TYPE 1 DIABETES ACTION PLAN: 2027

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[1].

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

LOW Hypoglycaemia (Hypo)

Sensor Glucose level (GL) 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)

Sensor Glucose level (GL) 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 STUDENT ALONE
DO NOT DELAY TREATMENT

INSULIN MAY BE REQUIRED

Refer to Management Plan

Correction Factor 1: ___ mmol/L Target GL: ____

Frequency of corrections: _____

MILD

Student conscious
(Able to eat hypo food)

Step 1 Give fast acting Carbohydrate
e.g. glucose, juice drink or Mentos

Step 2 Recheck GL in 10-15 mins if GL less than or equal to ≤ 3.9mmol/L do a fingerprick to confirm then repeat **Repeat Step 1**
If GL greater than or equal to ≥3.9, go to **Step 3**

Step 3 Give10g long acting carbohydrate, if next meal/ snack is more than 20mins away.

SEVERE

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

CALL AN AMBULANCE DIAL 111

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

Contact parent / carer when safe to do so.

STUDENT WELL

Recheck GL 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 finger prick GL and ketones if GL still > 15mmol/L after 2 hours**

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

CALL PARENT/ CARER FOR ADVICE

BGL still ≥15.0mmol/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
CALL AN AMBULANCE
DIAL 111

Other notes:

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

GL CHECKING TIMES

Cross out not applicable

- Before morning tea
- Before lunch
- Before activity and exercise
- Before exams and tests
- Finger prick glucose (BGL) will be needed with persistent low or high glucose levels or concern over CGM accuracy

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 ≥1.0
- Playtime does not usually require additional carb

Additional checks may be needed at other times if child has symptoms of low.

Parent/Carer's name:	Contact phone:
Other Parent/Carer's name:	Contact phone:
Treating medical team:	Contact phone:

CYHNCN
Child & Youth Health National Clinical Network

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