

# TYPE 1 DIABETES ACTION PLAN: 2026

## Multiple Daily Injections

### 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 STUDENT ALONE  
DO NOT DELAY TREATMENT**

### MILD

**Student 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

**Student drowsy / unconscious**  
(Risk of choking / unable to swallow)

- First aid DRSABCD
- Do not try to get student to drink or eat
- Stay with unconscious student
- 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: \_\_\_\_\_

### STUDENT WELL

Recheck BGL in 2 hours

### Encourage water and return to usual activity

- Extra toilet visits may be required
- If GL is high and student 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  $\geq 15.0\text{mmol/L}$  and ketones less than 1.0mmol/L

**CALL PARENT/ CARER FOR ADVICE**

BGL still  $\geq 15.0\text{mmol/L}$  and ketones greater than or equal to 1.0mmol/L

**CALL PARENT/ CARER FOR ADVICE**

### STUDENT UNWELL

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

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

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

If unable to contact parent/carer

**SEEK MEDICAL ADVICE**

**Other notes:**

### SCHOOL SETTING

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

Student's name:

Place photo of student here

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Date: \_\_\_\_\_

School 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

Student is able to inject insulin (cross out if not applicable)  
with assistance / with supervision / independently

### BGL CHECKING TIMES

- Anytime and anywhere at school
- Cross out not applicable
- Before morning tea
- Before lunch
- Before activity and exercise
- Before exams and tests

### PHYSICAL ACTIVITY

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

Parent/Carer's name:

Contact phone:

Other 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