TYPE TWO DIABETES MANAGEMENT PLAN: 2027
Insulin

CYHNCN Child & Youth Health National Clinical Network

Use in conjunction with Diabetes Action Plan.
This has been developed by specialist diabetes clinicians.

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].

Student's name:	Age:	Date:

RESPONSIBLE STAFF

School staff who have voluntarily agreed to undertake training and provide support with diabetes care to the student.

Responsible staff will need to receive training on how to check glucose levels and how to administer insulin via pen or syringe if insulin is required while at school.

A Medication Authority Form may be required if school staff are required to administer / supervise insulin given via injection. The form may be provided by the school staff.

List below and tick those that apply

Nominated staff members:	Blood Glucose checking	Insulin adminstration
	☐	☐
	☐	☐
	☐	☐
	☐	☐

INSULIN ADMINISTRATION - The child requires an injection of insulin:

☐ Before morning tea ☐ Before lunch ☐ Only at home before/after school

☐ Other _____
(please specify):

Is supervision required ☐ Yes ☐ No

If yes, the responsible staff need to ☐ Remind ☐ Observe ☐ Assist ☐ Administer injection

Responsible staff will need to receive training on how to administer insulin injections.

The location in the school where the injection is to be : _____

Please note, injections should be administered wherever the student feels comfortable.

Student's name: _____

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

HOW MUCH INSULIN TO BE ADMINISTERED

Parents will explain/advise insulin doses. It is the responsibility of the parent /caregiver to keep the school up to date with changes to insulin doses.

Type of insulin to be delivered: _____

If insulin is required while at school, calculate the amount of insulin to be administered using the following advice/instructions:

_____

If the child/ teen needs to take any other diabetes medications at school, please list the medications below with the dose and when it should be taken:

_____

_____

GLUCOSE LEVEL (GL) CHECKING

Target range for glucose levels (GLs): 4 – 10 mmol/L

- GL results outside of this target range are common
- GL check should be done where the student is, whenever needed
- The student should always wash and dry their hands when doing a GL check via finger prick.

Glucose levels will vary day-to-day and be dependent on a number of factors such as:

- Insulin dose
- Growth spurts
- Illness / infection
- Excitement / stress
- Type / quantity of food
- Age
- Level of activity

Is the student able to do their own glucose level check: ☐ Yes ☐ No

Independently? If NO, the responsible staff member needs to: ☐ Remind ☐ Observe ☐ Assist ☐ Do the check

Times to check GL (tick all those that apply)

☐ Before activity
☐ Before snack
☐ Before lunch
☐ Anytime hypo suspected
☐ Before exams / tests
☐ When feeling unwell
☐ Beginning or after school care
☐ Other routine times *(please specify):* _____

If the student is using a Continuous Glucose Monitoring Device please discuss with parents about use in the school environment.

If the meter reads LO this means the blood GL is too low to be measured by the meter

Follow the Hypoglycaemia (Hypo) treatment on Diabetes Action Plan

If the meter reads HI this means the blood GL is too high to be measured by the meter

Follow Hyperglycaemia (Hyper) treatment on Diabetes Action Plan

Student's name: _____

LOW GLUCOSE LEVELS

(Hypoglycaemia / Hypo)

Follow the student's Diabetes Action Plan if GL less than or equal to 3.9 mmol/L. Mild hypoglycaemia can be treated by using supplies from the student's HYPO BOX.

Hypo box location/s: _____

HYPO BOX

FAST ACTING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN

LOW- ACTING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN

- If the student requires more than 2 consecutive fast acting carbohydrate treatments, as per their Diabetes Action Plan, call the student's parent / caregiver. Continue hypo treatment if needed while awaiting further advice.
- Once GL is above 4.0mmol/L, a follow-up snack containing long-acting carbohydrate is not a requirement. However if child is hungry, they can eat but requires insulin bolus for this long-acting carbohydrate via the insulin pump.
- All hypo treatment foods should be provided by the parent/caregiver.
- Ideally, packaging should be in serve size bags or containers and labelled as fast acting carbohydrate food and long-acting carbohydrate food.

Mild hypoglycaemia is common. However, if the student is having patterns of low GL, make sure that the parent/carer is aware.

SEVERE HYPOGLYCAEMIA (HYPO) MANAGEMENT

Severe hypoglycaemia is not common.

Follow the student's Diabetes Action Plan for any episode of severe hypoglycaemia.

DO NOT attempt to give anything by mouth to the student or rub anything onto the gums as this may lead to choking.

