

# TYPE ONE DIABETES ACTION PLAN 2025

## Multiple Daily Injections

As kaitiaki (carers/guardians) of diabetes related services, it is a collective responsibility to establish an environment that facilitates a pathway for people with diabetes to navigate te ao mate huka - the world of diabetes<sup>1</sup>.

## EARLY CHILDHOOD CENTRE

Use in conjunction with Diabetes Management Plan.  
This has been developed by specialist diabetes clinicians.

### LOW Hypoglycaemia (Hypo)

Blood Glucose Level (BGL) less than or equal to  
**3.9 mmol/L**

**SIGNS AND SYMPTOMS** Pale, headache, shaky, sweaty, dizzy, changes in behaviour *Note: Symptoms may not 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 10-15 mins** If BGL  $\leq$  3.9 mmol/L  
**Repeat Step 1**

If BGL greater than or equal to  $\geq$  4.0, go to **Step 3**

**Step 3**  
Give 10g long acting carbohydrate, if next meal/snack is more than 20 mins away.

#### SEVERE

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

- First Aid DRSABCD
- Stay with unconscious child
- Administer Glucagon if available

**CALL AN AMBULANCE  
DIAL 111**

Contact parent/carer when safe to do so.

### HIGH Hyperglycaemia (Hyper)

Blood Glucose Level (BGL) greater than or equal to  
**15.0 mmol/L** requires additional action

**SIGNS AND SYMPTOMS** increased thirst, extra toilet visits, poor concentration, irritability, tiredness  
*Note: Symptoms may not always be obvious*

#### INSULIN MAY BE REQUIRED

*Refer to Management Plan.*  
Correction Factor 1: \_\_\_ mmol/L  
Frequency of Corrections: \_\_\_\_

#### CHILD WELL

Recheck BGL in 2 hours

#### Encourage water and return to activity

- Extra toilet visits may be required
- If GL is high and child is hungry, they can still eat carbohydrate
- Extra activity is NOT required as a method of a treatment for high glucose levels
- **Check ketones if BGL till  $>$  15.0 mmol/L after 2 hours**

BGL still  $\geq$  15.0 mmol/L and ketones less than  $<$  1.0 mmol/L  
**CONTACT PARENT / CARER FOR ADVICE**

BGL still  $\geq$  15.0 mmol/L and ketones greater than or equal to  $\geq$  1.0 mmol/L  
**CONTACT PARENT / CARER TO COLLECT ASAP**

#### CHILD UNWELL

eg Vomiting  
Check blood ketones (if able)

**If Ketones greater than or equal to 1.0 mmol/L**

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

If unable to contact parent/carer

**SEEK MEDICAL ADVICE**

#### Other notes:

Child's name:		Place photo of child here
Age:	DOB:	
Date:		

Centre name: \_\_\_\_\_

**INSULIN** injections are needed (cross out if not applicable)  
*At home and school pre-meals OR Twice daily at home*

Carb Ratio (morning tea)	Carb Ratio (lunch)	Person responsible for giving insulin
<b>1: g</b>	<b>1: g</b>	
OR using phone app calculator:		Person responsible for calculating insulin dose

If not carb counting give Set dose: \_\_\_\_\_ units with correction

#### BGL CHECKING TIMES

- Anytime, anywhere in the Centre
- Before morning tea and before lunch
- Anytime hypo is suspected
- Before playtime

#### PHYSICAL ACTIVITY

- Consider giving long-acting carbohydrate food before vigorous activity discuss with parent/carer
- Vigorous activity should **NOT** be undertaken if BGL  $\geq$  15.0 **AND** blood ketones are  $\geq$  1.0 **AND/OR** child is unwell
- Playtime does not usually require additional carb.

Parent/Carer's name:	Contact phone:
Other contact name:	Contact phone:
Treating medical team:	Contact phone:

