

# TYPE 1 DIABETES ACTION PLAN: 2026

## Multiple Daily Injections

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>.

## EARLY CHILDHOOD 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.

*Note: Symptoms may not always be obvious*

### 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**

### 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  $\leq$  3.9 mmol/L  
**Repeat Step 1**

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

**Step 3** Give 10g long acting carbohydrate, if next meal/snack is more than 20mins away.

### 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.

### INSULIN MAY BE REQUIRED

Refer to Management Plan

Correction Factor 1: \_\_\_\_ mmol/L

Frequency of corrections: \_\_\_\_\_

### CHILD WELL

Recheck BGL in 2 hours

#### 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
- Extra activity is NOT required as a method of a treatment for high glucose levels
- **Check ketones if BGL still  $>$  15mmol/L after 2 hours**

BGL still  $\geq$  15.0mmol/L and ketones less than 1.0mmol/L  
**CONTACT PARENT/CARER FOR ADVICE**

BGL still  $\geq$  15.0mmol/L and ketones greater than or equal to 1.0mmol/L  
**CONTACT PARENT/CARER TO COLLECT ASAP**

### CHILD UNWELL

e.g. Vomiting  
Check blood ketones (if able)

**If Ketones greater than or equal to 1.0mmol/L**

**CONTACT PARENT/CARER TO COLLECT CHILD ASAP**

If unable to contact parent/carer

**SEEK MEDICAL ADVICE**

**Other notes:**

Child's name:

Place photo of child here

Age:

DOB:

Date:

Centre name:

### INSULIN

Carb Ratio (morning tea)

Carb Ratio (lunch)

Person responsible for giving insulin

If not carb counting give Set dose:

\_\_\_\_ units with correction

Person responsible for calculating insulin dose

### BGL CHECKING TIMES

- Anytime and anywhere at school

Cross out not applicable:

- Before morning tea
- Before lunch
- Anytime hypo is suspected
- Before playtime

### PHYSICAL ACTIVITY

- Consider giving long-acting carbohydrate food before every 30 mins of planned activity
- Vigorous activity should NOT be undertaken if child is unwell AND/OR blood ketones are  $\geq$  1.0
- Playtime does not usually require additional carb.

Parent/Carer's name:

Contact phone:

Second Parent/Carer's name:

Contact phone:

Treating medical team:

Contact phone:



New Zealand Child & Youth  
Clinical Network

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