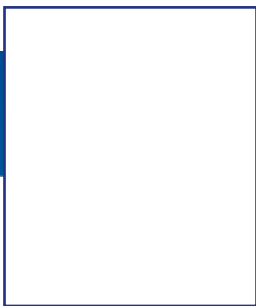


# Diabetes Management Plan – Insulin Injections

Child Care Centre:



click above to add photo

First and Last Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Child care room: \_\_\_\_\_

**NEVER LEAVE ALONE IF UNWELL. TREAT ON THE SPOT.**

Contact 1:   
 Contact 2:   
 PCH Clinic: 6456 1111

## GLUCOSE MONITORING

In addition to the daily schedule, monitoring of glucose levels and ketones must be performed if the child is unwell or if there is a concern.

**DAILY SCHEDULE // PLEASE GIVE INSULIN \_\_\_\_\_ MINUTES BEFORE FOOD. DETERMINED BY \_\_\_\_\_**

Time	Meal	Glucose Check	Insulin	Perform	Responsible Person

LOW (HYPO) to be confirmed by:

**LOW (HYPO) // Glucose less than  mmol/L // DO NOT DELAY TREATMENT // TREAT ON THE SPOT**

Symptoms:  Feeling sick  Pale  Headache  Shaky  Sweaty  Drowsy Other:

<p><b>Child Conscious</b> (Able to eat hypo food)</p>	<p><b>STEP 1:</b> Give fast acting carbs:</p> <p>_____</p> <p>_____</p>	<p><b>STEP 2</b> Check in [ <input type="text"/> ]mins <b>If Glucose:</b></p> <ul style="list-style-type: none"> <li>• Less than <input type="text"/>, repeat step 1.</li> <li>• <input type="text"/> or more, proceed.</li> </ul>	<p><b>STEP 3:</b> Give sustaining carbs:</p> <p>_____</p> <p>_____</p>	
<p><b>Child Drowsy / Unconscious</b> (Unable to swallow/ choking risk)</p>	<p><b>FIRST AID</b> DRSABCD Stay with child.</p>	<p><b>CALL AN AMBULANCE</b> DIAL 000</p>	<p><b>ADMINISTER GLUCAGON</b> YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p><b>CONTACT PARENT/ CARER WHEN SAFE.</b> When child conscious/alert, follow above steps.</p>

**HIGH (HYPER) // Glucose 15.0 mmol/L or above**

Symptoms:  Feeling sick  Thirsty  Increased urine production  Headache  Irritable  Lethargic

<p><b>Child Well</b> Unexplained high glucose.</p>	<p><b>CHECK GLUCOSE</b> At next scheduled time.</p>	<p>Allow unrestricted water intake and access to toilets.</p>	<p><b>AT NEXT GLUCOSE CHECK</b> if glucose remains 15.0 mmol/L or above, <b>CHECK KETONES.</b></p>
<p><b>Child Unwell</b> e.g. Cramps or vomiting.</p>	<p><b>CHECK KETONES</b> If less than 0.6 mmol/L, no diabetes action required.</p>	<p>If ketones 0.6 mmol/L or above, <b>CONTACT PARENT/CARER. CHILD TO BE COLLECTED</b></p>	<p>If unable to contact parent/carer, <b>CALL AN AMBULANCE 000</b></p>

**PLAYTIME ACTIVITY // PLEASE CHECK GLUCOSE BEFORE PLAYTIME ACTIVITY**

Activity may lower glucose levels. The child should not participate if glucose levels are less than  mmol/L or if ketones are present.

Recommendations for playtime activity (please specify):

**AUTHORITY TO ACT // CHILD CARE CENTRE STAFF AUTHORISED TO ASSIST WITH DIABETES CARE**

Name	Role

Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

This diabetes management and safety plan authorises child care centre staff to follow this advice and that of the medical team. Child care centre staff are not expected to manage a child's diabetes as comprehensively as at home. This plan is sanctioned as being safe and reasonable. It is valid for one year or until the child care centre is advised of a change to the child's health care requirements.



## INSULIN ADMINISTRATION

The child requires injection/s of insulin during the day. The staff responsible for this have been pre-determined.

Responsible staff will need to:

- Perform an injection (dose as per daily schedule on front page).
- Receive training on how to administer insulin injections via a pen device.

The location in the child care centre where the injection is to be given: \_\_\_\_\_

## INSULIN CORRECTION DOSE

If a correction dose is required for high glucose levels discuss with parent/carer.

