

# TYPE 1 DIABETES ACTION PLAN: 2026

## Insulin Pump

### LOW Hypoglycaemia (Hypo)

Blood Glucose level (BGL) less than or equal to  
**3.9 mmol/L**

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

**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. glucose, juice drink or Mentos

**Step 2** Recheck BGL in 10-15 mins if BGL still less than or equal to 3.9 mmol/L  
**Repeat Step 1**

If BGL greater than or equal to 4.0, go to **Step 3**

**Step 3** Return to normal activity no follow up long acting carbohydrate is required. If child chooses to eat, bolus insulin.

**See Management Plan**



New Zealand Child & Youth Clinical Network

### HIGH Hyperglycaemia (Hyper)

Blood Glucose level (BGL) greater than or equal to  
**15.0 mmol/L** requires additional action

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

*Note: Symptoms may not always be obvious*

**Check Blood ketones. Blood ketones greater than or equal to 1.0mmol/L requires immediate treatment (contact parent/caregiver)**

### SEVERE

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

- First aid DRSABCD
- Do not try to get child to drink or eat
- Stay with unconscious child
- Administer Glucagon if available

**CALL AN AMBULANCE  
DIAL 111**

Contact parent/carer when safe to do so.

#### Blood Ketones less than 1.0

- Deliver correction dose via pump or phone app
- Encourage water and return to usual activity
- Extra toilet visits may be required
- If GL is high and child is hungry, they can still eat carbohydrate with insulin via pump
- Extra activity is NOT required as a method of a treatment for high GLs
- Recheck BGL in 2 hours

BGL  
<15.0mmol/L  
and ketones  
less than  
1.0mmol/L,  
no further  
action  
required

BGL still  
>15.0mmol/L  
**POTENTIAL  
SITE  
FAILURE**  
**Check  
ketones**

**IF UNWELL (E.G. VOMITING), OR KETONES >1.0mmol/L  
CONTACT PARENT/CAREGIVER TO COLLECT CHILD OR  
CALL AMBULANCE DIAL 111**

As kaitiaki (carers/guardians) of diabetes related services, it is a collective responsibility to establish an environment that facilitates a pathway for people with diabetes to navigate te ao mate huka - the world of diabetes<sup>1</sup>.

## EARLYCHILD CENTRE SETTING

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

Child's name:

Place photo of child here

Age:      DOB:

Date:

Centre name:

### INSULIN

The insulin pump continuously delivers insulin. The pump will deliver insulin based on carbohydrate food entries and GLs.

If the insulin pump site falls out, a parent should be contacted immediately.

If the continuous glucose monitor falls out or stops working, BGLs should be monitored via finger pricks and entered into the pump.

### GL CHECKING TIMES

- Anytime, anywhere in the centre
- Before morning tea and before lunch
- Anytime hypo is suspected
- Before planned activity
- Playtime does not usually require additional carb.

**See Management plan**

### PHYSICAL ACTIVITY

- Turn on as guided by parents/ carers Cross-out if N/A):  
"Exercise activity" / "Ease off" / "Temp target" / "Temp basal" / "Profile"
- Vigorous activity should NOT be undertaken:  
Child is unwell AND/OR blood ketones are ≥1.0

Parent/Carer's name:

Contact phone:

Other Parent/Carer's name:

Contact phone:

Treating medical team:

Contact phone:

<sup>1</sup>Te Kaiwhakahaere Māori te Roopu mate huka  
Debbie Rawiri-Te Whatu Ora Waitaha Canterbury