

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 diabetes¹.

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

**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 ≤ 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.

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

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 >15 mmol/L after 2 hours**

BGL still ≥ 15.0 mmol/L and ketones less than 1.0mmol/L

CONTACT PARENT/ CARER FOR ADVICE

BGL still ≥ 15.0 mmol/L and ketones greater than or equal to 1.0mmol/L

CONTACT PARENT/ CARER TO COLLECT ASAP

Other notes:

EARLY CHILDHOOD 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

Carb Ratio (morning tea)	Carb Ratio (lunch)	Person responsible for giving insulin
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If not carb counting give Set dose: _____ units with correction	Person responsible for calculating insulin dose
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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 ≥ 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

¹ Te Kaiwhakahaere Māori te Roopu mate huka Debbie Rawiri-Te Whatu Ora Waitaha Canterbury