**HYPO**GLYCAEMIA

**LOW**

Sensor Glucose Level (SGL) below 4.0 mmol/L

**-**

**DO NOT LEAVE STUDENT ALONE**

**DO NOT DELAY TREATMENT**

**Signs and Symptoms**

Note: Symptoms may not always be obvious

Some could be: Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour

**Student conscious**

Able to consume hypo treatment

**Student**

**unconscious / drowsy**

Risk of choking /

unable to swallow

**Give fast acting carb**

**First Aid DRSABCD**

Stay with student

**CALL AN AMBULANCE**

**DIAL 000**

**Recheck BGL after**

15 **minutes**

If BGL below 4.0 repeat fast acting carb

Repeat process until above 4.0

**Administer Glucagon**

**Yes  No**

If yes, must be by a trained staff member

**Contact parent/carer**

When safe to do so

Communicate with parent/carer if process needed to be repeated

|  |  |  |
| --- | --- | --- |
| **Parent / Carer Name/s:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Contact Number/s:** | Click or tap here to enter text. | Click or tap here to enter text. |

Signature/s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIABETES ACTION PLAN**

**20**23

**Insulin Pump**

**Use in conjunction with Management Plan**



**Students Name:** Click or tap here to enter text.

**School:** Click or tap here to enter text.

**Insulin**

* The insulin pump continually delivers insulin.
* The insulin pump will deliver insulin based on carbohydrate and glucose level entries.

**Student is able to button push on the pump:**

Choose an item.

**Routine glucose level checking times.**

* Anytime, anywhere in the school
* Prior to meals and other times as per Management Plan
* Anytime hypo is suspected
* Pre and post activity
* Prior to exams or assessment

**Physical Activity.**

* See Management Plan

**HYPER**GLYCAEMIA

**HIGH**

Sensor Glucose Level (SGL) above 10.0 mmol/L

**Signs and Symptoms**

There may be no signs or symptoms

Some could be: increased thirst, increased urine production, poor concentration, irritability, lethargy

**Student unwell**

E.g. nausea / vomiting

Apply correction bolus

**Student well**

Deliver correction bolus

Encourage water

Return to class

Re-check GL in 2 hours

Check blood ketones. Ketones of 0.6 & above requires immediate treatment

In 2 hours, if **BGL** still above 10.0 mmol/L

Check blood ketones. Ketones of 0.6 & above requires immediate treatment

**Contact Parent / Carer**

If uncontactable, contact Treating Team

**Contact Parent / Carer**

If uncontactable, contact Treating Team

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**IF UNCONTACTABLE CALL AN**

**AMBULANCE DIAL 000**

|  |  |
| --- | --- |
| Date: | Click or tap to enter a date. |
| Treating Team: | Click here to enter text. |
| Qualified Health Practitioner: | Click here to enter text. |
| Contact Number: | Click here to enter text. |

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIABETES MANAGEMENT PLAN 20**23

Insulin Pump – CGM - FGM

Name of student:       Date of birth:       

Name of school:       Grade/Year:

Pump Make and Model:

Prescribed Insulin:

Continuous / Flash Glucose Monitor:

**This plan should be reviewed and updated at least annually.**

**EMERGENCY MANAGEMENT**

Please see the Diabetes Action Plan for the treatment of hypoglycaemia (hypo).

The student should not be left alone or asked to move location unless it is required for safety reasons.

If Student is unconscious / drowsy DO NOT attempt to give anything by mouth or rub anything onto the gums as this may lead to choking.

If the school / centre is located more than 30 mins from a reliable ambulance response, the school / centre staff are advised to discuss Glucagon training with the diabetes health team.

If the student has high blood glucose levels, please refer to the Diabetes Action Plan.

GLUCOSE MONITORING

**GLUCOSE MONITORING**

Is supervision required for sensor glucose check? Choose an item. Blood glucose check? Choose an item.

If yes, the trained staff member/s need to: Choose an item.

Can student calibrate the CGM: Choose an item.

(If No, Contact Parent / Carer if calibration required)

Can the student troubleshoot CGM Alarms: Choose an item.

