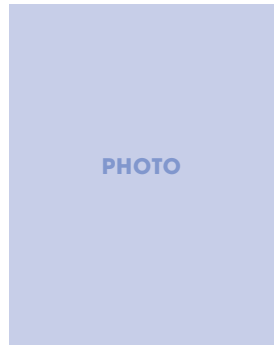


TYPE 1 DIABETES ACTION PLAN 2023 EARLY CHILDHOOD SETTING **Multiple daily injections**

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



CHILD'S NAME _____

DATE OF BIRTH _____ AGE _____

NAME OF CENTRE _____

INSULIN is given 4 or more times per day. See Management Plan.

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. See Management Plan

PARENT / CARER NAME _____

CONTACT NO. _____

DIABETES TREATING TEAM _____

HOSPITAL UR NO. _____

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. _____

Step 3a:
If insulin is due & BGL greater than or equal to 4.0, give usual insulin dose & then eat meal immediately.

Step 4: Resume usual activity when BGL 4.0 or higher

SEVERE

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

First Aid DRABCD
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 1-2 glasses water per hour
- Return to usual 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

Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child. The responsible staff needs to be in the child's room and available when the child attends the early childhood setting.

STAFF MEMBER	GLUCOSE CHECKING	INSULIN ADMINISTRATION

Responsible staff will need to receive training on how to check glucose levels and administer insulin injections (if required).

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: _____

Insulin injection _____ minutes before meal.

Carbohydrate food must always be eaten after a mealtime insulin injection.

Type of injection device: Pen

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.

NAME _____

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BLOOD GLUCOSE LEVEL (BGL) CHECKING

Target range for blood glucose levels (BGL) pre-meals: 4.0 - 7.0 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

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 _____
- _____

The child is wearing a Continuous Glucose Monitoring / Flash Glucose Monitoring device.

A BGL check is required (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 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)

Flash Glucose Monitor (FGM)

Model: _____

Model: _____

- 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 (BG) reading during times of rapidly changing glucose levels e.g. eating, after insulin administration, during exercise.
- An SG reading less than _____ mmol/L must be confirmed by a finger prick blood glucose check.
Hypo treatment is based on a finger prick blood glucose result.
- If SG reading is above _____ mmol/L, it must be confirmed by a finger prick blood glucose check.

ALARMS

- Alarms will be ON OFF
- If "on" the device will alarm if sensor glucose is low or high.

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.
- CGM/FGM devices can be monitored remotely by family members. They should only contact the Centre if there is 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.

NAME _____

HOSPITAL UR NO. _____

DATE PLAN CREATED _____

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 is treated using the child's own hypo supplies.

HYPO SUPPLIES LOCATED: _____

HYPO TREATMENT

FAST ACTING CARBOHYDRATE FOOD	AMOUNT

SLOW ACTING CARBOHYDRATE FOOD	AMOUNT

- **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 hypoglycaemia per week** at the Centre, notify their parent /carer.

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 **more than 3 episodes** of high glucose levels per week 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 need to have an insulin injection **before** carbohydrate foods are eaten. The insulin dose for meals/snacks will be determined by:

- Set dose _____
- Flexible dosing guide _____

If using a flexible dosing guide all carbohydrate foods should be clearly labelled by the parent/carer with carbohydrate amounts in grams / serves

- Meals/snacks provided by the Centre. Provide a copy of the menu to the parent/carer so they can determine carbohydrate amounts for meals/snacks.
- 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 water.

Does the child have coeliac disease? No Yes*

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

NAME _____

HOSPITAL UR NO. _____

DATE PLAN CREATED _____

EXTRA PHYSICAL ACTIVITY AND SWIMMING

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

- Physical activity may cause glucose levels to go high or low.
- Some children may require a finger prick blood glucose level check before physical activity.
- Some children MAY require a slow acting carbohydrate before planned physical activity.

ADDITIONAL INFORMATION: _____

■ ACTIVITY FOOD REQUIRED. LOCATED: _____

ACTIVITY FOOD

GLUCOSE LEVEL RANGE	CARBOHYDRATE FOOD	AMOUNT

- 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 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.
- Know location of toilets.

EQUIPMENT CHECKLIST

EQUIPMENT THAT COMES TO EARLY CHILDHOOD SETTING DAILY

Supplied by the parent/carer

- Insulin pens and pen needles
- Finger prick device
- Blood glucose monitor used by child at the Centre and at home
- Blood glucose strips
- Blood ketone strips
- Urine ketone strips
- Hypo food
- Activity food

BACKUP EQUIPMENT TO STAY AT EARLY CHILDHOOD SETTING

Supplied by the parent/carer

- Insulin pens and pen needles
Stored according to the Early Childhood Setting's Medication Policy.
- Finger prick device
- Blood glucose monitor
- Charging cable for glucose monitoring devices (if required)
- Blood glucose strips
- Blood ketone strips
- Urine ketone strips
- Sharps container
- Hypo food
- Activity food

DISPOSAL OF MEDICAL WASTE

Dispose of any used pen needles in Sharps container provided.

Dispose of blood glucose strips, blood ketone strips, or urinary ketone strips as per the Early Childhood Setting's medical waste policy.

NAME _____

HOSPITAL UR NO. _____

DATE PLAN CREATED _____

AGREEMENTS

PARENT/CARER

Organise a meeting with the Centre's representatives to discuss implementation and sign off on your child's action and management plan.

- 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