**Note:** Insulin should not be given more frequently than two to three hourly.

NAME \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
DATE PLAN CREATED \_\_\_\_\_



## GLUCOSE LEVEL CHECKING

Target range for glucose levels:  to 8.0 mmol/L

- Glucose levels outside of this target range are not unusual.

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

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

**Other times to check include** (tick all those that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Anytime, anywhere                     | <input type="checkbox"/> Before snack                                      | <input type="checkbox"/> Before lunch        |
| <input type="checkbox"/> Before activity                       | <input type="checkbox"/> Before exams/tests                                | <input type="checkbox"/> When feeling unwell |
| <input type="checkbox"/> Anytime hypo suspected                | <input type="checkbox"/> Beginning of after-child care centre care session |  |
| <input type="checkbox"/> Other routine times – please specify: |  |  |

## SENSOR GLUCOSE

The child is wearing  Yes  No (if “no”, turn to page 5)

**Continuous Glucose Monitor (CGM)**

- Dexcom G6®
- Guardian™ Connect
- Guardian™ Link 3

**Flash Glucose Monitor (FGM)**

- Freestyle Libre 2

- CGM and FGM consist of a small sensor that sits under the skin and measures glucose levels in the fluid surrounding the cells (interstitial fluid).
- These devices are not compulsory management tools.
- With CGM, a transmitter sends data to either a receiver, phone app, smart watch or insulin pump.
- With Freestyle Libre the device will only show a glucose reading when the sensor disc is scanned by a reader or phone app.
- A sensor glucose reading can differ from a finger prick blood glucose level reading during times of rapidly changing glucose levels e.g. eating, after insulin administration, during exercise.

### ALARMS

- Alarms may be ‘on’ or ‘off’.
- Urgent low alarms cannot be turned off.
- It is suggested that high alarms are turned off whilst the child is present at the child care centre

**ACTION FOR ALARMS: Check glucose level and follow front page for treatment.**

## USE AT CHILD CARE CENTRE

- Staff are not expected to do more than the current routine diabetes care as per the child's Diabetes Management plan.
- Staff do not need to put CGM apps on their computer, smart phone or carry receivers.
- Parents/carers are the primary contact for any questions regarding CGM/FGM use.
- Some CGM devices can be monitored remotely by family members. They should only contact the child care centre if they foresee that a prompt response is required.
- If the sensor/transmitter falls out, staff are required to keep it in a safe place to give to parents/carers. In this scenario, use finger prick blood glucose levels.
- The sensor can remain on the child during water activities.

## FINGER PRICK GLUCOSE

- **The child should always wash and dry their hands before doing a finger prick check.**
- **The staff responsible for this have been pre-determined.**

Responsible staff will need to:

- Perform a finger prick check (as per Diabetes Management Plan).
- Receive training from parent/carer on how to perform a finger prick check.

**Dexcom G6**

A finger prick is needed when:

- TAG (trend, arrow, glucose) unavailable
- Symptoms don't match the sensor reading
- Sensor has fallen off

**All other CGM/FGM sensors**

A finger prick is needed when:

- Symptoms don't match the sensor reading
- Sensor has fallen off

- If the meter reads '**LO**' this means the glucose level is too low to be measured by the meter – follow the low (Hypo) treatment on the front page.
- If the meter reads '**HI**' this means the glucose level is too high to be measured by the meter – follow high (Hyper) treatment on the front page.

# LOW GLUCOSE LEVELS (Hypoglycaemia / Hypo)

- Follow the front page
- A mild low / hypo can be treated by using supplies from the child’s HYPO KIT.

**The hypo kit must be kept with the child at all times.**

## HYPO KIT

FAST ACTING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN

SUSTAINING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN

- If the child requires more than 2 consecutive fast acting carbohydrate treatments, as per their front page, call the child’s parent/carer. Continue hypo treatment if needed while awaiting further advice.
- **DO NOT** give an insulin bolus for this treatment.
- All hypo treatment foods should be provided by the parent/carer.
- Ideally, packaging should be in serve size bags or containers and labelled as **fast acting carbohydrate** food and **sustaining carbohydrate** food.

**Mild hypoglycaemia is not unusual.**

If the child is having more than 3 episodes of low glucose levels at the child care centre in a week, make sure that the parent/carer is aware.

