

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 DRABC
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

Multiple daily injections

Use in conjunction with management plan

DIABETES SCHOOL ACTION PLAN 2017



Photo of child

CHILD'S NAME

CENTRE

INSULIN

Insulin is taken 4 or more times per day.

An injection will be needed before lunch.

Able to inject insulin: independently
 with supervision
 with assistance

Injection will be given in: _____
(Room/location)

ROUTINE BGL CHECKING TIMES

- Anytime, anywhere in the centre
- 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 _____