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

INSULIN is given 4 or more times per day. An injection will be needed at the Centre before:
- breakfast
- lunch
- evening meal
- other

Ensure all carbohydrate food is eaten at snack and main meal times.

THIS CHILD IS WEARING:
- Continuous Glucose Monitoring (CGM)
- Flash Glucose Monitoring (FGM)

BLOOD GLUCOSE LEVEL (BGL) CHECKING TIMES
BGL checks should occur where the child is at the time it is required:
- Before main meal
- Anytime hypo is suspected
- Confirm low or high sensor glucose reading
- Before planned activity

PHYSICAL ACTIVITY
- Some children MAY require a BGL check before planned physical activity.
- Some children MAY require slow acting carbohydrate food before planned activity.
- Vigorous activity should not be undertaken if BGL is greater than or equal to 15.0 and/or the child is unwell.

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: Check BGL if hypo suspected
Symptoms may not always 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 15 mins
- If BGL less than 4.0, repeat Step 1
- If BGL greater than or equal to 4.0, go to Step 3

CALL AN AMBULANCE
DIAL 000

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

First Aid DRSABCD
Stay with child

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
- Encourage oral fluids
- 1–2 glasses water per hour
- Return to activity
- Extra toilet visits may be required
- Re-check BGL in 2 hours

Child unwell (e.g. 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
Use in conjunction with Diabetes Action Plan. This plan should be reviewed every year.

<table>
<thead>
<tr>
<th>CHILD’S NAME</th>
<th>AGE</th>
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**RESPONSIBLE STAFF**

Centre staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child.

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>GLUCOSE CHECKING</th>
<th>INSULIN ADMINISTRATION</th>
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**INSULIN ADMINISTRATION**

This child is on four or more injections of insulin per day.

The child requires an injection of insulin at the centre:

- Before breakfast
- Before lunch
- Before evening meal
- Other: ____________________________

Type of injection device:
- Pen
- Syringe

The location in the centre where the injection is to be given:

Centre director/manager will need to ensure that the parent/carer has completed the relevant documentation, authorising responsible staff to administer insulin to the child.
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 occur where the child is at the time it is required.
• 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 several factors such as:
• Insulin Dose
• Growth spurts
• Illness / infection
• Excitement / stress
• Type/quantity of food
• Age
• Level of activity

TIMES TO CHECK BGLS (tick all those that apply)
- Anytime hypo suspected
- Before breakfast
- Before snack
- Before lunch
- Before evening meal
- Before activity
- When feeling unwell
- Other times – please specify

• Further action is required if BGL is less than 4.0 mmol/L or greater than or equal to 15.0 mmol/L. Refer to Diabetes Action Plan.

• If the monitor reads ‘LO’ this means the BGL is too low to be measured by the monitor — follow the hypoglycaemia (Hypo) treatment on Diabetes Action Plan.

• If the monitor reads ‘HI’ this means the BGL is too high to be measured by the monitor — follow hyperglycaemia (Hyper) treatment on Diabetes Action Plan.
SENSOR GLUCOSE (SG) MONITORING

The child is wearing

- **Continuous Glucose Monitor (CGM)**
  - Model: Freestyle Libre

- **Flash Glucose Monitor (FGM)**

- CGM and FGM consist of a small sensor that sits under the skin and measures glucose levels in the fluid surrounding the cells.
- With CGM, a transmitter sends data to either a receiver or phone app.
- With FGM, the device will only give a glucose reading when the sensor disc is scanned by a reader or phone app.
- These devices are not compulsory.
- 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, a SG reading less than ________ or above ________ must be confirmed by a finger prick blood glucose check.

Hypo treatment is based on a blood glucose finger prick result.

**ALARMS**
- Alarms will be [ ] ON [ ] OFF
- If “on” the device will alarm if sensor glucose is low or high.
- Currently FGM does not have alarm settings.

**ACTION:** Check finger prick blood glucose level (BGL) and follow Diabetes Action Plan for treatment.

**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 or FGM apps on their computer, smart phone or carry receivers.
- Parents/carers are the primary contact for any questions regarding CGM/FGM use.
- Some CGM/FGM devices can be monitored remotely by family members. They should only contact the centre if they foresee an emergency.
- **If the sensor/transmitter falls out, staff to do finger prick blood glucose checks.**
- The sensor can remain on the child during water activities.
LOW BLOOD GLUCOSE LEVELS
(Hypoglycaemia / Hypo)

Follow the child’s Diabetes Action Plan if BGL less than 4.0 mmol/L.

**Mild hypoglycaemia is common.**
Mild hypoglycaemia can be treated by using the child’s hypo supplies.

**HYPO SUPPLIES LOCATED:**

**HYPO TREATMENT**

<table>
<thead>
<tr>
<th>FAST ACTING CARBOHYDRATE FOOD</th>
<th>AMOUNT TO BE GIVEN</th>
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- 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 slow acting carbohydrate food.

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.
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 BGL is still greater than or equal to 15 mmol/L after 2 hours call parent/carer for advice.
• If the child is experiencing frequent episodes of high BGLs at the centre, notify their parent/carer.

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.

If child is UNWELL check ketone level if strips provided. Follow the child’s Diabetes Action Plan.

- 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 will require supervision to ensure all food is eaten.
• No food sharing.
• Seek parent/carer advice regarding foods for parties/celebrations.
• 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.
EXTRA PHYSICAL ACTIVITY AND SWIMMING

A blood glucose monitor and hypo treatment should always be available.

- Some children may require a blood glucose level check before physical activity.
- Physical activity may cause glucose levels to go high or low.
- Some children MAY require slow acting carbohydrate food before every 30 minutes of planned physical activity or swimming.

ACTIVITY FOOD REQUIRED. LOCATED: ________________________________

<table>
<thead>
<tr>
<th>CARBOHYDRATE FOOD TO BE USED</th>
<th>AMOUNT TO BE GIVEN</th>
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- 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 monitor, blood glucose strips, ketone strips, insulin device and needle, hypo and activity food are readily accessible.
- Plan for meal and snack breaks.
- Always have hypo treatment available.
DAILY EQUIPMENT CHECKLIST

Supplied by the parent/carer

- Insulin and syringes / pens / pen needles
- Finger prick device
- Blood glucose monitor
- Spare batteries for blood glucose monitor
- Blood glucose strips
- Blood ketone strips
- Urine ketone strips
- Sharps container
- Hypo food
- Activity food
# AGREEMENTS

## PARENT/CARER
- I have read, understood and agree with this plan.
- I give consent to the centre to communicate with the Diabetes Treating Team about my child’s diabetes management at the centre.

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<tr>
<td>FIRST NAME (PLEASE PRINT)</td>
<td>FAMILY NAME (PLEASE PRINT)</td>
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<td>SIGNATURE</td>
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## CENTRE REPRESENTATIVE
- I have read, understood and agree with this plan.

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<td>FIRST NAME (PLEASE PRINT)</td>
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<tr>
<td>ROLE</td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td>Supervisor</td>
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<tr>
<td>Other (please specify)</td>
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## DIABETES TREATING MEDICAL TEAM

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HOSPITAL NAME