

DIABETES ACTION PLAN 2020 SCHOOL SETTING

Multiple daily injections

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

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

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.

STUDENT'S NAME _____

AGE _____

GRADE/YEAR _____

DATE OF BIRTH _____

SCHOOL NAME _____

Place
photo of
Student
here

**DO NOT LEAVE STUDENT ALONE
DO NOT DELAY TREATMENT**

**Insulin may be required. Refer to Management
Plan. Correction Factor 1: __mmol/L**

MILD

Student 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.

SEVERE

Student unconscious /
drowsy
(Risk of choking/unable to
swallow)

- First Aid DRSABCD
- Stay with unconscious Student
- Administer Glucagon if available

**CALL AN
AMBULANCE
DIAL 111**

Contact parent/carer
when safe to do so.

Student 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.

In 2 hours, if BGL still
greater than or equal
to 15.0 mmol/L

**CALL PARENT/CARER
FOR ADVICE**

Student 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
STUDENT ASAP**

**IF UNABLE TO CONTACT
PARENT/ CARER**

**CALL AN
AMBULANCE
DIAL 111**

INSULIN injections are needed before meals.
Refer to Management Plan for calculation of doses.

Carb Ratio (morning tea) 1: __g

Carb Ratio (lunch) 1: __g

Able to inject insulin:

- ☐ Independently
- ☐ With supervision
- ☐ With assistance

Injection will be given in _____ (ROOM)

THIS STUDENT IS WEARING

- ☐ Continuous Glucose Monitoring (CGM)
- ☐ Flash Glucose Monitoring (FGM)

ROUTINE BGL CHECKING TIMES

- Anytime, anywhere in the School
- Before morning tea and before lunch
- Anytime hypo is suspected
- Before planned activity

PHYSICAL EDUCATION / SPORT

- Check BG before physical education / sport
- 1 serve sustaining carbohydrate food before every 30 mins of planned activity
- Vigorous activity should not be undertaken if BGL ≥ 15.0 and blood ketones are ≥ 1.0 and/or student is unwell. **Refer to Management plan**

PARENT/CARER NAME _____

CONTACT No _____

OTHER CONTACT NAME & No _____

DATE _____

TREATING MEDICAL TEAM _____

CONTACT No _____