**LOW  Hypoglycaemia (Hypo)**  
Blood glucose level (BGL) less than 4.0 mmol/L  
**SIGNS AND SYMPTOMS**  
Pale, headache, shaky, sweaty, dizzy, changes in behaviour  
Note: Symptoms may not always be obvious

**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 mmol/L  
Repeat Step 1  
If BGL greater than or equal to 4.0, go to **Step 3**  
**Step 3:** Give long acting carbohydrate, if next meal /snack is more than 20 mins away.

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

**SEVERE**  
Child unconscious / drowsy  
(Risk of choking/unable to swallow)  
- First Aid DRSABCD  
- Stay with unconscious child  
- Administer Glucagon if available  
**CALL AN AMBULANCE DIAL 111**  
Contact parent/carer when safe to do so.

**HIGH  Hyperglycaemia (Hyper)**  
Blood Glucose Level (BGL) greater than or equal to 15.0 mmol/L  
**SIGNS AND SYMPTOMS** increased thirst, extra toilet visits, poor concentration, irritability, tiredness  
Note: Symptoms may not always be obvious.

**Child well**  
Re-check BGL in 2 hours  
**Encourage oral fluids, return to activity**  
1-2 glasses of after per hour; extra toilet visits may be required.

**Child unwell**  
e.g. vomiting  
Check blood ketones (if able)  
If Ketones greater than or equal to 1.0 mmol/L  
**CONTACT PARENT / CARER TO COLLECT CHILD ASAP**  
In 2 hours, if BGL still greater than or equal to 15.0 mmol/L

**IF UNABLE TO CONTACT PARENT/ CARER**  
**CALL AN AMBULANCE DIAL 111**  
**CALL PARENT/CARER FOR ADVICE**

**Insulin may be required. Refer to Management Plan. Correction Factor**  
**This plan has been adapted from the original work of diabetes Victoria, Monash children’s Hospital and the Royal Children’s Hospital, Melbourne**