

SCHOOL SETTING

Twice daily injections

Use in conjunction with Action Plan



DIABETES MANAGEMENT PLAN 2017

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

Name of school: _____ Grade/Year: _____

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

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

INSULIN ADMINISTRATION

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

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

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

If no, the teacher or another 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**

Times to check BGLs

(tick all those that apply)

- Anytime, anywhere
- Prior to recess/snack
- Prior to lunch
- Anytime hypo suspected
- Prior to activity
- Prior to exams/tests
- When feeling unwell
- Beginning of after school care session (OHSC)
- 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
- Level of activity
- Type / quantity of food
- Stress
- Growth spurts
- Puberty

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/student should not go for longer than 3 hours without eating a carbohydrate meal or snack; some young children may 'graze' rather than eat at specified times - this is fine.
- Younger children/students will require supervision to ensure all food is eaten
- The child/student should not exchange meals with another child/student
- Seek parent/guardian 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
 - Yes (Seek parent/guardian advice regarding appropriate foods and hypo treatments)

PHYSICAL ACTIVITY 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 physical activity. (Available from sport/activity box)
- Vigorous activity should not be undertaken if BGL >15.0mmol/L **and** the child is unwell or blood ketones are >1.0mmol/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.
- For young children under 5yo, some types of 'play' may or may not need activity carb - check with parents if unsure
- **Prior to swimming, 1 serve of fast acting carb needs to be eaten before every 30 mins of swimming activity**

EXCURSIONS AND CAMPS

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 school 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
- Early and careful planning with parents/guardians and medical team is required prior to school camps and a **separate and specific management plan for camps is required**
- Students are best able to attend camps when they are reliably independent in the management of their own diabetes; otherwise a parent/guardian could attend or a school staff member can volunteer to assist with diabetes care activities
- Investigate local medical services.

EXAMS AND TESTS

- BG should be checked prior to an exam or tested at school and documented
- BG should be $>4.0\text{mmol/L}$
- Blood glucose meter, test strips and hypo food should be available in the exam setting if required
- Considerations for extra time if a hypo occurs should be discussed in advance
- Applications for special consideration for NCEA or Cambridge exams must be completed in term 1 or 2 in the year they are being completed – check NZQA requirements

EXTRA SUPPLIES PROVIDED FOR DIABETES CARE AT THE CENTRE

- Insulin and syringes/pens
- Finger prick device
- Blood glucose meter
- Blood glucose strips
- Blood ketone strips
- Hypo food / Sport / Activity box
- Urine ketone strips (this may be a preferred option for some families – if urine ketone test is moderate or large, then a blood ketone check **MUST** be done promptly)

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 school.

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)

School Representative

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

Role: Principal Vice principal Other _____
(please specify)

Signature _____ Date _____