

DIABETES ACTION PLAN 2020 EARLY CHILDHOOD SETTING

Use in conjunction with Diabetes Management Plan. This plan should be reviewed every year.

Twice daily injections

LOW Hypoglycaemia (Hypo)

Blood Glucose Level (BGL) less than **4.0 mmol/L**

SIGNS AND SYMPTOMS Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour

Note: Symptoms may not always be obvious

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

MILD

Child conscious
(Able to eat hypo food)

Step 1: Give fast acting carbohydrate
e.g. _____

Step 2: Recheck BGL in 15 mins

- If BGL less than 4.0, repeat **Step 1**
- If BGL greater than or equal to 4.0, go to **Step 3**

Step 3: Give sustaining carbohydrate
e.g. _____

SEVERE

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

First Aid DRSABCD
Stay with unconscious child

**CALL AN
AMBULANCE
DIAL 000**

Contact parent/carer
when safe to do so

HIGH Hyperglycaemia (Hyper)

Blood Glucose Level (BGL) greater than or equal to **15.0 mmol/L** is well above target and requires additional action

SIGNS AND SYMPTOMS Increased thirst, extra toilet visits, poor concentration, irritability, tiredness

Note: Symptoms may not always be obvious

Child well
Re-check BGL
in 2 hours

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

In 2 hours, if BGL still greater than or equal to 15.0,
CALL PARENT/CARER FOR ADVICE

Child unwell
(eg. vomiting)

- Contact parent/carer to collect child ASAP
- Check ketones (if able)

KETONES

If unable to contact parent/carer **and** blood ketones greater than or equal to 1.0 mmol/L or dark purple on urine strip

**CALL AN
AMBULANCE
DIAL 000**

CHILD'S NAME _____

DATE OF BIRTH _____ AGE _____

CENTRE _____

INSULIN will be given before breakfast, at

☐ Home

☐ Centre

Please make sure **all** carbohydrate food is eaten at snack and main meal times.

THIS CHILD IS WEARING

☐ Continuous Glucose Monitoring (CGM)

☐ Flash Glucose Monitoring (FGM)

ROUTINE BGL CHECKING TIMES

These are still required if child on CGM/FGM

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

PHYSICAL ACTIVITY

- Check blood glucose level before planned physical activity
- 1 serve of sustaining carbohydrate food before every 30 minutes of extra planned activity.
- Vigorous activity **should not** be undertaken if BGL is greater than or equal to 15.0 **and/or** the child is unwell.

PARENT / CARER NAME _____

CONTACT NO. _____

DIABETES TREATING TEAM _____

CONTACT NO. _____

DATE PLAN CREATED _____

Use in conjunction with Diabetes Action Plan. This plan should be reviewed every year.

CHILD'S NAME

AGE

RESPONSIBLE STAFF

Centre staff who have voluntarily agreed to undertake training and provide support with diabetes care.

| STAFF MEMBER | GLUCOSE CHECKING | INSULIN ADMINISTRATION |
|--------------|------------------|------------------------|
| | | |
| | | |
| | | |

Responsible staff will need to receive training on how to check glucose levels and administer insulin injections (if required).

INSULIN ADMINISTRATION

This child is on two injections of insulin per day. Therefore, **ALL** carbohydrate food must be eaten at regular times throughout the day.

- ☐ Insulin injection is not required at the centre
☐ Insulin injection is required at the centre
☐ Before breakfast ☐ Before evening meal

Type of injection device: ☐ Pen ☐ Syringe

The location in the centre where the injection is to be given:

Centre director/manager will need to ensure that the parent/carer has completed the relevant documentation, authorising responsible staff to administer insulin to the child.

