

SCHOOL SETTING

Multiple daily injections

Use in conjunction with Action Plan



The Royal Children's
Hospital Melbourne



DIABETES MANAGEMENT PLAN 2018

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Name of student _____ Date of birth _____
First name (please print) Family name (please print)

Name of school _____ Grade/Year _____

This plan should be reviewed and updated at least once per year.

EMERGENCY MANAGEMENT

Please see the Diabetes Action Plan as to the treatment of severe hypoglycaemia (hypo). The student should not be left alone and requires adult supervision until hypoglycaemia has resolved.

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

If the school is located more than 30 minutes from reliable ambulance service, then staff should discuss Glucagon injection training with the student's diabetes Treating Medical Team.

If the student has high blood glucose levels please refer to the Diabetes Action Plan.

INSULIN ADMINISTRATION

The student requires an injection of insulin at lunchtime.

Is supervision required?

Yes No

If yes, the teacher/nominated adult/s needs to:

Remind Observe Assist

Administer injection (Dose as per additional documentation provided)

Name of teacher/nominated adult/s:
.....

Type of injection device:

Pen Syringe

The location in the School where the injection is to be done:
.....

(must be agreed upon by all parties)

Parent/Carer will determine insulin doses and any adjustments that need to be made.

Refer to Department of Education and Training (DET) and/or School policy regarding sharps management and disposal.

BLOOD GLUCOSE CHECKING

Is the student able to do their blood glucose check independently? Yes No

If no, the nominated adult needs to

Do the check Assist Observe Remind

Name of nominated and trained adult/s

.....

.....

.....

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

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

Target range for blood glucose levels (BGLs): **4-8 mmol/L**

BGL results outside of this target range are common

Further action is required if BGL is < 4.0 mmol/L or ≥ 15.0 mmol/L. (Refer to Diabetes Action Plan)

If the meter reads '**LO**' this means the blood glucose level is too low to be recorded – follow hypoglycaemia (Hypo) treatment on Action Plan

If the meter reads '**HI**' this means the blood glucose level is too high to be recorded – follow hyperglycaemia treatment on Action Plan

Times to check BGLs

(tick all those that apply)

- Anytime, anywhere
- Before recess/snack
- Before lunch
- Anytime hypo suspected
- Before Activity:
-
- Before exams/tests
- When feeling unwell
- Beginning of after school care session (OHSC)
- Other routine times – please specify:
-
-

PLEASE NOTE

Blood glucose checking should not be restricted to the sick bay.

Checking should be available where the student is, whenever needed.

INTERSTITIAL GLUCOSE MONITORING

Some students may be using a sensor to measure interstitial glucose.

This is **not** a substitute for finger prick **blood glucose** checking when confirming a suspected low or high BGL.

Hypo treatment is based on a **blood glucose** finger prick result.

- Refer to Continuous Glucose Monitoring (CGM) appendix
- Refer to Flash Glucose Monitoring appendix

HYPOGLYCAEMIA (HYPO) TREATMENTS TO BE USED

- All hypo treatments should be provided by Parent/Carer
- Ideally, packaging should be in serve size bags or containers and labelled as fast acting carbohydrate food and sustaining carbohydrate food
- Please use one of the options listed below.

| Fast acting carbohydrate | Amount | Sustaining carbohydrate | Amount |
|--------------------------|--------|-------------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

- If needing to repeat the treatment more than twice, phone the Parent/Carer or the student's Treating Medical Team for further advice. These phone numbers will be found on the student's Diabetes Action Plan

EATING AND DRINKING

- Younger students will require supervision to ensure all food is eaten
- The student should not exchange food/meals with another student
- Seek Parent/Carer advice regarding appropriate foods for parties/celebrations that are occurring at the school
- Allow access to drinking water and toilet at all times (high blood glucose levels can cause increased thirst and urination)

Does the student have coeliac disease?:

- No
- Yes (Seek Parent/Carer advice regarding appropriate foods and hypo treatments)

