TYPE 1 DIABETES ACTION PLAN: 2027

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[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.

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

Step 3 Return to normal activity no follow up long acting carbohydrate is required. If student chooses to eat, bolus insulin.
See Management Plan

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.

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

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

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 student 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
- Re-check GL in 2 hours

GL <15.0mmol/L and ketones less than 1.0mmol/L, no further action required

GL still >15.0mmol/L

POTENTIAL SITE FAILURE

Check fingerprick glucose and 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
- A set change is the responsibility of the parent/caregiver or student (if they have the required skills).

If unable to contact parent/carer

SEEK MEDICAL ADVICE

IF STUDENT IS UNWELL, VOMITING AND HAS KETONES >1.0MMOL/L AND YOU ARE UNABLE TO CONTACT THE PARENTS, CALL AMBULANCE DIAL 111

Student's name:		Place photo of student here
Age:	DOB:	
Date:		
School name:		

INSULIN

The insulin pump delivers insulin continuously. If the insulin pump set falls out and student cannot replace it independently, the parent/carer should be contacted immediately.

If the continuous glucose monitor falls out or stops working, BGL should be monitored via finger pricks and entered into the pump.

Pump button pushing (cross out those not applicable) with assistance / with supervision /independently

GL CHECKING TIMES

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

See Management plan

PHYSICAL ACTIVITY

- For PE or planned sports turn on as 60-90 minutes prior (leave the current options as is):
  "Exercise activity" / "Ease off" / "Temp target" / "Temp basal" / "Profile"
- Vigorous activity should **NOT** be undertaken if:
  Student is unwell AND/OR blood ketones are ≥1.0

Additional checks may be needed at other times if student 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*