

# DIABETES ACTION PLAN 2021 EARLY CHILDHOOD SETTING

Use in conjunction with Diabetes Management Plan. This plan should be reviewed every year.

## Multiple daily injections

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

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

NAME OF CENTRE \_\_\_\_\_

**INSULIN** is given 4 or more times per day.

An injection will be needed at the Centre before

breakfast  lunch  evening meal  other

Ensure all carbohydrate food is eaten at snack and main meal times

### THIS CHILD IS WEARING

Continuous Glucose Monitoring (CGM)

Flash Glucose Monitoring (FGM)

### BLOOD GLUCOSE LEVEL (BGL) CHECKING TIMES

**BGL checks should occur where the child is at the time it is required**

Before main meal

Anytime hypo is suspected

Confirm low or high sensor glucose reading

Before planned activity

### PHYSICAL ACTIVITY

- Some children MAY require a BGL check before planned physical activity.
- Some children MAY require slow acting carbohydrate food before planned activity.
- Vigorous activity **should not** be undertaken if BGL is greater than or equal to 15.0 **and/or** the child is unwell.

PARENT / CARER NAME \_\_\_\_\_

CONTACT NO. \_\_\_\_\_

DIABETES TREATING TEAM \_\_\_\_\_

CONTACT NO. \_\_\_\_\_

DATE PLAN CREATED \_\_\_\_\_

## LOW Hypoglycaemia (Hypo)

Blood Glucose Level (BGL) less than **4.0 mmol/L**

**SIGNS AND SYMPTOMS** Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour

**Note: Check BGL if hypo suspected**

**Symptoms may not always be obvious**

**DO NOT LEAVE CHILD ALONE  
DO NOT DELAY TREATMENT**

### MILD

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

**Step 1: Give fast acting carbohydrate**  
e.g. \_\_\_\_\_

**Step 2: Recheck BGL in 15 mins**

- If BGL less than 4.0, repeat **Step 1**
- If BGL greater than or equal to 4.0, go to **Step 3**

**Step 3: Give slow acting carbohydrate**  
e.g. \_\_\_\_\_

### SEVERE

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

**First Aid DRABC**  
Stay with child

**CALL AN AMBULANCE  
DIAL 000**

**Contact parent/carer**  
when safe to do so

## HIGH Hyperglycaemia (Hyper)

Blood Glucose Level (BGL) greater than or equal to **15.0 mmol/L** is well above target and requires additional action

**SIGNS AND SYMPTOMS** Increased thirst, extra toilet visits, poor concentration, irritability, tiredness

**Note: Symptoms may not always be obvious**

### Child well

- Encourage oral fluids
- 1-2 glasses water per hour
- Return to activity
- Extra toilet visits may be required
- Re-check BGL in 2 hours

In 2 hours, if BGL still greater than or equal to 15.0,  
**CALL PARENT/CARER FOR ADVICE**

### Child unwell (e.g. vomiting)

- Contact parent/carer to collect Child ASAP
- Check ketones (if able)

### KETONES

If unable to contact parent/carer **and** blood ketones greater than or equal to 1.0 mmol/L or dark purple on urine strip

**CALL AN AMBULANCE  
DIAL 000**

Use in conjunction with Diabetes Action Plan. This plan should be reviewed every year.

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

AGE \_\_\_\_\_

## RESPONSIBLE STAFF

Centre staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child.

STAFF MEMBER	GLUCOSE CHECKING	INSULIN ADMINISTRATION

## INSULIN ADMINISTRATION

This child is on four or more injections of insulin per day.

The child requires an injection of insulin **at the centre**:

- Before breakfast     
  Before lunch     
  Before evening meal  
 Other: \_\_\_\_\_

Type of injection device:  Pen                       Syringe

The location in the centre where the injection is to be given:

\_\_\_\_\_

**Centre director/manager will need to ensure that the parent/carer has completed the relevant documentation, authorising responsible staff to administer insulin to the child.**

# BLOOD GLUCOSE LEVEL (BGL) CHECKING

## Target range for blood glucose levels (BGLs): 4 – 7 mmol/L

- BGL results outside of this target range are common.
- **BGL check should occur where the child is at the time it is required.**
- **Always wash and dry the child's hands before doing the BGL check.**

Blood glucose levels will vary day-to-day and be dependent on several factors such as:

- Insulin Dose
- Excitement / stress
- Age
- Growth spurts
- Type/quantity of food
- Level of activity
- Illness / infection

## TIMES TO CHECK BGLS (tick all those that apply)

- Anytime hypo suspected
- Before breakfast
- Before snack
- Before lunch
- Before evening meal
- Before activity
- When feeling unwell
- Other times – please specify \_\_\_\_\_

- Further action is required if BGL is **less than 4.0 mmol/L** or **greater than or equal to 15.0 mmol/L**. Refer to Diabetes Action Plan.
- If the monitor reads '**LO**' this means the BGL is too low to be measured by the monitor — follow the hypoglycaemia (Hypo) treatment on Diabetes Action Plan.
- If the monitor reads '**HI**' this means the BGL is too high to be measured by the monitor — follow hyperglycaemia (Hyper) treatment on Diabetes Action Plan.

# SENSOR GLUCOSE (SG) MONITORING

The child is wearing

**Continuous Glucose Monitor (CGM)**  
Model: \_\_\_\_\_

**Flash Glucose Monitor (FGM)**  
Freestyle Libre

- CGM and FGM consist of a small sensor that sits under the skin and measures glucose levels in the fluid surrounding the cells.
- With CGM, a transmitter sends data to either a receiver or phone app.
- With FGM, the device will only give a glucose reading when the sensor disc is scanned by a reader or phone app.
- These devices are not compulsory.
- A sensor glucose (SG) reading can differ from a finger prick blood glucose reading during times of rapidly changing glucose levels e.g. eating, after insulin administration, during exercise.
- Therefore, a SG reading less than \_\_\_\_\_ or above \_\_\_\_\_ **must** be confirmed by a finger prick blood glucose check.

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

## ALARMS

- Alarms will be  **ON**  **OFF**
- If "on" the device will alarm if sensor glucose is low or high.
- Currently FGM does not have alarm settings.

**ACTION: Check finger prick blood glucose level (BGL) and follow Diabetes Action Plan for treatment.**

## USE AT THE CENTRE

- Staff are not expected to do more than the current routine diabetes care as per the child's Diabetes Action and Management plans.
- Staff do not need to put CGM or FGM apps on their computer, smart phone or carry receivers.
- Parents/carers are the primary contact for any questions regarding CGM/FGM use.
- Some CGM/FGM devices can be monitored remotely by family members. They should only contact the centre if they foresee an emergency.
- **If the sensor/transmitter falls out, staff to do finger prick blood glucose checks.**
- The sensor can remain on the child during water activities.

# LOW BLOOD GLUCOSE LEVELS (Hypoglycaemia / Hypo)

Follow the child's Diabetes Action Plan **if BGL less than 4.0 mmol/L.**

**Mild hypoglycaemia is common.**

Mild hypoglycaemia can be treated by using the child's hypo supplies.

HYPO SUPPLIES LOCATED: \_\_\_\_\_

## HYPO TREATMENT

FAST ACTING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN

SLOW ACTING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN

- If the child requires more than 2 consecutive fast acting carbohydrate treatments, as per their Diabetes Action Plan, call the child's parent/carer. Continue hypo treatment if needed while awaiting further advice.
- All hypo treatment foods should be provided by the parent/carer.
- Ideally, packaging should be in serve size bags or containers and labelled as **fast acting carbohydrate** food and **slow acting carbohydrate** food.

If the child is having more than 3 episodes of low BGLs at the centre in a week, make sure that the parent/carer is aware.

## SEVERE HYPOGLYCAEMIA (HYPO) MANAGEMENT

**Severe hypoglycaemia is not common.**

Follow the child's Diabetes Action Plan for any episode of severe hypoglycaemia.