BLOOD GLUCOSE LEVEL (BGL) CHECKING

Target range for blood glucose levels (BGLs): 4 – 7 mmol/L

- BGL results outside of this target range are common.
- BGL check should be done where the child is, whenever needed.
- **Always wash and dry the child's hands before doing the BGL check.**

Blood glucose levels will vary day-to-day and be dependent on a number of factors such as:

- Insulin Dose
- Excitement / stress
- Age
- Growth spurts
- Type/quantity of food
- Level of activity
- Illness / infection

TIMES TO CHECK BGLS (tick all those that apply)

- ☐ Anytime, anywhere
 ☐ Before snack
 ☐ Before lunch
☐ Before activity
 ☐ When feeling unwell
 ☐ Anytime hypo suspected
☐ Other routine times – please specify _____

- Further action is required if BGL is **less than 4.0 mmol/L** or **greater than or equal to 15.0 mmol/L**. Refer to Diabetes Action Plan.
- If the meter reads '**LO**' this means the BGL is too low to be measured by the meter — follow the hypoglycaemia (Hypo) treatment on Diabetes Action Plan.
- If the meter reads '**HI**' this means the BGL is too high to be measured by the meter — follow hyperglycaemia (Hyper) treatment on Diabetes Action Plan.

SENSOR GLUCOSE (SG) MONITORING

The child is wearing

■ Continuous Glucose Monitor (CGM)

■ Dexcom G4®

■ Dexcom G5®

■ Guardian™ Connect

■ Guardian™ Sensor 3

■ Flash Glucose Monitor (FGM)

■ Freestyle Libre

- CGM and FGM consist of a small sensor that sits under the skin and measures glucose levels in the fluid surrounding the cells (interstitial fluid).
- These devices are not compulsory management tools.
- With CGM, a transmitter sends data to either a receiver, phone app or insulin pump.
- With FGM, the device will only give a glucose reading when the sensor disc is scanned by a reader or phone app.
- A sensor glucose (SG) reading can differ from a finger prick blood glucose reading during times of rapidly changing glucose levels e.g. eating, after insulin administration, during exercise.
- Therefore, **LOW** or **HIGH** SG readings **must** be confirmed by a finger prick blood glucose check.

Hypo treatment is based on a blood glucose finger prick result.

CGM ALARMS

- CGM alarms may be 'on' or 'off'.
- If 'on' the CGM will alarm if interstitial glucose is low or high.

ACTION: Check finger prick blood glucose level (BGL) and follow Diabetes Action Plan for treatment.

- FGM device does not have alarm settings.

USE AT THE CENTRE

- Staff are not expected to do more than the current routine diabetes care as per the child's Diabetes Action and Management plans.
- Staff do not need to put CGM apps on their computer, smart phone or carry receivers.
- Parents/carers are the primary contact for any questions regarding CGM/FGM use.
- Some CGM devices can be monitored remotely by family members. They should only contact the centre if they foresee a prompt response is required.
- If the sensor/transmitter falls out, staff are required to keep it in a safe place to give to parents/carers.
- The sensor can remain on the child during water activities.

NAME _____

DATE OF BIRTH _____

DATE PLAN CREATED _____

LOW BLOOD GLUCOSE LEVELS (Hypoglycaemia / Hypo)

Follow the child's Diabetes Action Plan **if BGL less than 4.0 mmol/L**.

Mild hypoglycaemia can be treated by using supplies from the child's HYPO BOX.

HYPO BOX LOCATION/S: _____

HYPO BOX

| FAST ACTING CARBOHYDRATE FOOD | AMOUNT TO BE GIVEN |
|-------------------------------|--------------------|
| | |
| | |
| | |
| SUSTAINING CARBOHYDRATE FOOD | AMOUNT TO BE GIVEN |
| | |
| | |
| | |

- If the child requires more than 2 consecutive fast acting carbohydrate treatments, as per their Diabetes Action Plan, call the child's parent/carer. Continue hypo treatment if needed while awaiting further advice.
- All hypo treatment foods should be provided by the parent/carer.
- Ideally, packaging should be in serve size bags or containers and labelled as **fast acting carbohydrate** food and **sustaining carbohydrate** food.

Mild hypoglycaemia is common.

If the child is having more than 3 episodes of low BGLs at the centre in a week, make sure that the parent/carer is aware.

SEVERE HYPOGLYCAEMIA (HYPO) MANAGEMENT

Severe hypoglycaemia is not common.

Follow the child's Diabetes Action Plan for any episode of severe hypoglycaemia.

