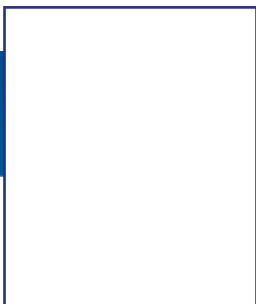


Diabetes Management Plan – Insulin Pump

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

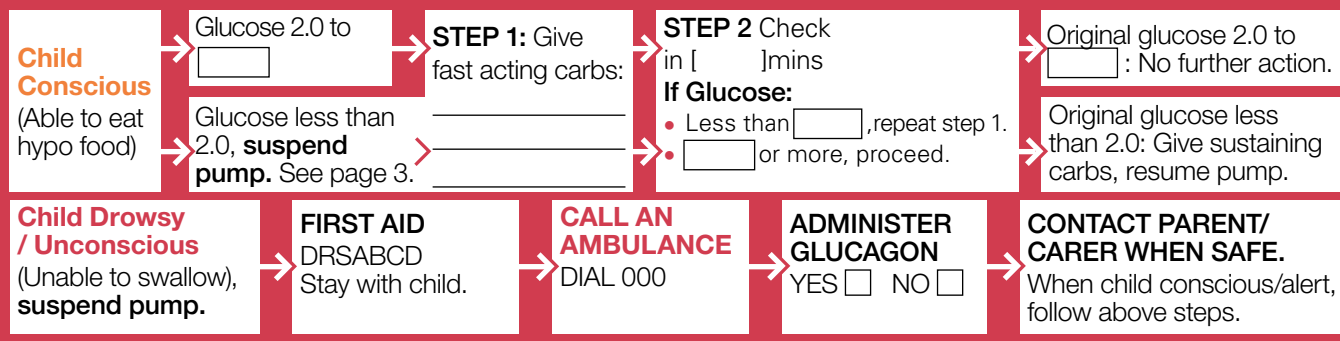
Time	Meal	Glucose Check	Insulin	Action	Responsible Person

Type of insulin pump: _____ Type of sensor/monitor: _____

LOW (HYPO) to be confirmed by:

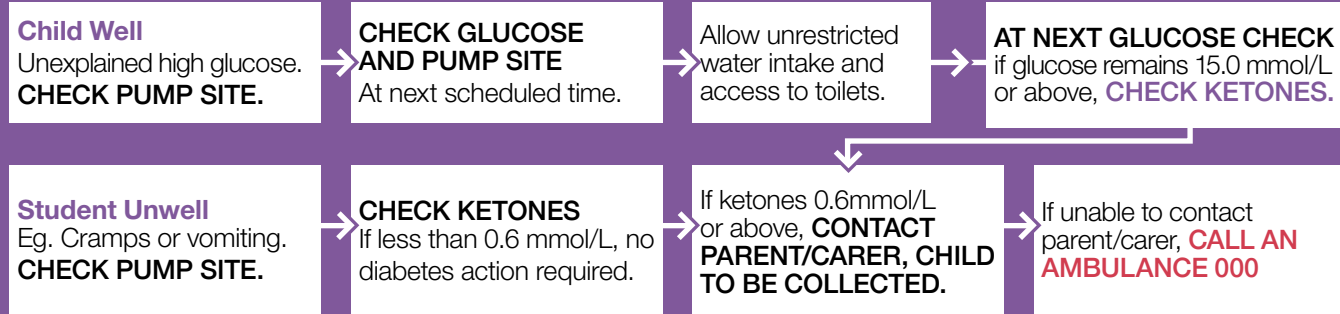
LOW (HYPO) // Glucose less than _____ mmol/L // DO NOT DELAY TREATMENT // TREAT ON THE SPOT

Symptoms: Feeling sick Pale Headache Shaky Sweaty Drowsy Other:



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

Symptoms: Feeling sick Thirsty Increased urine production Headache Irritable Lethargic



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 PUMP

The child wears an insulin pump that continually delivers insulin.