(If No, parent/carer to provide additional instruction)

CGM Individual requirements:

Communication process for CGM follower/s to contact the school:

(must be agreed upon by all parties)

Name/s CGM followers approved to contact:

**Further action is required if the glucose level is <** **4.0mmol/L or >10.0mmol/L.**

**[Refer to Diabetes Action Plan]**

**Please note:** Sensor reads glucose levels between 2.2 22.2 - mmol/L.

Sensor glucose **below 2.2 mmol/L will show as** Lowon the receiver or smart device.

Sensor glucose **above** 22.2 **mmol/L will show as** Highon the CGM receiver/reader or smart device.

**Contact parent / carer for advice. [Refer to Diabetes Action Plan]**

**Times and method to check glucose level**

|  |  |  |  |
| --- | --- | --- | --- |
| Sensor Glucose | Anytime, anywhere | Sensor Glucose | Prior to physical activity |
| Blood Glucose | Anytime hypo suspected | Sensor Glucose | Post physical activity |
| Not required | Breakfast Club | Sensor Glucose | Prior to exams/tests |
| Not required | Fruit break – ‘munch & crunch’ etc | Blood Glucose | When feeling unwell |
| Sensor Glucose | Prior to 1st break | Blood Glucose | When CGM Alarms |
| Sensor Glucose | Prior to 2nd break |  |  |
| Not required | Other times – please specify: | | |

**HYPO TREATMENTS TO BE USED**

HYPOGLYCAEMIA

* All hypo treatment foods should be provided by parent/carer
* Ideally, packaging should be in serve size bags or containers
* Please use one of the items provided as listed below

|  |  |  |
| --- | --- | --- |
| **Fast acting carbs** |  | **Sustaining carbs** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If the above options are not available for some reason, use any alternative hypo treatment –

e.g. 3 teaspoons of sugar dissolved in water, 150ml lemonade, 5-6 jelly beans

**EATING AND DRINKING**

EATING AND DRINKING

The student will need to have an insulin bolus from the insulin pump prior to carbohydrate foods being consumed. The student is on:

**Set meal plan**

The student is on a set meal plan where they eat an amount of carbohydrate for 1st and 2nd break in accordance with the insulin pump. The insulin pump is pre-programmed to deliver an amount of insulin for the carbohydrate at these set times (1st & 2nd breaks).

Please ensure all meals and snacks are eaten and on time if the student/student is on a set meal plan.

**Carbohydrate counting and button pushing**

The student will need to have an insulin bolus prior to mealtime carbohydrate foods being consumed.

The insulin dose will be determined by the pump based on the grams/serves of carbohydrate they will be eating and the current blood glucose level.

Can student independently count carbohydrates? Yes (If no, parent/carer will label all food)

Is supervision required for bolusing? Yes

If yes, the trained staff member/s need to: Choose an item.

**(If Yes, a qualified Health Practitioner or parent/guardian to provide additional instruction to staff member)**

Name of trained staff member/s assisting with insulin pump:

**Does the student have coeliac disease?** No

(If Yes, seek parent/guardian advice regarding appropriate foods and hypo treatments)

**ADDITIONAL INFORMATION**

**STUDENT/STUDENT INSULIN PUMP SKILLS**

INSULIN PUMP / CGM SKILLS

Able to independently count carbohydrates Yes

(If no, parent/carer will label all food)

Able to enter BGL and carb information into pump Yes

(If No, adult assistance required)

Able to administer correction bolus if required Yes

(If No, adult assistance required)

Able to enter a Temp Basal Yes

(If No, adult assistance required)

Able to prepare reservoir & tubing for line insertion Yes

(If No, adult assistance required)

Able to insert a new infusion set if required Yes

(If No, adult assistance required)

Able to disconnect & reconnect pump if required Yes

(If No, adult assistance required)

Able to give an injection of insulin with a syringe/pen Yes

(If No, adult assistance required)

Able to troubleshoot pump alarms or malfunctions required Yes

(If No, contact parent/carer)

Able to troubleshoot CGM/FGM malfunctions if required Yes

(If No, contact parent/carer)

