

HYPOGLYCAEMIA

LOW

Blood Glucose Level <4.0mmol/L

Signs and Symptoms

Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour. Symptoms may not always be obvious

DO NOT leave child UNATTENDED
DO NOT delay TREATMENT

Child conscious
(Able to eat hypo food)

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

Give fast acting carb
(as supplied or listed on management plan)

First Aid DRSABC
Stay with unconscious child

Give sustaining carb
(as supplied or listed on management plan)

Call an Ambulance
Dial 000

Recheck BGL after 15 mins
If BGL <4.0 repeat fast acting carb

Contact parent/guardian
when safe to do so

PARENT/GUARDIAN NAME: _____
CONTACT No: _____

2016

Diabetes School Action Plan

Multiple daily injections

[to be used in conjunction with management plan]

Child's Name: _____

School: _____

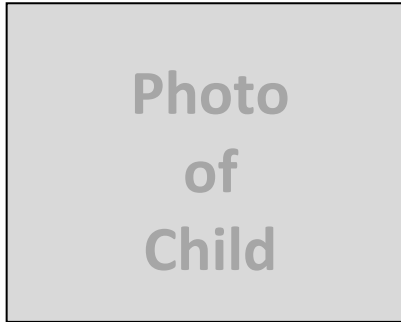


Photo
of
Child

Insulin is taken 4 or more times per day
An injection will be taken before lunch. This injection requires supervision assistance



Injection will be done in: _____
(room/location)

Routine BGL checking times

- Anytime, anywhere in the school
- Prior to lunch
- Anytime hypo is suspected
- Prior to activity
- Prior to exams or tests (e.g. NAPLAN)

Physical activity

- 1 serve sustaining carb before every 30 mins of activity
- 1 serve fast acting carb before every 30 mins of swimming
- Vigorous activity should not be undertaken if BGL >15.0 and blood ketones are >1.0

HYPERGLYCAEMIA

HIGH

Blood Glucose Level >15.0mmol/L

HIGH BGLs are not uncommon

Signs and Symptoms

There may be no signs and symptoms
Some could be: increased thirst, increased urine production, poor concentration, irritability, lethargy

Child well
Re-check BGL in 2 hours

Child unwell
(e.g. vomiting) +/-
Check blood ketones if able

Encourage oral fluids, return to class
(1-2 glasses water per hour; extra toilet visits may be required)

In 2 hours, if BGL still >15.0 call parent/guardian for advice

Contact parent/guardian
to collect child ASAP

DATE: _____
HOSPITAL: _____
TREATING DNE: _____
CONTACT NO: _____