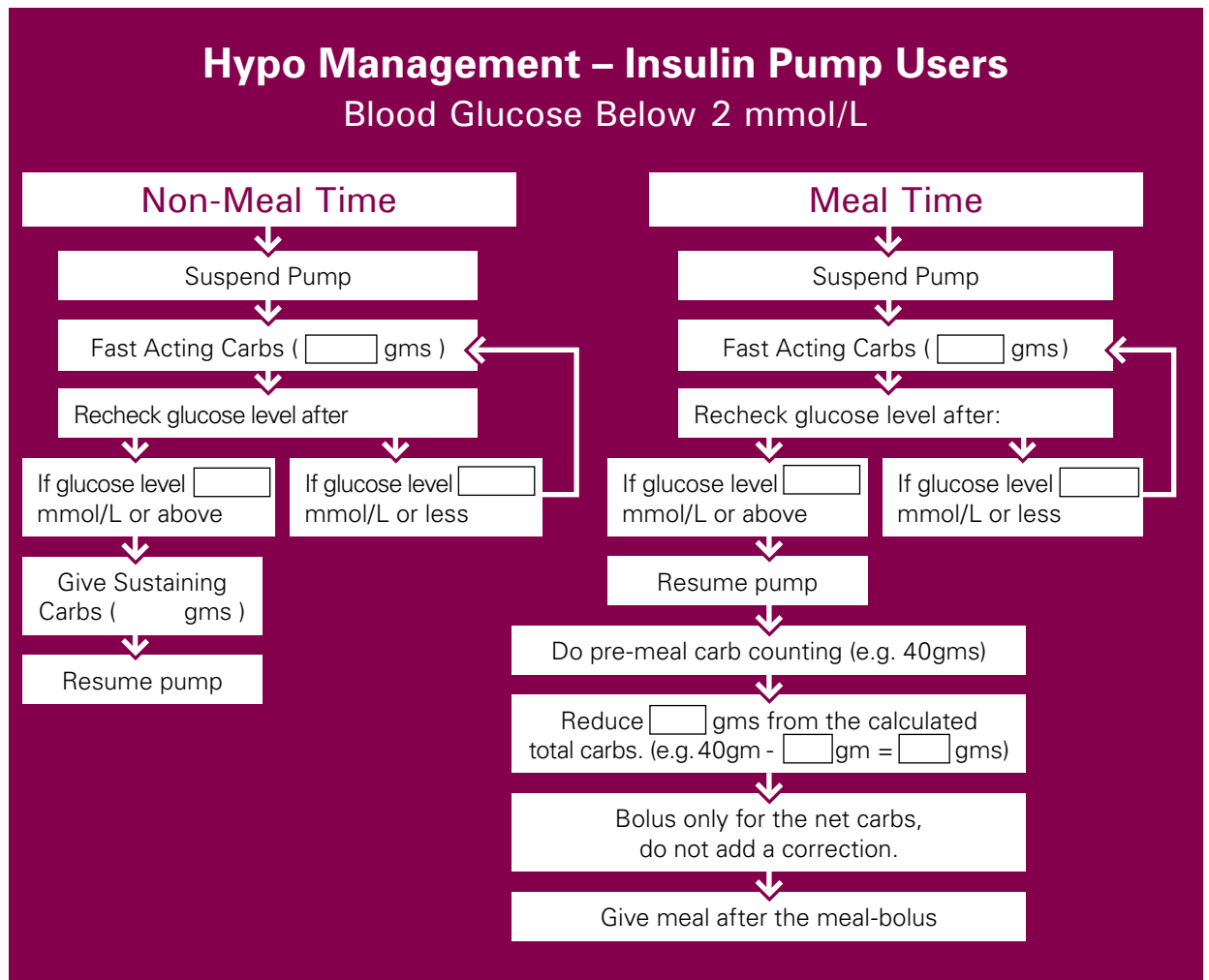
Insulin pump model: _____

- Basal IQ
 Control IQ
 Auto Mode
 Smart Guard

The staff responsible for operating the pump has been pre-determined.

