Early Learning

Dealing with Medical Conditions Policy

Diabetes Type 1 - Appendix 23.3

This policy should be read in conjunction with the Dealing with Medical Conditions Policy

Current Environmental Context

At Uniting, we embrace the United Nations Convention on the Rights of the Child and the National Principles for Child Safe Organisations adopted by the Council of Australian Governments in 2019 (available at https://childsafe.humanrights.gov.au/).Child Safety Commitment Statement:
Victoria's Child Safe Standards are a set of mandatory requirements to protect children and young people from harm and abuse.

The Child Safe Standards (the Standards) commenced in Victoria in January 2016. After six years, we have seen how the Standards improve safety for children and young people.

Changes have been made to make our Standards even stronger. The new Child Safe Standards came into force on 1 July 2022 and organisations now need to comply with these new Standards.

The Standards exist because all children have the right to feel safe and be safe, but safety does not just happen. The Standards exist to prevent harm and abuse from happening in organisations.

Child safety and wellbeing is embedded in organisational leadership, governance and culture

Uniting commits to being a child safe organisation which includes ensuring that what is in the best interests of the child is reflected in our planning and decisions. Children's voices will be listened to, their experience will be considered. This commitment will influence our decision-making and guide our practice.

Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously

Uniting acknowledges children's rights and promotes a culture where children know they have a right to be and feel safe and know what to do if they don't. We know this means providing information to children and young people and their families in a way that is easily understood and accessible, taking into account their age, life circumstance, culture and the context of our contact with them.

Equity is upheld and diverse needs respected in policy and practice

Children's wellbeing is paramount, and children will be actively involved in decision-making to provide an environment that encourages them to reach their potential.

A safe environment is a place where children feel comfortable and safe to play, talk, or relax. A safe environment is also a place that is safe from neglect, physical, sexual or emotional harm or abuse.

Children's safety and wellbeing are paramount at our service and will be fostered through responsive relationships, engaging experiences and a safe and healthy environment.

Children's right to be heard and have their views taken seriously was established via Article 12 of the United Nations Convention of the Rights of the Child (UNCRC 1989) and is embedded in practice.
Allowing children to have a voice fosters the development and understanding of:
social development, democracy, independence, resilience, and self-esteem and confidence

Principles to inform policy practice:

- Viewing the child as a valued citizen and social actor
- educators ensure a safe and secure context in which interactions and conversations occur and demonstrate a genuine interest in what the child is expressing.
- Planning will include an understanding about why and how the child is being invited to take part, what the purpose is, and how the child might contribute.
- Children have the right for their privacy and confidentiality to be maintained
- Educators will have meaningful conversation with and among children through give-and-take dialogue. Exploring with children what they mean.
- For inclusivity and cultural considerations, it is important to understand the environment children have come from and what they deem as safe and accessible spaces.
- When engaging with Aboriginal and Torres Strait Islander children, educators will seek advice from the local community, elders or family members about the best ways to be culturally safe, relevant and respectful.
- When engaging with children whose first language is not English, educators will engage translators
- Educators will ensure all language is respectful, inclusive of all races, sex, gender, age, sexual identity and religion.

Type 1 diabetes develops when the pancreas stops producing insulin. Insulin is the hormone which transports glucose from the blood stream to the cells around the body where it is used for energy. Without insulin, glucose builds up in the blood stream and can make a person extremely unwell. If someone is diagnosed with type 1 diabetes, they must give insulin and check BGLs for life. Insulin is a lifesaving medication (*Mastering Diabetes in preschools and schools*. 2016).

For each child with pre-existing type 1 diabetes, the early learning service needs to make sure that the enrolled child has a current diabetes action and management plan. This plan is completed and signed by the child's diabetes treating team and parents, will detail the individual health care needs and be reviewed annually or as medical treatment changes. Consultation and a good working relationship will often be needed between families, the early learning service and the child's diabetes team so that the child can be best supported to actively engage and have equal access to the learning and care environment.

