## **TYPE ONE DIABETES ACTION PLAN 2025**

# **Insulin Pump**

As kaitiaki (carers/quardians) 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 diabetes1

## **EARLY CHILDHOOD CENTRE**

Place photo of child here

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 still less than or equal to 3.9 mmol/L Repeat Step 1

If BGL greater than or equal to 4.0. Go to Step 3

Step 3 Return to normal activity no follow up longacting carbohydrate is required.

See Management Plan

#### **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

Check Blood ketones. Blood ketones greater than or equal to 1.0 mmol/L requires immediate treatment (contact cargiver)

#### Blood Ketones less than 1.0

- Deliver correction insulin dose via pump/phone bolus calculator
- 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 with insulin via pump
- Extra activity is NOT required as a method of treatment for high GLs
- Re-check BGL in 2 hours

BGL <15.0mmol/L and ketones less than <1.0mmol/L. No further action required Check ketones

**BGL** still **POTENTIAL** SITE **FAILURE** 

>15.0mmol/L

IF UNWELL (E.G. VOMITING), OR KETONES > 1.0mmol/L CONTACT PARENT/CAREGIVER TO COLLECT CHILD **OR CALL AMBULANCE DIAL 111** 

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

### **POTENTIAL SITE FAILURE**

- Contact Parent/Caregiver for further advice
- Will need injected insulin via pen and set change
- This is the parent/ caregiver responsibility

If unable to contact parent/ carer

> **SEEK MEDICAL ADVICE**

## INSULIN

Centre name:

Child's name:

Age:

Date:

DOB:

The insulin pump continuously delivers insulin. The pump will deliver insulin based on carbohydrate food entries and GLs.

If the insulin pump site falls out, a parent should be contacted immediately.

If the continuous glucose monitor falls out or stops working, BGLs should be monitored via finger pricks and entered into the pump.

#### **GL CHECKING TIMES**

- Anytime, anywhere in the Centre
- · Before morning tea and before lunch
- · Anytime hypo is suspected
- · Before planned activity.
- Playtime does not usually require additional carb. See Management plan

#### PHYSICAL ACTIVITY

- Turn on as guided by parents/ carers (Cross-out if N/A): "Exercise activity" / "Ease-off" / "Temp target" / "Temp basal" / "Profile"
- Vigorous activity should NOT be undertaken if BGL ≥ 15.0 **AND** blood ketones are ≥ 1.0 AND/OR child is unwell

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