**DO NOT** attempt to give anything by mouth to the child or rub anything onto the gums as this may lead to choking.

If the centre is located more than **30 minutes** from a reliable ambulance service, then staff should discuss Glucagon injection training with the child's Diabetes Treating Team.

## HIGH BLOOD GLUCOSE LEVELS (Hyperglycaemia / Hyper)

- Although not ideal, BGLs above target range are common.
- **If BGL is 15.0 mmol/L or more**, follow the child's Diabetes Action Plan.
- If BGL is still greater than or equal to 15 mmol/L **after 2 hours** call parent/carer for advice.
- If the child is experiencing frequent episodes of high BGLs at the centre, notify their parent/carer.

## KETONES

- Ketones occur most commonly when there is not enough insulin in the body.
- Ketones are produced when the body breaks down fat for energy.
- Ketones can be dangerous in high levels.

**If child is UNWELL check ketone level if strips provided.  
Follow the child's Diabetes Action Plan.**

Blood ketone check                       Urine ketone check

If ketones are **more than 1.0 mmol/L, or dark purple on urine strip**, follow action for ketones on the child's Diabetes Action Plan.

## EATING AND DRINKING

- The child will require supervision to ensure all food is eaten.
- No food sharing.
- Seek parent/carer advice regarding foods for parties/celebrations.
- Always allow access to drinking water and toilet (high glucose levels can cause increased thirst and extra toilet visits).

**Does the child have coeliac disease?**     No     Yes\*

\*Seek parent/carer advice regarding appropriate food and hypo treatments.

# EXTRA PHYSICAL ACTIVITY AND SWIMMING

A blood glucose monitor and hypo treatment should always be available.

- Some children may require a blood glucose level check before physical activity.
- Physical activity **may cause glucose levels to go high or low.**
- Some children MAY require slow acting carbohydrate food before every 30 minutes of planned physical activity or swimming.

■ ACTIVITY FOOD REQUIRED. LOCATED: \_\_\_\_\_

## ACTIVITY FOOD

**CARBOHYDRATE FOOD TO BE USED**

**AMOUNT TO BE GIVEN**

CARBOHYDRATE FOOD TO BE USED	AMOUNT TO BE GIVEN

- Physical activity should not be undertaken **if BGL less than 4.0 mmol/L.** Refer to the Diabetes Action Plan for hypo treatment.
- Vigorous activity **should not** be undertaken **if BGL is greater than or equal to 15.0 mmol/L and/or the child is unwell.**

# EXCURSIONS / INCURSIONS

It is important to plan for extracurricular activities.

Consider the following:

- Ensure blood glucose monitor, blood glucose strips, ketone strips, insulin device and needle, hypo and activity food are readily accessible.
- Plan for meal and snack breaks.
- Always have hypo treatment available.

# DAILY EQUIPMENT CHECKLIST

## Supplied by the parent/carer

- Insulin and syringes / pens / pen needles
- Finger prick device
- Blood glucose monitor
- Spare batteries for blood glucose monitor
- Blood glucose strips
- Blood ketone strips
- Urine ketone strips
- Sharps container
- Hypo food
- Activity food

NAME \_\_\_\_\_

DATE PLAN CREATED \_\_\_\_\_



# AGREEMENTS

## PARENT/CARER

- I have read, understood and agree with this plan.
- I give consent to the centre to communicate with the Diabetes Treating Team about my child's diabetes management at the centre.

NAME

\_\_\_\_\_  
FIRST NAME (PLEASE PRINT)

\_\_\_\_\_  
FAMILY NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## CENTRE REPRESENTATIVE

- I have read, understood and agree with this plan.

NAME

\_\_\_\_\_  
FIRST NAME (PLEASE PRINT)

\_\_\_\_\_  
FAMILY NAME (PLEASE PRINT)

ROLE  Manager  Supervisor  
 Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## DIABETES TREATING MEDICAL TEAM

NAME

\_\_\_\_\_  
FIRST NAME (PLEASE PRINT)

\_\_\_\_\_  
FAMILY NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HOSPITAL NAME