Educators will require professional development opportunities to support children with type 1 diabetes to reduce the risk of emergency situations and complications for the child.

Parents will also be asked to notify the service immediately about any changes to the child's individual diabetes action and management plan.

Attachment 23.3a: Responsibilities relating to the Diabetes Type 1 Policy
Attachment 23.3b: Strategies for the management of type 1 diabetes in children at the service
Attachment 23.3c: Diabetes Action Plan example only (EL Action Plan MDI-Multiple daily injection)
Attachment 23.3d: Diabetes Action Plan example only (EL Action Plan Insulin Pump)
Attachment 23.3e: Diabetes Action Plan example only (EL Action Plan TDI-Twice daily injection)

Form 23.3.1: Diabetes Management Plan – MDI-Multiple daily injection Click here
Form 23.3.2 Diabetes Management Plan – TDI-Twice daily injection
Form 23.3.3 Diabetes Management Plan – Insulin Pump www.diabetesvic.org.au
Form 23.3.4 Diabetes Blood Glucose Level (BGL) tracking form

Resources/Sources

Uniting Early Learning acknowledges the contribution of the nurse educators, and staff from consumer engagement and the advocacy team from Diabetes Victoria, in the development of this policy.

- Education and Care Services National Law Act 2010: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Children's Services amendment Act 2019
- Children's Services Regulations 2020
- Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne: click here
- Diabetes Victoria: www.diabetesvic.org.au
- *Mastering Diabetes in preschools and schools* - click here
- Diabetes Victoria, Professional development program for schools and early childhood settings: Click here
- Diabetes Tasmania – click here
- Diabetes Victoria 1300 437 386 (Here to help) – click here
- Diabetes Australia – click here
- *Position Statement: A new language for Diabetes* Available: Click here
- National Diabetes Services Scheme (NDSS) click here
- National Helpline, consumers call 1300 136 588
- Information sheets about diabetes visit National Diabetes Services Scheme website Click here
- Child safe standards 2022

Authorisation

This policy was adopted by Uniting Early Learning: 5th November 2022

Review

This policy is to be reviewed by: 5th November 2023

Attachment 23.3a: Responsibilities relating to the Diabetes Type 1-Policy

Approved Provider

- Ensure that a type 1 policy is developed and implemented at the service
- Ensure the Responsible person, educators, staff, students and volunteers at the service are provided with a copy of the Type 1 *Diabetes Policy*, and the *Dealing with Medical Conditions Policy*, and understand all related procedures and strategies
- Ensure that the programs delivered at the service are inclusive of children diagnosed with type 1 and that children with type 1 diabetes can participate in all activities safely and to their full potential
- Ensure that the Responsible person, staff and volunteers at the service are aware of the strategies to be implemented for the management of diabetes at the service (refer to *Attachment 23.3b*)
- Ensure that staff have access to appropriate training and professional development opportunities and are adequately resourced to work with children with type 1 diabetes and their families. For example, key staff attending formal professional development on type 1 diabetes, talking with and learning about the day-to-day health tasks from the parents along with members of the child's diabetes treating team listed on the action and management plans
- Undertaking specific diabetes training as required (e.g. insulin injection administration or supervision, insulin pump
- Professional development program for early childhood settings. (click here-Victoria), (click here-Tasmania)

