**HYPO**GLYCAEMIA

**LOW**

Blood Glucose Level (BGL) below 4.0 mmol/L

**-**

**DO NOT LEAVE CHILD 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 child

**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

**Give sustaining carb**

|  |  |  |
| --- | --- | --- |
|  **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Communicate with parent/carer if process needed to be repeated

**DIABETES ACTION PLAN**

**20**23

**Twice Daily Injections**

**Use in conjunction with Management Plan**



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

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

**Insulin**

* Insulin will be taken in the morning before school
* Please ensure all designated food is consumed at meal times

**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**

Blood Glucose Level (BGL) 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

**Child unwell**

E.g. nausea / vomiting

**Child well**

Encourage water

Return to class

Re-check GL in 2 hours

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

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

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

Twice Daily Injections CGM / FGM

Name of student:       Date of birth:       

Name of school:       Grade/Year:

Blood glucose meter:

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

**INSULIN ADMINISTRATION**

The student will have had an insulin injection at home, prior to breakfast before coming to school.

Therefore, **ALL** carbohydrate food must be eaten at regular times throughout the day.

**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 you the student troubleshoot CGM/FGM 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/FGM 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]**

**ADITIONAL INFORMATION**

**Times and method to check glucose level** (select those that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Sensor Glucose | Anytime, anywhere | Sensor Glucose | Prior to physical activity |
| Blood Glucose | Anytime hypo suspected | Sensor Glucose | Post physical activity |
| Sensor Glucose | 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, 175ml lemonade, 5-6 jelly beans

**EATING AND DRINKING**

EATING AND DRINKING

Younger students may require supervision to ensure all food is eaten

The student should not exchange meals with another student

Seek parent/carer advice regarding appropriate foods for parties/celebrations that are occurring whilst in your care

Allow access to drinking water and toilet at all times (high blood glucose levels can cause increased

thirst and urination)

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

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

**ADITIONAL INFORMATION**

**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
* 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 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 child is well. Can exercise at moderate intensity only
* Above 10.0mmol/L for first time and child 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 Blood Glucose be checked prior to an exam or test at school
* It is recommended Blood 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
* 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:///%5C%5CRC-CAB-CL1_SC_DATA2_SERVER%5CDATA2%5CDiabetes%5C05%20Clinical%5C04%20Schools%5C02%20Plan%20Templates%5CFinal%202022%20Plans%5CMDI%5Cwww.qcaa.qld.edu.au)

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

EXTRA SUPPLIES

**Item Location where stored**

[ ]  Insulin and syringes/pens/pen needles

[ ]  Finger prick device

[ ]  Blood glucose meter

[ ]  Blood glucose strips

[ ]  Blood ketone strips

[ ]  Hypo food

[ ]  Sport/activity food

[ ]  CGM / FGM sensor

[ ]  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 child’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.:  |