McCarthy Catholic College 2023

HYPOGLYCAEMIA	DIABETES INSULIN PUMP STUDENT ACTION PLAN	HYPERGLYCAEMIA

HYPOGLYCAEMIA

Blood Glucose Level < 4.0 mmol/L

LOW ↘

CAUSES

Giving insulin and not eating carbohydrate, exercise without extra carbohydrate

SIGNS & SYMPTOMS

Paleness, headache, tingling limbs, dizziness, drowsiness, changes in behaviour

**DO NOT LEAVE CHILD UNATTENDED
DO NOT DELAY TREATMENT**

DIABETES INSULIN PUMP STUDENT ACTION PLAN

Student's Name:

Date of Birth:

Student Photo

TARGET BGL 4-8 mmol/L

HYPERGLYCAEMIA

Blood Glucose Level > 15.0 mmol/L

HIGH↗

CAUSES

Forgetting to bolus for meal, line dislodged, kinked or air bubbles, problem with pump delivery, infection.

SIGNS & SYMPTOMS

Increased thirst, increased urine production, poor concentration, irritable, lethargic, abdominal pain, vomiting

TEMPORARY OR PERSISTENT HYPERGLYCAEMIA

CHILD CONSCIOUS	CHILD UNCONSCIOUS	ROUTINE BGL MONITORING TIMES	CHILD CAN FUNCTION OWN PUMP	CHILD UNABLE TO FUNCTION OWN PUMP
(Able to eat hypo food) **If BGL 2 - 4 mmol** Only give sugar serve e.g. 1/2 cup lemonade, 5 jelly beans or 2 jelly snakes. **BGL < 2.0 mmol** Suspend/disconnect 30 mins. Give sugar serve & sustaining carbohydrate **RECHECK BGL AFTER 20 MINS** If BGL < 4.0 mmol/L repeat sugar serve	Risk of choking/ unable to swallow **FIRST AID DRSABC** Stay with unconscious child **CALL AN AMBULANCE** Dial 000 **CONTACT PARENTS** When safe to do so	❖ Prior to lunch ❖ Anytime hypo suspected ❖ Occasionally 2 hours post main meals ❖ Prior to exercise **PHYSICAL ACTIVITY** Extra carbohydrate for every 30-40 mins activity - **DO NOT BOLUS** Vigorous activity should NOT be undertaken if BGL > 15 and blood ketones > 0.6	**ADMINISTER CORRECTIONAL BOLUS** Recheck BGL in 2 hours. If BGL has not decreased, parent to perform a line change. **CHECK BLOOD KETONES IF BGL > 15mmol** **If ketones > 0.l6 contact parents**	❖ Access to additional toilet breaks ❖ Encourage fluids 1-2 glasses per hour **CHECK BLOOD KETONES IF BGL > 15mmol** **If ketones > 0.l6 contact parents**

Doctor's Name:

Doctor's signature:

Date of Diagnosis:

Date: