

DIABETES ACTION PLAN 2024

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.

EARLY CHILDHOOD CENTRE

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

LOW Hypoglycaemia (Hypo)

Blood glucose level (BGL) less than **4.0 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. _____

Step 2 Recheck BGL in **10-15 mins** If BGL less than 4.0 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 20 mins away.

SEVERE

Child drowsy / unconscious
(Risk of choking / unable to swallow)

- First Aid DRSABCD
- 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

CHILD WELL

Recheck BGL in 2 hours

Encourage water and return to 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

In 2 hours, if BGL still greater than or equal to 15.0 mmol/L

Contact Parent/Caregiver for further advice

CHILD UNWELL

eg Vomiting
Check blood ketones (if able)

If Ketones greater than or equal to 1.0 mmol/L

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

If unable to contact parent/carer
**CALL AN AMBULANCE
DIAL 111**

| | | |
|---------------|------|---------------------------|
| Child's name: | | Place photo of child here |
| Age: | DOB: | |
| Date: | | |

Centre name: _____

INSULIN injections are needed before main meals.

| Carb Ratio (morning tea) | Carb Ratio (lunch) | Person responsible for giving insulin |
|--------------------------|--------------------|---------------------------------------|
| 1: g | 1: g | |
| | | |

If not carb counting give Set dose: _____ units with correction

This child is wearing (cross out those not applicable) Continuous Glucose Monitoring (CGM)/ Intermittent scanned Continuous Glucose Monitoring (ISCGM)

BGL CHECKING TIMES

- Anytime, anywhere in the Centre
- Before morning tea and before lunch
- Anytime hypo is suspected
- Before planned activity

PHYSICAL ACTIVITY

- Give 10-15g carbs long-acting carbohydrate food before every 30 mins of planned activity
- Vigorous activity should **NOT** be undertaken if BGL ≥ 15.0 **AND** blood ketones are ≥ 1.0 **AND/OR** child is unwell
- Playtime does not usually require additional carb.

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