Responsible Person

- Ensure that parents of an enrolled child who is diagnosed with type 1 diabetes are provided with a copy of the *Type 1* Diabetes *Policy* and the *Dealing with Medical Conditions Policy*
- Ensure that the *Type 1 Diabetes Policy* is implemented at the service
- Ensure a specific orientation period be organised at the service for parents/carers/guardians, child with type 1 diabetes, prior to the child starting at the service or newly diagnosed with type 1 diabetes returning to the service
- Ensure that prior to commencement, each enrolled child who is diagnosed with type 1 diabetes has a current diabetes action and management plan and communication plan (refer to *Form 23.3.1 & 23.3.3*) prepared specifically for that child by their diabetes treating team
- Ensure that following a diagnosis, a diabetes action and management plan and communication plan (refer to *Form 23.3.1 & 23.3.3*) is prepared specifically for that child by their diabetes treating team and signed off by all parties prior to the child returning to the service
- Ensure all diabetes action and management plans and communication plans are reviewed and updated annually or when changes have been made by the child's diabetes treating team
- Ensure that the educators, staff, students, volunteers and others at the service follow the child's diabetes action and management plan in the event of an incident at the service relating to their diabetes
- Ensure any type 1 diabetes related incident, is recorded and reported as per the procedures of the service.
- Follow appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma
- Compile a list of children with type 1 diabetes and place it in a secure but readily accessible location known to all staff. This should include the current type 1 diabetes action and management plan for each child
- Ensure that a risk minimisation plan is developed for each enrolled child diagnosed with type 1 diabetes in consultation with the child's parents (refer to *Form 23.1*)
- Ensure that a communication plan is developed for staff and parents in accordance with legislation and encourage ongoing communication between parents and staff regarding the management of the child's medical condition (refer to *Attachment 23.3B & Form 23.1)*
- *Ensure all staff have current first aid*

- Organise appropriate training and professional development for educators and staff to enable them to work confidently with children with type 1 Diabetes and their families
- Ensure that all staff, including casual and relief staff, can identify children diagnosed with type 1 diabetes, symptoms of low blood glucose levels, i.e hypoglycemia and the location of medication, blood glucose equipment and type 1 diabetes action and management plans
- Ensure the inclusion of diabetes action and management plan and communication plans and medication required in emergency management plans and off-site excursions and activities
- Communicate with the parent/guardians about any special events or excursions within a reasonable timeframe
    - At least 2 weeks' notice – service parties, special celebrations that may involve food or extra physical activity
    - At least 4 weeks' notice – external excursion.

Educator

- Read and comply with the Diabetes Type 1 Policy and the Dealing with Medical Conditions Policy
- Follow the strategies developed for the management of type 1 diabetes at the service (refer to 23.3b)
- Follow the child's current type 1 diabetes action and management plan (refer to Form 23.3.1-23.3.3 to) in the event of an incident at the service relating to their diabetes
- Follow the risk minimisation plan for each enrolled child diagnosed with type 1 diabetes (refer to Form 23.3.4)
- Ensure that programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed with type 1 diabetes
- Follow appropriate reporting procedures set out in the Incident, Injury, Trauma and Illness Policy in the event that a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma
- Communicate daily with parents regarding the management of their child's type 1 diabetes.
- Ensure any type 1 diabetes related incident, is recorded and reported as per the procedures of the service.
- Ensure that programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed with type 1 diabetes
- Work with parents to determine the most appropriate support for their child.

Parent

- Read and comply with the Diabetes Type 1 Policy and the Dealing with Medical Conditions Policy
- Provide the service with a current Diabetes Action and Management plan prepared specifically for their child by their diabetes treating team. This should be updated annually or more often if treatment regimen changes
- Work with the Responsible person to develop a risk minimisation plan and a communication plan for their child (refer to Form 23.1)
- Work with educators and staff to assist them to provide the most appropriate practical and emotional support to help with learning for their child
- Provide the service with any equipment, medication or treatment, as specified in the child's individual type 1 diabetes action and management plan
- Restock diabetes equipment and supplies listed on the child's Diabetes Management Plan as necessary/requested
- Communicate with the service educators/staff about their child's diabetes management in a timeframe and format agreed in the Communication Plan
- Make sure that a parent or authorised nominee is contactable by phone at all times or within a reasonable time period (30 minutes) when the child is attending the service
- Work with educators to determine the most appropriate support for their child

Note: *Volunteers and students, while at the service, are responsible for following this policy and its procedures.*

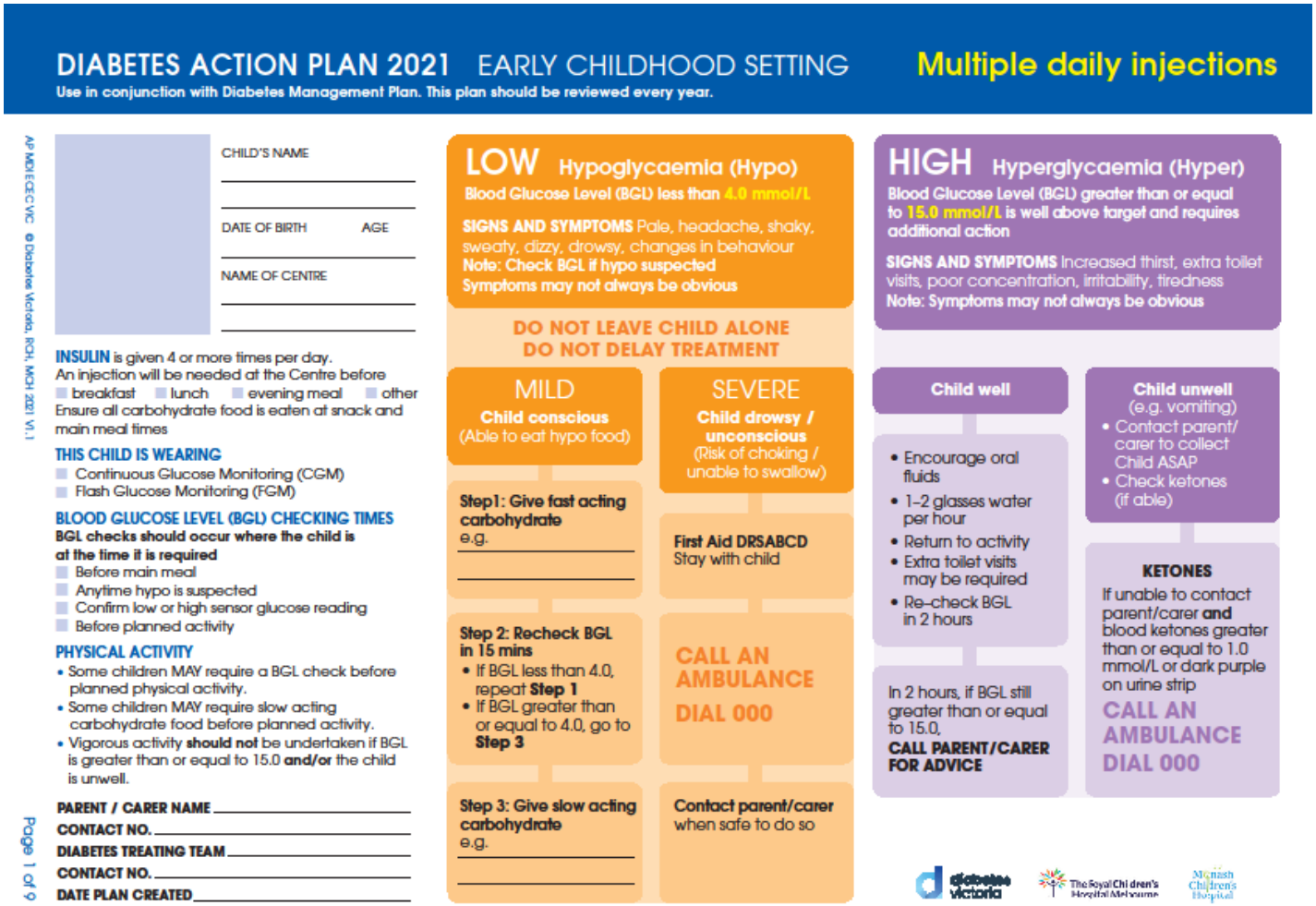
Attachment 23.3b: Strategies for the management of type 1 diabetes in children at the service

Strategy	Action
Monitoring of blood glucose (BG) levels	• Checking of blood glucose (BG) levels is performed using a blood glucose meter, continuous glucose monitoring or a flash glucose monitor (refer to Glossary). The child's diabetes action and management plan should state the times that BG levels should be checked, the method of relaying information to parents/guardians about BG levels and any intervention required if the BG level is found to be below or above certain thresholds. • A communication book can be used to provide information about the child's BG levels between parents/guardians and the service at the end of each session. • Children are likely to need assistance with performing BG checks. • Parents/guardians should be asked to teach service staff about BG checking procedures. • Parents/guardians are responsible for supplying a blood glucose meter or in-date test strips if required for their child while at the service. • The child's Diabetes Action and Management Plan should state the times that BG levels should be checked, the method of relaying information to parents about BG levels and any intervention required if the BG level is found to be below or above certain levels. • Checking of BG occurs at least four times every day to evaluate the insulin dose. Some of these checks may need to be done while the child is at the service – at least once, but often twice. Routine times for checking include before meals, before bed and regularly overnight • Additional checking times will be specified in the child's diabetes action and management plan. These could include such times as, when hypoglycaemia ('hypo') – i.e. a BG level, less than 4 mmol/L - is suspected, or the child appears unwell • Children should wash and dry their hands thoroughly prior to a BG check.
Insulin administration	• All people with type 1 diabetes require regular insulin injections to keep them fit and healthy. • Children with type 1 diabetes will be on one of the following regimens that has been prescribed by their diabetes treating team • Twice daily injections: before breakfast and before dinner • Multiple daily injections: Including before breakfast, before lunch, before dinner and before bed • Insulin pump: Continuous infusion of insulin 24 hours a day/ 7 days a week. • Administration of insulin during service hours may be required; this will be specified in the child's diabetes action and management plan. • If insulin is required to be given either by injection or pump while the child is at the service, please seek specific advice and training from the child's diabetes treatment team, in consultation with the child's parents/carers/guardians.
Managing hypoglycaemia (hypos)	• Mild hypoglycaemia is common in young people with type 1 diabetes. Most young people will need to treat 2-3 episodes of mild hypoglycaemia per week during school hours. • Severe hypoglycaemia (seizure activity, unconsciousness) is not common and will not generally be seen during school hours. • Hypos or suspected hypos should be recognised and treated promptly, according to the instructions provided in the child's Diabetes Action and Management Plan. • Encourage the child to tell an educator or staff member if they feel unwell or experience symptoms of a hypo. Many young people will not recognise hypo symptoms on their own, but if they do then this should be recognised and encouraged. • Make sure that the child is in a safe environment and sat down if hypo is suspected (for example not climbing on play equipment) until the hypo is treated and blood glucose level in target range and child feels well. • A child experiencing hypoglycaemia need have a staff member or educator with them at all times and never be left alone. • Confirm any suspected hypo with a **blood** glucose level prior to treatment if possible. A blood reading is different to interstitial glucose that is used in Continuous Glucose Monitoring or Flash Glucose Monitoring. • Blood glucose levels, any symptoms observed, and treatment given must be recorded on Form 23.3.4 Diabetes BGL tracking form. Register Form

	• A follow up blood glucose level will need to be completed and documented to make sure that the hypo has resolved after treatment. Refer to the Diabetes Action Plan for further instruction. • Notify the parents/carers/guardian if any episode of hypoglycaemia • Parents/carers/guardians are responsible for providing the service with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container. • Hypo treatment should be individually packaged into single treatment portion sizes. Treatment should be clearly labelled as fast acting or follow-up carbohydrate. • Hypo treatment to be used and amount will be documented on the Child's Diabetes Management Plan • This hypo container must be securely stored and readily accessible to all staff at all times • Staff to notify parents / guardians should hypo container require restocking or expiry date reached
Administration of glucagon	• Glucagon is an injectable hormone that can be used to raise blood glucose levels. It is used in the event of severe hypoglycaemia when a person is unconscious, having a seizure on unable to safely swallow. Its use is not common. • Glucagon injections are not included on the Diabetes Action and Management Plans when a reliable ambulance service is available. • Glucagon may be included on the Diabetes Action and Management Plan when the service is located in a rural or remote location or where a reliable ambulance service is more than 30 mins away. • If a child is required to have a glucagon injection available at the service, this will be included in the child's Diabetes Action and Management Plan. • Seek specific advice and training on glucagon administration from the child's diabetes treatment team in consultation with the child's parents /carers/guardians
Hyperglycaemia & managing ketones	• Hyperglycaemia occurs when the blood glucose level is >15mmol/L • Hyperglycaemia is common and usually transient • Blood glucose levels > 15 mmol/L may cause increased thirst and urination. Therefore, the child should have access to drinking water and toilet at all times • Refer to the child's Diabetes Action and Management Plan for further advice and treatment • Ketone checking may be required when the child's blood glucose level is >15.0 mmol/L. Refer to the child's Diabetes Action and management Plan for individualised advice • Exercise does not to be used as a way to lower high blood glucose levels. Exercise may in fact increase BG if there is not enough circulating insulin • Parents/carers/guardians need to supply a meter, that can check blood ketone levels, and ketone monitoring strips to the centre to enable blood ketones to be checked as required • For families experiencing financial hardship an additional blood glucose monitor can be arranged from the child's treating team.
Illness	• During illness or infections, managing diabetes can become more challenging • Unwell children need to be away from the service and be collected by the parent/carers/guardian as quickly as possible • If child unwell i.e., vomiting and dehydrated, staff should check blood glucose and blood ketone level if able to • Refer to the child's Diabetes Action and Management Plan for further advice
Off-site excursions and activities	• With thorough planning, children with type 1 diabetes are able to participate fully in all service activities, including attending excursions. • Parents/carers/guardians need to be notified of any excursion at least 4 weeks prior to the event. This will allow for adequate planning with their diabetes treating team. Families will need a copy of excursion activities, transport method and timing of meals/snacks • The service staff attending the excursion should review the child's Diabetes Action and Management Plan prior to the excursion to ensure that all staff is well aware of their duties and how to carry out diabetes care tasks. • A copy of the Diabetes Action Plan should be carried by staff, on the excursion. • A hypo container for use on the excursion to be supplied by parents/carers/guardians (not advisable to take container from centre) • Ensure all the child's diabetes equipment, hypo container and copy of the child's Diabetes Action Plan, are carried by a staff member at all times (i.e. not stored in baggage compartment in bus etc.)

