

Insulin Pump

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

CHILD'S NAME _____

AGE OF CHILD _____

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

Responsible staff will need to receive training on how to check glucose levels and how to put information into the pump and how to administer insulin via the insulin pump or injection if required.

The Centre manager /director is responsible to ensure the appropriate documentation is completed for staff who are required to administer / supervise insulin given via the pump or injection.

Insulin Pump

The child wears an insulin pump that continually delivers insulin.

Insulin pump model: _____

The responsible trained centre staff will need to be able to:

Count carbohydrate foods (Parent /caregiver will label all food)

Enter glucose levels into pump

☐

Enter grams of carbohydrate food into pump

☐

Do a 'correction dose' as per Diabetes Action Plan

☐

Disconnect & reconnect pump if needed

☐

Information on how to do this will be provided by the parent / caregiver

- Parent / caregiver will determine insulin doses and any pump setting adjustments that need to be made.
- Parent / caregiver will need to be contacted to troubleshoot any pump alarms or malfunctions
- If the cannula come out, a new pump cannula will need to be inserted by the parent / caregiver.
- If the cannula comes out and the parent / caregiver cannot be contacted, contact the child's Diabetes Medical Team.

NAME OF CHILD _____

BLOOD GLUCOSE LEVEL (BGL) CHECKING

Target range for blood glucose levels (BGLs): 4 – 8 mmol/L

- BGL results outside of this target range are common
- BGL check should be done where the child is, whenever needed
- **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 a number of 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)

- | | | |
|---|---|--|
| <input type="checkbox"/> Anytime, anywhere | <input type="checkbox"/> Before snack | <input type="checkbox"/> Before lunch |
| <input type="checkbox"/> Before activity | <input type="checkbox"/> Before exams/tests | <input type="checkbox"/> When feeling unwell |
| <input type="checkbox"/> Anytime hypo suspected | | |
| <input type="checkbox"/> Other routine 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 meter reads '**LO**' this means the BGL is too low to be measured by the meter
 - follow the hypoglycaemia (Hypo) treatment on Diabetes Action Plan
- If the meter reads '**HI**' this means the BGL is too high to be measured by the meter
 - follow hyperglycaemia (Hyper) treatment on Diabetes Action Plan

NAME OF CHILD _____

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SENSOR GLUCOSE (SG) MONITORING

Some children will be wearing a small sensor that sits under the skin and measures glucose levels in the fluid surrounding the cells (interstitial fluid).

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, **LOW** or **HIGH** SG readings must be confirmed by a finger prick blood glucose check.

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

These devices are **not** compulsory management tools.

☐ The child is wearing **Continuous Glucose Monitor (CGM) or Flash Glucose Monitor (FGM)**

- With CGM, a transmitter sends data to either a receiver, phone app or insulin pump.
- With FGM, the device will only give a glucose reading when the sensor disc is scanned by a reader or phone app.

☐ Dexcom G4®

☐ Dexcom G5®

☐ Guardian™ Connect

☐ Guardian™ Sensor 3

☐ Freestyle Libre

CGM ALARMS

- CGM alarms may be 'on' or 'off'.
- If 'on' the CGM will alarm if interstitial glucose is low or high.

ACTION: Check finger prick blood glucose level (BGL) and if less than 4.0 mmol/l, treat as per Diabetes Action Plan for treatment.

Alerts for high glucose levels or in response to changing glucose trends are not recommended in this setting

- FGM device does not have alarm settings.

USE AT 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 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 a prompt response is required.
- If the sensor/transmitter falls out, staff are required to keep it in a safe place to give to parents/carers.
- The sensor can remain on the child during water activities.

NAME OF CHILD _____

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PUMPS WITH LOW GLUCOSE SUSPEND FUNCTION

Certain pumps may be programmed to stop insulin delivery **when the glucose level is low or predicted to go low.**

If the Child has a pump with a **low glucose suspend function**

ACTION for any low alert is a **finger prick blood glucose check.**

If BGL is less than 4.0 mmol/L treat hypo as per Diabetes Action Plan (do not give insulin bolus for this treatment).

A trained staff member will need to restart the pump manually.

If BGL greater than or equal to 4.0mmol/L. the pump will automatically restart when the sensor glucose levels rises.