If the school / ECE centre is located more than 30 minutes from a reliable ambulance service, then staff should discuss Glucagon injection training with the student's Diabetes Team or with family. **Watch video resource.**

Student's name: _____

HIGH GLUCOSE LEVELS

(Hyperglycaemia / Hyper)

- Although not ideal, GLs above target range are common.
- If GL is more than or equal to 15.0 mmol/L, follow the student's Diabetes Action Plan.
- If the student is experiencing patterns of high GL at school, make sure the parent/carer is aware.

EATING AND DRINKING

- Student needs to enter all carbohydrate amounts into the pump/app before routine meals or snacks. Younger students require assistance from an adult to do this.
- The student should not routinely go for prolonged periods without having access to a meal or snack containing carbohydrate (if hungry)
- Younger students require supervision to ensure appropriate amounts of food are eaten at meal and snack times
- Students with diabetes are encouraged to eat a nutritionally balanced diet and adequate food to support daily activities and being physically active. It is important NOT to restrict routine meals or snacks to manage glucose levels.
- Seek parent/carer advice regarding appropriate types of food, portion sizes, and insulin dose requirements for food at celebrations/shared kai at school
- Always allow access to drinking water and toilet facilities (high glucose levels can cause increased thirst and extra toilet visits)
- Does the student have Coeliac Disease?

  ☐ No ☐ Yes*

  *Seek parent/carer advice regarding gluten free food and hypo treatments.

- Does the student have a confirmed food allergy or intolerance?

  ☐ No ☐ Yes*

  *Seek parent/carer advice regarding appropriate food and hypo treatments.

PHYSICAL ACTIVITY AND SWIMMING

A blood glucose meter and hypo treatment should always be available

- Check glucose level before physical activity.
- Physical activity may lower glucose levels.
- The student may require an extra 'activity' carbohydrate food before every 30 minutes of planned physical activity or swimming if glucose level <6 mmol/l.
- Extra carbohydrate is not required if glucose level is >10mmol/l.

HYPO BOX

CARBOHYDRATE FOOD TO BE USED	AMOUNT TO BE GIVEN

- Physical activity should not be undertaken if GL less than 3.9mmol/L.
- Refer to the Diabetes Action Plan for hypo treatment.

Student's name: _____

CAMPS

It is important to plan for school camps and consider the following:

- Parents/carers need to be informed of any school camps at the beginning of the year.
- Checklists for whānau and school are available here.
- A separate and specific Camp Diabetes Management Plan is required.

EXCURSIONS / TRIPS

It is important to plan for extracurricular activities.

Consider the following:

- Ensure blood glucose meter, blood glucose strips, ketone strips, insulin, hypo and activity food are readily accessible.
- Plan for meal and snack breaks.
- Always have hypo treatment available.

EXAMS

- GL should be checked before an exam.
- GL should be greater than 4.0 mmol/L before exam is started.
- Blood glucose meter, monitoring strips, hypo treatments and water should be available in the exam setting.
- Extra time will be required if a hypo occurs or for toilet privileges.

Applications for special consideration

Students with Type 2 diabetes mellitus who are using rapid acting insulin, are eligible to apply to NZQA for "Special Assessment Conditions" (SAC) on medical grounds. Students must complete a "Student application for entitlement to special assessment conditions". This form can be downloaded from the New Zealand Qualification Authority (NZQA) website. The application should be lodged at the beginning of Year 11 and 12.

For more information on the Special Assessment Conditions process please go to www.nzqa.govt.nz

EXTRA SUPPLIES

Provided for diabetes care at the school by parent/carer

- ☐ Insulin and syringes / pens / pen needles
- ☐ Finger prick device
- ☐ Blood glucose meter
- ☐ Blood glucose strips
- ☐ Sharps container
- ☐ Hypo food
- ☐ Activity food
- ☐ Spare battery for blood glucose meter

Student's name: _____

AGREEMENTS

PARENT/CARER

☐ I have read, understood and agree with this plan.

☐ I give consent to the school to communicate with the Diabetes Treating Team about my student's diabetes management at school.

First name _____ Family name _____

Signature _____ Date _____

SCHOOL REPRESENTATIVE

☐ I have read, understood and agree with this plan.

First name _____ Family name _____

Role ☐ Principal ☐ Supervisor ☐ Manager ☐ Other _____
(please specify):

Signature _____ Date _____

This document has been developed by Specialist Diabetes Clinicians.
If you have concerns, please contact the child's diabetes treating team.

Student's name: _____