## SEVERE LOW/HYPO MANAGEMENT

**Severe hypoglycaemia is not common.**

Follow the front page for any episode of severe hypoglycaemia.

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

If the child care centre is located more than **30 minutes** from a reliable ambulance service, then staff should discuss Glucagon injection training with the child’s Diabetes Treating Team.

NAME \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_  
 DATE PLAN CREATED \_\_\_\_\_



## HIGH GLUCOSE LEVELS (Hyperglycaemia / Hyper)

- Although not ideal, glucose levels may be above the target range.
- Glucose levels may be above target if food has been consumed within the last two hours.
- **If glucose levels are 15.0 mmol/L or above**, follow the front page.
- If insulin has been given allow two hours for glucose levels to return to target.
- If the child is experiencing frequent episodes of high glucose levels at the child care centre, make sure the contact parent/carer is aware.

## KETONES

- Ketones occur most commonly when there is not enough insulin in the body.
- Ketones are produced when the body breaks down fat for energy.
- Ketones can be dangerous in high levels.

### Check ketone level if:

- The child is unwell **or**
- Glucose levels remain at 15.0 mmol/L or above for two or more consecutive glucose checks.

**ACTION:** If ketones are **0.6 mmol/L or above** follow action for ketones on the front page.

## EATING AND DRINKING

- Younger children will require supervision to ensure all food is eaten.
- The child should not exchange food/meals with another child.
- Seek parent/carer advice regarding appropriate foods for parties/celebrations that are occurring at child care centre.
- Always allow access to drinking water and toilet (high glucose levels can cause increased thirst and extra toilet visits).

**Does the child have coeliac disease?**  Yes\*  No

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

## PLAYTIME ACTIVITY

**A blood glucose meter and hypo treatment should always be available.**

- Check glucose level before playtime.
- The parent may suggest an extra serve of carbohydrate food before every 30 minutes of planned playtime activity as provided by the family (refer to "Playtime Activity" comments on page 2).
- Playtime activity **may alter** glucose levels depending on type, duration and intensity.
- Playtime activity should not be undertaken **if glucose levels are less than**  **mmol/L** (refer to "Playtime Activity" comments on page 2).
- Vigorous activity should **not** be undertaken **if the child is unwell or ketones are 0.6 mmol/L or above.**

## EXCURSIONS / INCURSIONS

**It is important to plan for extracurricular activities and discuss these in advance with parents/carers.**

Consider the following:

- Ensure blood glucose/ketone meter, finger prick device, blood glucose and ketone test strips, insulin pen and needles, hypo and activity food are readily accessible.
- Plan for meal and snack breaks.
- Always have hypo treatment available.

## EXTRA SUPPLIES

**Provided for diabetes care at the child care centre by parent/carer**

- |  |   |
|--|---|
| <input type="checkbox"/> Insulin pen and pen needles | <input type="checkbox"/> Finger prick device  |
| <input type="checkbox"/> Blood glucose meter         | <input type="checkbox"/> Blood glucose strips |
| <input type="checkbox"/> Blood ketone meter          | <input type="checkbox"/> Sharps container     |
| <input type="checkbox"/> Blood ketone strips         |   |
| <input type="checkbox"/> Hypo food                   |   |

## ADDITIONAL AGREED ACTIONS

Parent/Carer Signature:

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NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DATE PLAN CREATED \_\_\_\_\_



# AGREEMENTS

## PARENT/CARER

- I have read, understood and agree with this plan.
- I give consent to the child care centre to communicate with the Diabetes Treating Team about my child's diabetes management at the child care centre.
- I acknowledge that child care centre staff who administer insulin and / or glucagon do so:
  - 1) after receiving training from parent/carer.
  - 2) to the best of their ability.

NAME

\_\_\_\_\_  
FIRST NAME (PLEASE NOTE)

\_\_\_\_\_  
FAMILY NAME (PLEASE NOTE)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## CHILD CARE CENTRE REPRESENTATIVE

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

NAME

\_\_\_\_\_  
FIRST NAME (PLEASE NOTE)

\_\_\_\_\_  
FAMILY NAME (PLEASE NOTE)

ROLE

Childcare Centre Manager

Supervisor

Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## DIABETES TREATING TEAM

NAME

\_\_\_\_\_  
FIRST NAME (PLEASE NOTE)

\_\_\_\_\_  
FAMILY NAME (PLEASE NOTE)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

REVIEW DATE:

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DATE PLAN CREATED \_\_\_\_\_

