

DIABETES ACTION PLAN

Multiple daily injections

SCHOOL SETTING

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

LOW Hypoglycaemia (Hypo)

Blood glucose level (BGL) less than **4.0 mmol/L**

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

Note: Symptoms may not always 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 less than 4.0 mmol/L **Repeat Step 1**

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

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

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

INSULIN MAY BE REQUIRED

Refer to Management Plan.
Correction Factor 1: ___mmol/L

STUDENT WELL

Recheck BGL in 2 hours

Encourage oral fluids, return to activity

- 1-2 glasses of water per hour; extra toilet visits may be required

In 2 hours, if BGL still greater than or equal to 15.0 mmol/L

Contact Parent/Caregiver for further advice

STUDENT UNWELL

eg Vomiting
Check blood ketones (if able)

If Ketones greater than or equal to 1.0 mmol/L

CONTACT PARENT / CARER TO COLLECT STUDENT ASAP

If unable to contact parent/carer
**CALL AN AMBULANCE
DIAL 111**

Student's name:		Place photo of student here
Grade/Year:	DOB:	
Date:		

School's name:

INSULIN injections are needed before main meals.

Carb Ratio (morning tea)	Carb Ratio (lunch)
1: g	1: g

Student is able to inject insulin (cross out those not applicable) with assistance/ with supervision/ independently

if not carb counting, Give set dose : _____ units, with correction.

Student is wearing (cross out those not applicable) Continuous Glucose Monitoring (CGM)/ Intermittent scanned Continuous Glucose Monitoring (ISCGM)

GL CHECKING TIMES •

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

PHYSICAL EDUCATION / SPORT

- Give 10-15g long-acting carbohydrate food before every 30 mins of planned activity
 - Vigorous activity should not be undertaken if BGL \geq 15.0 and blood ketones are \geq 1.0 and/or student is unwell.
- [See Management plan](#)

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