

HYPOGLYCAEMIA

LOW

Blood Glucose Level <4.0mmol/L

Signs and Symptoms

Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour. Symptoms may not always be obvious

DO NOT leave child UNATTENDED
DO NOT delay TREATMENT

Child conscious
(Able to eat hypo food)

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

Give fast acting carb
(as supplied or listed on management plan)

First Aid DRSABC
Stay with unconscious child

Give sustaining carb
(as supplied or listed on management plan)

Call an Ambulance
Dial 000

Recheck BGL after 15 mins
If BGL <4.0 repeat fast acting carb

Contact parent/guardian
when safe to do so

PARENT/GUARDIAN NAME: _____
CONTACT No: _____

Early childhood education and care setting

2016

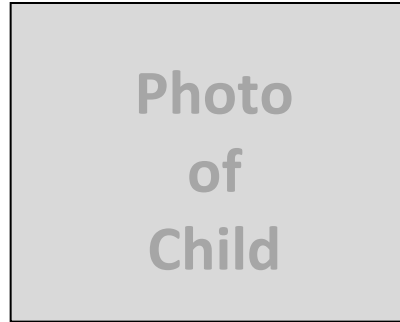
Diabetes Action Plan

Multiple daily injections

[to be used in conjunction with management plan]

Child's Name: _____

Centre: _____



Insulin is taken 4 or more times per day
An injection will be needed before lunch.

This injection requires assistance.

Injection will be done by: _____

Injection will be done in: _____
(room/location)

Routine BGL checking times

- Anytime, anywhere in the centre
- Prior to lunch
- Anytime hypo is suspected
- Prior to planned activity

Physical activity

- 1 serve sustaining carb before every 30 mins of planned activity
- Vigorous activity should not be undertaken if BGL >15.0 and blood ketones are >1.0
- Usual play time usually doesn't require additional action, but check with parent/guardian about this

HYPERGLYCAEMIA

HIGH

Blood Glucose Level >15.0mmol/L

HIGH BGLs are not uncommon

Signs and Symptoms

There may be no signs and symptoms
Some could be: increased thirst, increased urine production, poor concentration, irritability, lethargy

Child well
Re-check BGL in 2 hours

Child unwell
(e.g. vomiting) +/-
Check blood ketones if able

Encourage oral fluids, return to activity
(1-2 glasses water per hour; extra toilet visits may be required)

In 2 hours, if BGL still >15.0 call parent/guardian for advice

Contact parent/guardian
to collect child ASAP

DATE: _____
HOSPITAL: _____
TREATING DNE: _____
CONTACT No: _____