PHYSICAL ACTIVITY

- Physical activity **may lower** blood glucose levels. The drop in blood glucose may be immediate or delayed.
- The student will require an extra serve of carbohydrate food before every 30 minutes of planned physical activity or swimming

| Carbohydrate to be used | Amount to be given |
|-------------------------|--------------------|
| | |
| | |
| | |
| | |

- **Check blood ketones if BGL \geq 15.0 mmol/L and vigorous activity planned**
- Vigorous activity should **not** be undertaken if BGL \geq 15.0 mmol/L **and** blood ketones \geq 1.0 mmol/L
- A blood glucose meter and hypo treatment should always be available. If a hypo does occur (BGL $<$ 4.0 mmol/L) treat as per Action Plan.
- Activity should not be undertaken if BGL is $<$ 4.0 mmol/L (refer to Action Plan for hypo treatment)

EXCURSIONS

It is important to plan ahead for extracurricular activities and consider the following:

- Diabetes care is carried out as usual during excursions
- Staff/parents/carers to discuss well in advance
- Ensure blood glucose meter, blood glucose strips, blood ketone strips, hypo treatment, activity food are readily accessible during the excursion day
- Permission will be required to eat on the bus – inform bus company in advance
- Additional supervision will be required for swimming and other sporting activities (especially for younger students) either by a 'buddy' teacher or Parent/Carer.

CAMPS

It is important to plan ahead for school camps and consider the following:

- Parents/carers need to be informed of any school camps at the beginning of the year.
- A separate and specific Diabetes Camp Management Plan is required
- The student's Treating Medical Team will prepare the Camp Management Plan and require at least 4 weeks notice to do so.
- Parents/carers will need to be provided with a copy of the camp menu and activity schedule for preparation of this plan.
- At least 2 nominated adults attending the camp should have a general understanding of type 1 diabetes and the support that the student requires to manage their condition for the duration of the camp.
- School staff will need to discuss any training needs at least 4 weeks before the camp with the student's parents/carers or Treating Medical Team.
- If the camp location is more than 30 minutes from a reliable ambulance service, school staff attending the camp should discuss the need for Glucagon injection training at least 4 weeks before the camp with the student's Treating Medical Team.
- If the student requires school staff to either administer or supervise insulin injections when on the camp, school staff attending the camp should discuss the need for training at least 4 weeks before the camp with the student's Treating Medical Team

EXAMS

- BGL should be checked before an exam
- BGL should be > 4.0 mmol/L
- Blood glucose meter, monitoring strips and hypo treatments should be available in the exam setting
- Continuous Glucose Monitoring (CGM) or Flash Glucose Monitoring devices should be available in the exam setting if being used
- Considerations for extra time, if a hypo occurs or for toilet privileges, should be discussed in advance
- Applications for special consideration for VCE exams should be submitted at the beginning of year 11 and 12 – check VCAA requirements

EXTRA SUPPLIES PROVIDED FOR DIABETES CARE AT THE SCHOOL

- Insulin and syringes/pens/pen needles
- Finger prick device
- Blood glucose meter
- Blood glucose strips
- Blood ketone strips
- Urine ketone strips.
(If urine ketone test is moderate to large, contact parents/carers promptly)
- Hypo food
- Sport/activity food

AGREEMENTS

I have read, understood and agree with this plan. I give consent to the school to communicate with the Treating Medical Team about my child’s diabetes management at the school.

Parent/Carer

| | | |
|---------------------------|----------------------------|------|
| Name | Signature | Date |
| | | |
| First name (please print) | Family name (please print) | |

Treating Medical Team

| | | |
|---------------------------|----------------------------|------|
| Name | Signature | Date |
| | | |
| First name (please print) | Family name (please print) | |

School Representative

| | |
|---------------------------|--|
| Name | |
| | |
| First name (please print) | Family name (please print) |
| Role | <input type="checkbox"/> Principal <input type="checkbox"/> Vice Principal |
| | <input type="checkbox"/> Other (please specify) |
| Signature | Date |
| | |