DO NOT attempt to give anything by mouth to the child or rub anything onto the gums as this may lead to choking.

If the centre is located more than **30 minutes** from a reliable ambulance service, then staff should discuss Glucagon injection training with the child's Diabetes Treating Team.

HIGH BLOOD GLUCOSE LEVELS (Hyperglycaemia / Hyper)

- Although not ideal, BGLs above target range are common.
- **If BGL is 15.0 mmol/L or more**, follow the child's Diabetes Action Plan.
- If the child is experiencing frequent episodes of high BGLs at the centre, make sure the parent/carer is aware.

KETONES

- Ketones occur most commonly when there is not enough insulin in the body.
- Ketones are produced when the body breaks down fat for energy.
- Ketones can be dangerous in high levels.

You will be required to check the child's ketone level if

- Child is unwell **or**
- BGL is above 15.0 mmol/L

☐ Blood ketone check

☐ Urine ketone check

If ketones are **more than 1.0 mmol/L, or dark purple on urine strip**, follow action for ketones on the child's Diabetes Action Plan.

EATING AND DRINKING

- The child should not go for longer than 3 hours without eating a carbohydrate meal or snack.
- The child will require supervision to ensure all food is eaten.
- The child should not exchange food/meals with another child.
- Seek parent/carer advice regarding appropriate foods for parties/celebrations that are occurring at the centre.
- Always allow access to drinking water and toilet (high glucose levels can cause increased thirst and extra toilet visits).

Does the child have coeliac disease? ☐ No ☐ Yes*

*Seek parent/carer advice regarding appropriate food and hypo treatments.

NAME _____

DATE OF BIRTH _____

DATE PLAN CREATED _____

EXTRA PHYSICAL ACTIVITY AND SWIMMING

A blood glucose meter and hypo treatment should always be available.

- Check blood glucose level before physical activity.
- Physical activity **may lower** glucose levels.
- The child may require an extra serve of carbohydrate food before every 30 minutes of planned physical activity or swimming as provided in the Activity Food Box.

ACTIVITY FOOD BOX LOCATION: _____

ACTIVITY FOOD BOX

CARBOHYDRATE FOOD TO BE USED

AMOUNT TO BE GIVEN

| | |
|--|--|
| | |
| | |
| | |

- Physical activity should not be undertaken **if BGL less than 4.0 mmol/L**. Refer to the Diabetes Action Plan for hypo treatment.
- Vigorous activity **should not** be undertaken **if BGL is greater than or equal to 15.0 mmol/L and/or the child is unwell**.

EXCURSIONS / INCURSIONS

It is important to plan for extracurricular activities.

Consider the following:

- Ensure blood glucose meter, blood glucose strips, ketone strips, hypo and activity food are readily accessible.
- Plan for meal and snack breaks.
- Always have hypo treatment available.

EXTRA SUPPLIES

Provided for diabetes care at the centre by parent/carer

- ☐ Insulin and syringes / pens / pen needles
- ☐ Finger prick device
- ☐ Blood glucose meter
- ☐ Blood glucose strips
- ☐ Blood ketone strips
- ☐ Urine ketone strips
- ☐ Sharps container
- ☐ Hypo food
- ☐ Activity food

AGREEMENTS

PARENT/CARER

- ☐ I have read, understood and agree with this plan.
- ☐ I give consent to the centre to communicate with the Diabetes Treating Team about my child's diabetes management at the centre.

NAME

FIRST NAME (PLEASE PRINT)

FAMILY NAME (PLEASE PRINT)

SIGNATURE

DATE

CENTRE REPRESENTATIVE

- ☐ I have read, understood and agree with this plan.

NAME

FIRST NAME (PLEASE PRINT)

FAMILY NAME (PLEASE PRINT)

ROLE

☐ Manager

☐ Supervisor

☐ Other (please specify)

SIGNATURE

DATE

DIABETES TREATING MEDICAL TEAM

NAME

FIRST NAME (PLEASE PRINT)

FAMILY NAME (PLEASE PRINT)

SIGNATURE

DATE

NAME

DATE OF BIRTH

DATE PLAN CREATED