**PHYSICAL ACTIVITY AND SWIMMING**

PHYSICAL ACTIVITY

* Physical activity usually **lowers** glucose levels. The drop in glucose levels may be immediate or delayed as much as 12-24 hours
* If insulin pump is to be removed for physical activity it must be suspended and kept in a safe place close to the student.
* Is a **temporary basal rate** required: Yes If yes, set temporary basal rate at       %,       minutes prior to activity and set for       hours
* A sensor glucose check is required before physical activity that will be longer than 30 minutes or before swimming for any duration
* Below 4.0mmol/L **DO NOT EXERCISE treat hypo as per Diabetes Action Plan**
* 4.0 – 6.9 mmol/L L student to consume enter sustaining carbohydrate. Student can then commence exercise
* 7.0 – 10.0 mmol/L can commence exercise
* Above 10.0mmol/L for first time and student is well. Can exercise at moderate intensity only
* Above 10.0mmol/L for first time and student is unwell **refer to Diabetes Action Plan**
* Above 10.0mmol/L for second BG check in a row **refer to Diabetes Action Plan**
* Individual requirements

**Additional planning required for off-site activities, sports and swimming carnivals**

**EXCURSIONS AND CAMPS**

EXCURSIONS AND CAMPS

It is important to plan ahead for extracurricular activities and consider the following:

* Early and careful planning with parents/carers and medical team is required **at least 4 weeks** prior to school camps and a **separate and specific management plan for camps is required**
* Ensure glucose monitoring equipment / devices, hypo and activity food are readily accessible during the excursion day
* Diabetes care is carried out as usual during excursions off-site school premises
* Always have extra hypo treatment available
* Permission may be required to eat on bus – inform bus company in advance
* Staff/parents/carers to collaborate and plan well in advance of the activity
* Additional supervision will be required for swimming and other sporting activities (especially for younger students) either by a ‘buddy’ teacher or parent/carer
* Students are best able to attend camps when they are reliably independent in the management of their own diabetes; otherwise a parent/carer could attend, or a school staff member can volunteer to assist with diabetes care activities

**EXAMS AND ASSESSMENT**

EXAMS

* It is recommended Sensor Glucose be checked prior to an exam or test at school
* It is recommended Sensor Glucose level be above 4.0 and below 10 mmol/L
* Blood glucose meter, test strips and hypo food are advised to be available in the exam setting
* Consideration of where smart device will be located and how it will be made available to the student to monitor sensor glucose levels during exam
* It is recommended that considerations for extra time if a hypo occurs be discussed in advance
* Applications for [**Access arrangements and reasonable adjustments**](https://www.qcaa.qld.edu.au/senior/assessment/aara) **(AARA)** are advised to be attended to at the beginning of year 11 and 12.
  + See Section 6 of the QCE and QCIA policy and procedures handbook for more information.at [**www.qcaa.qld.edu.au**](file:///\\RC-CAB-CL1_SC_DATA2_SERVER\DATA2\Diabetes\05%20Clinical\04%20Schools\02%20Plan%20Templates\Final%202022%20Plans\MDI\www.qcaa.qld.edu.au)

**EXTRA SUPPLIES PROVIDED FOR DIABETES CARE AT THE CENTRE**

EXTRA SUPPLIES

**Item Location where stored**

Finger prick device

Blood glucose meter

Blood glucose strips

Blood ketone strips

Hypo food

Sport/activity food

Pump infusion sets and lines

Reservoirs

Inserter

Batteries (for insulin pump)

Charging cable (for insulin pump)

CGM/FGM sensor

Pen insulin

Glucagon

**AGREEMENTS**

I have read, understand and agree with this plan. I give consent to the school to communicate with the treating team about my student’s diabetes management at school.

AGREEMENTS

|  |  |  |
| --- | --- | --- |
| **Parent / carer** | **Qualified Health Practitioner** | **School Representative**  **Principal or Principals proxy** |
|  |  |  |
|  | Position - please specify title | Position - please specify title |
|  |  |  |
| First Name & Family Name | First Name & Family Name | First Name & Family Name |
| **Contact:** | **Contact:** |  |
| **Contact:** |  |  |
| Signature/s | Signature | Signature |
| Date: Click or tap to enter a date. | Date: Click or tap to enter a date. | Date: Click or tap to enter a date. |