AP TDI ECEC VIC

Victoria, RCH, MCH 2020 V1.1

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)

Step1: Give fast acting carbohydrate e.g.

Step 2: Recheck BGL in 15 mins

- If BGI 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

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**



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 areater 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	







CHILD'S NAME		AGE
RESPONSIBLE STAFF		
Centre staff who have voluntarily vith diabetes care.	y agreed to undertake tra	ining and provide support
STAFF MEMBER	GLUCOSE CHECKING	INSULIN ADMINISTRATION
idminister insulin injections (if red	quired).	neck glucose levels and
NSULIN ADMINISTR	ATION Insulin per day. Therefore, A shroughout the day. Indicate the centre the centre	
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Use in conjunction with Diabetes Action Plan. This plan should be reviewed every year.



MP





BLOOD GLUCOSE LEVEL CHECKING

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 mmo/L**. Refer to Diabetes Acton 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.

diabetes

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The Royal **Children's**Hospital Melbourne

NAME ______

DATE OF BIRTH _____

DATE PLAN CREATED _____



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.

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NAME	
DATE OF BIRTH	
DATE DI ANI CDEATED	







LOW BLOOD GLUCOSE LEVELS

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.

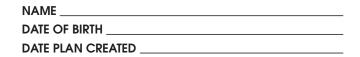
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HIGH BLOOD GLUCOSE LEVELS (Hyperglycaemia / Hyper)

- 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.

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HYSICAL ACTIVITY

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

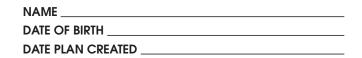
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AGREEMENTS

PARENT/CARER	
I have read, understood and agree wiI give consent to the centre to commu about my child's diabetes manageme	inicate with the Diabetes Treating Team
NAME	
FIRST NAME (PLEASE PRINT)	FAMILY NAME (PLEASE PRINT)
SIGNATURE	DATE
CENTRE REPRESENTATIVE I have read, understood and agree winderstood agree winderstood and agree winderstood and agree winderstood agree winderstood and agree winderstood and agree winderstood agree winderstood and agree winderstood agree winderstood agree winderstood agree winderstood agree winderstood and agree winderstood agree w	th this plan.
FIRST NAME (PLEASE PRINT)	FAMILY NAME (PLEASE PRINT)
ROLE Manager Other (please specify)	Supervisor
SIGNATURE	DATE
DIABETES TREATING MEDICAL TEAM Name	
FIRST NAME (PLEASE PRINT)	FAMILY NAME (PLEASE PRINT)
SIGNATURE	DATE

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