

DIABETES MANAGEMENT PLAN 2017

Name of child: _____ Date of birth: _____
First name (please print) Family name (please print)

Name of centre: _____ Age: _____

This plan should be reviewed and updated at least once per year.

EMERGENCY MANAGEMENT

Please see the Diabetes Action Plan as to the treatment of severe hypoglycaemia (hypo).
The child should not be left unattended.

DO NOT attempt to give anything by mouth or rub anything onto the gums as this may lead
to choking.

If the centre is located more than 30 mins from reliable ambulance service, then staff should
discuss Glucagon training with the child's diabetes health team.

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

INSULIN PUMP

Insulin pump model: _____

The child wears an insulin pump that continually infuses insulin into the body.

A nominated adult/s will be required to input information into the pump to allow it to work correctly.

Name of nominated adult/s assisting with insulin pump: _____

The nominated adult/s will need to be able to:

- Enter blood glucose levels (BGL) into pump
- Enter carbohydrate grams into pump
- Understand how to do a 'Correction Bolus' as stated on the Diabetes Action Plan
- Suspend the pump
- Disconnect and reconnect the pump if needed

Information on how to do this will be provided by the parents.

The parents will need to be contacted to troubleshoot any pump alarms or malfunctions
as needed.

If a new infusion line needs to be inserted, this will usually be done by the parent at home.

BLOOD GLUCOSE MONITORING

Is the child/student able to perform their own blood glucose monitoring? Yes No

If yes, the teacher/nominated adult needs to: Remind Observe Assist

If no, the teacher/nominated adult needs to do the check: Yes

Name of adult assisting with/checking BGLs: _____

Target range for blood glucose levels (BGLs): **4-8 mmol/L**

BGL results outside of this are not uncommon

Further action is required if BGL is <4.0mmol/L or >15.0mmol/L. (Refer to Diabetes Action Plan)

Times to check BGLs

(tick all those that apply)

- Anytime, anywhere
- Prior to morning snack
- Prior to lunch
- Anytime hypo suspected
- Prior to planned activity
- When feeling unwell
- Other routine times – please specify: _____

PLEASE NOTE

Blood glucose checking should not be restricted to the sick bay.

Checking should be available where the child/student is (in the classroom), whenever needed.

Blood glucose ranges will vary day to day for the individual with diabetes and will be dependent on a number of factors such as:

- Insulin
- Age
- Type / quantity of food
- Illness/ infection
- Stress
- Growth spurts
- Level of activity

Parents will determine insulin pump doses/settings and any adjustments that need to be made.

HYPO TREATMENTS TO BE USED

- All hypo treatment foods should be provided by parents
- 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. lemonade, jelly beans

EATING AND DRINKING

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

Set meal plan

The child is on a set meal plan where they eat an amount of carbohydrate for recess and lunch 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 (snack & lunch).

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

Carbohydrate counting

The insulin bolus delivered by the pump will be determined by the child's current blood glucose level and the grams of carbohydrate that they will be eating at the relevant meal/snack.

The parents are responsible for counting the amount of carbohydrates in the food supplied for the child.

The nominated adult will be responsible for entering the blood glucose level and amount of carbohydrate (in grams) into the pump. Once entered, this information will then allow the insulin pump to deliver the insulin dose to the child.

Does the child have coeliac disease:

No

Yes (Seek parent/guardian advice regarding appropriate foods and hypo treatments)

(Seek parent/guardian advice regarding play mediums that may contain gluten – eg play dough, cloud dough)

PHYSICAL ACTIVITY, ACTIVE OUTDOOR PLAY AND SWIMMING

- Physical activity usually **lowers** blood glucose levels. The drop in blood glucose may be immediate or delayed as much as 12-24 hours.
- The child will require an extra serve of sustaining carbohydrate before every 30 minutes of planned physical activity which they **DO NOT** bolus for via the pump.
- Some types of 'play' may or may not need activity carb – check with parents if unsure
- Vigorous activity should not be undertaken if BGL >15.0mmol/L **and** blood ketones >0.6mmol/L.
- A blood glucose meter and hypo treatment should always be available. If a hypo does occur (BGL <4.0mmol/L), treat as per action plan.
- **Prior to swimming, 1 serve of fast acting carb needs to be eaten before every 30 mins of swimming activity WITHOUT A BOLUS.**
- **DO NOT ENTER BGL into pump within 1 hour of completing activity;** if lunch occurs immediately after physical activity / active play, only enter the carbs to be eaten for a food bolus WITHOUT entering the BGL.
- The pump can be temporarily disconnected (+/- suspension) for vigorous activity for **up to 90 mins.**
- **Remember** to reconnect (and unsuspend) the pump when the activity has finished.

EXCURSIONS

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

- Ensure BG meter, blood glucose strips, blood ketone strips, hypo and activity food are readily accessible during the excursion day.
- Diabetes care is carried out as usual during excursions off-site centre premises
- Always have extra hypo treatment available
- Permission maybe required to eat on bus – inform bus company in advance
- Staff /parents/guardians to collaborate and plan well in advance of the activity
- Additional supervision will be required for swimming and other sporting activities (especially for younger children/students) either by a 'buddy' teacher or parent/guardian
- Investigate local medical services

EXTRA SUPPLIES PROVIDED FOR DIABETES CARE AT THE CENTRE

- Finger prick device
- Blood glucose meter
- Blood glucose strips
- Blood ketone strips
- Hypo food
- Activity food
- Infusion sets and lines (for parent/guardian use)
- Reservoirs/cartridges (for parent/guardian use)
- Inserter (for parent/guardian use)
- Batteries (for insulin pump)
- Pen insulin (for parent/guardian use)

AGREEMENTS

I have read, understood and agree with this plan. I give consent to the school to communicate with the treating team about my child's diabetes management at the centre.

Parent/Guardian

Signature _____ Date _____
First name (please print) Family name (please print)

RN Diabetes Nurse Specialist

Signature _____ Date _____
First name (please print) Family name (please print)

Centre Representative

Name _____
First name (please print) Family name (please print)

Role: Manager Supervisor Other _____
(please specify)

Signature _____ Date _____

COMMON INSULIN PUMP TERMINOLOGY - GLOSSARY OF TERMS

Pump - small battery operated, computerized device for delivering insulin

Cannula - plastic tube inserted under the skin

Reservoir - syringe-like container which holds the insulin within the pump

Line - plastic tubing connecting the pump reservoir to the cannula

Line failure - disruption of insulin delivery due usually to line kinking or blockage

Basal - background insulin delivered in small amounts continuously

Bolus - insulin for food delivered following data entry of BG level and carb amount to be eaten

Correction - extra insulin dose given to correct an out-of-target BGL and/or to clear ketones

Suspend - temporary stopping of insulin delivery (e.g. in severe hypo or during contact sport)