

**SCHOOL SETTING**

**Multiple daily injections**

Use in conjunction with Action Plan



The Royal Children's Hospital Melbourne



# 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 centre 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 has high blood glucose levels please refer to the Diabetes Action Plan.

## INSULIN ADMINISTRATION

The child/student requires an injection of insulin at lunchtime.

Is supervision required?  Yes  No

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

Administer injection  
(Dose as per additional documentation provided)

Name of teacher/nominated adult: \_\_\_\_\_

Type of injection device:  Pen  Syringe

The location in the centre where the injection is to be undertaken: \_\_\_\_\_  
(must be agreed upon by all parties)

Refer to Department of Education and Training (DET) and/or centre policy regarding sharps management and disposal.

## 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)

If the meter reads '**LO**' this means the blood glucose level is too low to be recorded – follow hypo treatment on Action plan

If the meter reads '**HI**' this means the blood glucose level is too high to be recorded – follow hyper treatment on Action plan

### CGM

Some children may be using a glucose sensor.

This is **not** a substitute for finger prick *blood* glucose checking when confirming a suspected low or high BGL.

Hypo treatment is based on a *blood* glucose finger prick result.

### 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
- Illness / infection

Parent / guardian will determine insulin doses and any adjustments that need to be made.

## HYPO TREATMENTS TO BE USED

- All hypo treatment foods should be provided by parent/guardian
- Ideally, packaging should be in serve size bags or containers
- Please use one of the items provided as listed below

| Fast acting carb | Amount | Sustaining carb | Amount |
|------------------|--------|-----------------|--------|
|                  |        |                 |        |
|                  |        |                 |        |
|                  |        |                 |        |
|                  |        |                 |        |

- If hypo treatments listed in the table are not available for some reason, use any alternative hypo treatment – e.g. ½ cup lemonade, 5-6 jelly beans
- If needing to repeat the treatment more than twice, phone the parent/guardian or the child’s treating diabetes educator for further advice. These phone numbers will be found on the students Diabetes Action Plan

## EATING AND DRINKING

- The child can eat all usual meals/snacks at the centre
- Younger children will require supervision to ensure all food is eaten
- The child should not exchange meals with another child
- 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/student will require an extra serve of carbohydrate before every 30 minutes of physical activity or swimming provided in the sport/activity box.

| Carbohydrate to be used | Amount to be given |
|-------------------------|--------------------|
|                         |                    |
|                         |                    |
|                         |                    |
|                         |                    |

- Check blood ketones if BGL > 15.0 mmol/L and vigorous activity planned
- Vigorous activity should not be undertaken if BGL >15.0mmol/L **and** blood ketones >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.

## 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 - **don't forget the insulin pen**
- 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
- 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**
- Children/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 VCE exams should be attended to at the beginning of year 11 and 12 – check VCAA requirements

## EXTRA SUPPLIES PROVIDED FOR DIABETES CARE AT THE CENTRE

- Insulin and syringes/pens/pen needles
- Finger prick device
- Blood glucose meter
- Blood glucose strips
- Blood ketone strips
- 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)
- Hypo food
- Sport/activity food

## 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

\_\_\_\_\_  
First name (please print)      Family name (please print)      Signature \_\_\_\_\_      Date \_\_\_\_\_

RN (Credentialed) Diabetes Nurse Educator

\_\_\_\_\_  
First name (please print)      Family name (please print)      Signature \_\_\_\_\_      Date \_\_\_\_\_

School Representative

Name \_\_\_\_\_  
First name (please print)      Family name (please print)

Role:     Principal       Vice principal       Other \_\_\_\_\_  
(please specify)

Signature \_\_\_\_\_      Date \_\_\_\_\_