Responsible staff are able to:

- | | | | |
|---|------------------------------|------------------------------|--|
| Independently count carbohydrate foods | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Parent/carer will label all food) |
| Enter glucose levels and carbohydrate grams into pump | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Contact parent/carer) |
| Do a 'Correction Bolus' | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Contact parent/carer) |
| Disconnect and reconnect pump if needed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Contact parent/carer) |
| Restart pump manually | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Contact parent/carer) |
| Prepare and insert a new infusion set if needed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Contact parent/carer) |
| Give an insulin injection if needed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Contact parent/carer) |
| Troubleshoot pump alarms and malfunctions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Contact parent/carer) |



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 levels 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.

LOW GLUCOSE SUSPEND

Certain insulin pumps may be programmed to **STOP** insulin delivery when the CGM glucose level is low or predicted to go low.

The child has low glucose suspend activated: Yes No

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.

NAME _____
 DATE OF BIRTH _____
 DATE PLAN CREATED _____



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 action plan).
- Receive training 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
- Follow Hypo Management Appendix (page 3) **if original glucose level less than 2.0 mmol/L.**
- 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.
- For unexplained high glucose, pump site should be checked for leakage, dislodged needle/cannula or redness/swelling. If any of these occur, the infusion set must be changed immediately.

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

EATING AND DRINKING

- The child will need to have an insulin bolus from the insulin pump before carbohydrate foods are eaten.
- The insulin dose will be determined by the pump based on the grams of carbohydrate food they will be eating and the current glucose level.
- For younger children, all carbohydrate food should be clearly labelled by the parent/carer with carbohydrate amount in grams. It is not the responsibility of child care staff to count carbohydrates.
- 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 glucose meter and hypo treatment should always be available.

- Check glucose level before playtime activity.
- The parent/carer 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, 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"/> Finger prick device | <input type="checkbox"/> Blood glucose meter | <input type="checkbox"/> Blood glucose strips |
| <input type="checkbox"/> Blood ketone strips | <input type="checkbox"/> Sharps container | <input type="checkbox"/> Hypo food |
| <input type="checkbox"/> Batteries / charger (for insulin pump and mobile phone) | <input type="checkbox"/> Parent/carer use | <input type="checkbox"/> Blood Ketone meter |
| <input type="checkbox"/> Infusion sets and lines | <input type="checkbox"/> Parent/carer use | |
| <input type="checkbox"/> Reservoirs | <input type="checkbox"/> Parent/carer use | |
| <input type="checkbox"/> Cartridges | <input type="checkbox"/> Parent/carer use | |
| <input type="checkbox"/> Inserter (if applicable) | <input type="checkbox"/> Parent/carer use | |
| <input type="checkbox"/> Insulin pen and pen needles | <input type="checkbox"/> Parent/carer use | |

GLOSSARY OF TERMS

COMMON APPLICATIONS FOR SPECIAL CONSIDERATION

An insulin pump is also known as continuous subcutaneous insulin infusion (CSII). It is a small battery operated, computerised device for delivering insulin.

Cannula

A tiny plastic or steel tube inserted under the skin to deliver insulin. Held in place by an adhesive pad.

Line or Tubing

The plastic tubing connecting the pump reservoir/cartridge to the cannula.

Reservoir/Cartridge

Container which holds the insulin within the pump.

Basal

Background insulin delivered continuously.

Bolus

Insulin for food delivered following entry of glucose levels and carbohydrate food amount to be eaten.

Correction bolus

Extra insulin dose given to correct above target glucose levels and/or to clear ketones.

Line failure

Disruption of insulin delivery due to line kinking or blockage.

ADDITIONAL AGREED ACTIONS

Parent/Carer Signature:

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 the 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 _____

