

# HYPOGLYCAEMIA

**LOW**

Blood Glucose Level < 4.0mmol/L

**DO NOT LEAVE CHILD UNATTENDED  
DO NOT DELAY TREATMENT**

## Signs and symptoms

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

**Child conscious**  
(Able to eat hypo food)

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

**Step 1: Give fast acting carb**  
(as supplied or listed on management plan)

**First Aid DR S ABCD**  
Stay with unconscious child

**Step 2: Recheck BGL after 15 mins**  
If BGL < 4.0 repeat Step 1  
If BGL > 4.0 go to Step 3

**CALL AN  
AMBULANCE  
DIAL 000**

**Step 3: Give sustaining carb**  
(as supplied or listed on management plan)

**Contact parent/  
guardian**  
When safe to do so

PARENT / GUARDIAN NAME \_\_\_\_\_

CONTACT No \_\_\_\_\_

## SCHOOL SETTING

**Twice daily injections**

Use in conjunction with management plan

# DIABETES SCHOOL ACTION PLAN 2017



CHILD'S NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

## INSULIN

Insulin will be taken at home in the morning before school.

Please make sure ALL carbohydrate food is eaten at snack and lunch times.

## 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 or 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

Note: Symptoms may not always be obvious.  
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.

**CONTACT PARENT/  
GUARDIAN  
TO COLLECT  
CHILD ASAP**

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

DATE \_\_\_\_\_

HOSPITAL \_\_\_\_\_

TREATING DNE \_\_\_\_\_

CONTACT No \_\_\_\_\_

