

# TYPE 1 DIABETES ACTION PLAN: 2026

## Insulin Pump

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.

### 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.

### 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*

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

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

### 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**

### 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**

### Blood Ketones greater than or equal to 1.0mmol/L

- POTENTIAL SITE FAILURE**
- Contact Parent/Caregiver for further advice
  - Will need injected insulin via pen and set change
  - This is the parent/caregiver responsibility

If unable to contact parent/carer

**SEEK MEDICAL ADVICE**

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

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: