIABETES ACTION PLAN 2019



Click to place photograph here

CHILD'S NAME _____

CENTRE _____

Use this plan in conjunction with Diabetes Management Plan

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

INSULIN

The insulin pump continually delivers insulin.

The pump will deliver insulin based on carbohydrate and BGL entries. All BGLs must be entered into pump*

Button pushing: F Full assistance required

ROUTINE BGL CHECKING TIMES

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

PHYSICAL ACTIVITY

- 1 serve sustaining carbohydrate food before every 30 mins of planned activity. **DO NOT BOLUS** for carbohydrate serve
- Vigorous activity should **not** be undertaken if BGL ≥ 15.0 and blood ketones are ≥ 0.6
- Usually playtime doesn't require additional action, but check with parent/carer about this.

*For further information see Management Plan

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

Check Blood Ketones

Blood ketones ≥ 0.6 mmol/L requires immediate treatment

Blood Ketones
< 0.6

Blood Ketones
≥ 0.6

Correction bolus
Recheck BGL in 2 hrs

Potential line/pump failure.
Contact parent/carer for further advice.
May need injected insulin and line change.
This is the parent/carer responsibility.

BGL < 15.0
No Further Action

BGL ≥ 15.0

IF UNWELL (E.G. VOMITING) CONTACT PARENT/CARER TO COLLECT CHILD

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.