Should the mealtimes insulin bolus be required (e.g. for snacks or lunch) the trained staff member will need to restart pump manually for this mealtime bolus to occur.

NAME OF CHILD _____

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LOW BLOOD GLUCOSE LEVELS

(Hypoglycaemia / Hypo)

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

Mild hypoglycaemia can be treated by using supplies from the child's HYPO BOX.

HYPO BOX LOCATION/S: _____

HYPO BOX

FAST ACTING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN
LONG-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 / caregiver. Continue hypo treatment if needed while awaiting further advice.
- If initial BGL **between 3.0 and 4.0 mmol/L** - follow-up long-acting carbohydrate not required. However if child is hungry, can eat but **requires insulin bolus** for this long-acting carbohydrate.
- If initial BGL is **less than 3.0 mmol/L** – give follow up long acting carbohydrate but **DO NOT bolus** for this long-acting carbohydrate
- All hypo treatment foods should be provided by the parent/caregiver.
- Ideally, packaging should be in serve size bags or containers and labelled as **fast acting carbohydrate** food and **long-acting carbohydrate** food.

Mild hypoglycaemia is common. However, if the child is having more than 3 episodes of low BGLs at 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.

NAME OF CHILD _____

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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 the child is experiencing frequent episodes of high BGLs at Centre, make sure the parent/carer is aware.

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.
- Ketones are made more quickly when using insulin pump therapy

You will be required to check the child's blood ketone level if

- Child is unwell **or**
- BGL is above 15.0 mmol/L

If blood ketones **are more than 0.6 mmol/L**, follow action for positive ketones on the child's Diabetes Action Plan.

EATING AND DRINKING

- The child should not go for longer than 3 hours without eating a carbohydrate meal or snack.
- Younger children will require supervision to ensure all food is eaten.
- The child should not exchange food/meals with another child.
- Seek parent/carer advice regarding appropriate foods for parties / celebrations that are occurring at Centre.
- 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.

NAME OF CHILD _____

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PHYSICAL ACTIVITY, ACTIVE OUTDOOR PLAY AND SWIMMING

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

- Check blood glucose level before physical activity.
- Physical activity may lower glucose levels.
- The child may require an extra serve of carbohydrate food before every 30 minutes of planned physical activity or swimming as provided in the Activity Food Box.

ACTIVITY FOOD BOX LOCATION: _____

ACTIVITY FOOD BOX

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 blood ketones are **greater than or equal to 1.0mmol/L** and / or the child is unwell.

TEMPORARY BASAL RATES may be used to manage the effect of physical activity on glucose levels under the direction of parents / caregivers

EXCURSIONS / INCURSIONS

It is important to plan for extracurricular activities.

Consider the following:

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

NAME OF CHILD _____

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EXTRA SUPPLIES

Provided for diabetes care at the Centre by parent/carer for back up or in case of Civil Defence emergency

- ☐ Insulin and syringes / pens / pen needles
- ☐ Spare Infusion sets and tubing
- ☐ Charging cords and power pack if required
- ☐ Finger prick device
- ☐ Blood glucose meter
- ☐ Blood glucose strips
- ☐ Blood ketone strips
- ☐ Sharps container
- ☐ Hypo food
- ☐ Activity food

GLOSSARY OF TERMS

COMMON INSULIN PUMP TERMINOLOGY

Insulin pump also known as continuous subcutaneous insulin infusion (CSII)

Small battery operated, computerised device for delivering insulin.

Cannula

A tiny plastic or steel tube inserted under the skin to deliver insulin. Held in place by an adhesive pad.

Line or tubing

The plastic tubing connecting the pump reservoir / cartridge to the cannula.

Reservoir / Cartridge

Container which holds the insulin within the pump.

Basal

Background insulin delivered continuously.

Food Bolus

Insulin for food delivered following entry of BGL and carbohydrate food amount to be eaten.

Correction Bolus

Extra insulin dose given to correct an above target BGL and / or to clear ketones.

Line failure

Disruption of insulin delivery due usually to line kinking or blockage.

NAME OF CHILD _____

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AGREEMENTS

Parent/Carer

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

☐ I give consent to the Early Childhood Centre to communicate with the Diabetes Treating Team about my child's diabetes management at 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 _____

NAME OF CHILD _____

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