

# TYPE ONE DIABETES ACTION PLAN 2025

## Insulin Pump

### SCHOOL SETTING

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>.

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 STUDENT ALONE  
DO NOT DELAY TREATMENT**

#### MILD

**Student 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 activities no follow up long acting carbohydrate is required  
**See Management Plan**

#### SEVERE

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

- First Aid DRSABCD
- Stay with unconscious student
- 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 parent/cargiver)**

#### Blood Ketones less than 1.0mmol/L

- 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 student 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

**BGL still**  
>15.0mmol/L  
**POTENTIAL SITE FAILURE**  
**Check ketones**

#### Blood Ketones greater than or equal to 1.0mmol/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 or student (if they have the required insulin pump skills).

If unable to contact caregiver

**SEEK MEDICAL ADVICE**

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

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

Centre name:

#### INSULIN

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 CGM falls out or stops working, BGLs should be monitored via finger pricks and entered into the pump.

**Pump button pushing** (cross out those not applicable) with assistance/ with supervision/ independently

#### GL CHECKING TIMES

- Anytime, anywhere in the school
- Before morning tea and before lunch
- Anytime hypo is suspected
- Before planned activity/ physical education/sport
- Before exams or tests

**See Management plan**

#### PHYSICAL ACTIVITY

- Turn on 60 - 90 minutes prior to activity (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 student is unwell

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