	• If travelling by bus, inform the driver that the child may need to eat food on the bus to treat hypoglycaemia • Ensure that the parents/guardians contact details for the excursion day are up to date
Infection control	• Infection control procedures must be developed and followed. • Infection control measures include being informed about ways to prevent infection and cross-infection when checking BG levels, hand washing, having one lancet device and meter per child and not sharing devices between individuals; using disposable lancets, if child's lancet device not working or unavailable; and safely disposing of all medical waste – i.e. lancets, syringes or pen needles, in a sharps container. • Ensure a yellow sharps container is available for safe disposal of sharps if required • Ensure that any blood from the child's finger is adequately stopped before resuming play with other children or toys.
Meals	• Most meal requirements will fit into regular service routines. • Children with type 1 diabetes require extra supervision at meal and snack times to ensure that they eat all of their carbohydrate foods. • If meals/snacks are prepared onsite, review menu with the parent/guardian to ensure adequate carbohydrate serves for snacks and meals. • Parent/carers/guardians need to be able to request a copy of the menu to discuss carbohydrate serves and distribution with their treating team dietitian • Parents/carers/guardians need to be notified as soon as possible if a new menu is going to be used • Child are not to exchange meals with another child. • If an activity is running overtime, children with type 1 diabetes cannot have delayed mealtimes. Missed or delayed carbohydrate food is likely to cause hypoglycaemia (hypo). • Clarification will be needed if the child also has coeliac disease. This will be indicated on the child's Diabetes Management Plan. This will require additional menu planning and discussion between the service and either parents/carers/guardian or treating dietitian.
Physical activity	• All children with type 1 diabetes can participate in normal play and physical activity. • Monitoring of BG level is required before physical activity. It may also be required during and after the activity. Refer to the child's Diabetes Management Plan for individualised advice • An extra serve of carbohydrate food will usually be required before any extra physical activity. Refer to the child's Diabetes Action and Management Plan for individualised advice. • Exercise is not recommended for children on insulin injections whose BG levels is >15.0 mmol/L and blood ketone levels > 0.6 mmol/L, as it may cause BG levels to become more elevated. • Refer to the child's Diabetes Action and Management Plan for specific requirements in relation to physical activity.
Participation in special events	• Special events, such as class parties, can include children with type 1 diabetes in consultation with their parents/carers/guardians. • Notify parent/carer/guardian about special events at least 2 weeks prior to the event • Seek parents/carer/guardian's advice regarding appropriate food for parties/celebrations • Children with type 1 diabetes are generally able to eat the same foods as other children, in appropriate portion sizes, in consultation with parents/carers/guardians • The service should provide low sugar or sugar-free drink alternatives when catering for special events – although water is the best choice for all children.
Communicating with parents	• Services should communicate directly and regularly with parents/carers/guardians to ensure that their child's individual Diabetes Action and Management Plan is current. • Services should establish a mutually agreeable home-to-service means of communication to relay health information and any health changes or concerns. • Setting up a communication book is recommended and, where appropriate, make use of emails and/or text messaging.

Attachment 23.3c: Diabetes Action Plan example only - (2021-Multiple daily injection MDI) – click here



DIABETES ACTION PLAN 2021 EARLY CHILDHOOD SETTING

Multiple daily injections

Use in conjunction with Diabetes Management Plan. This plan should be reviewed every year.

AP MDI ECEC VIC © Diabetes Victoria, RCH, MCH 2021 V1.1

CHILD'S NAME

DATE OF BIRTH AGE

NAME OF CENTRE

INSULIN is given 4 or more times per day.
An injection will be needed at the Centre before
☐ breakfast ☐ lunch ☐ evening meal ☐ other
Ensure all carbohydrate food is eaten at snack and main meal times

THIS CHILD IS WEARING
- ☐ Continuous Glucose Monitoring (CGM)
- ☐ Flash Glucose Monitoring (FGM)

BLOOD GLUCOSE LEVEL (BGL) CHECKING TIMES
BGL checks should occur where the child is at the time it is required
- ☐ Before main meal
- ☐ Anytime hypo is suspected
- ☐ Confirm low or high sensor glucose reading
- ☐ Before planned activity

PHYSICAL ACTIVITY
- Some children MAY require a BGL check before planned physical activity.
- Some children MAY require slow acting carbohydrate food before planned activity.
- Vigorous activity **should not** be undertaken if BGL is greater than or equal to 15.0 **and/or** the child is unwell.

PARENT / CARER NAME _____
CONTACT NO. _____
DIABETES TREATING TEAM _____
CONTACT NO. _____
DATE PLAN CREATED _____

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LOW Hypoglycaemia (Hypo)

Blood Glucose Level (BGL) less than 4.0 mmol/L

SIGNS AND SYMPTOMS Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour
Note: Check BGL if hypo suspected
Symptoms may not always be obvious

DO NOT LEAVE CHILD ALONE
DO NOT DELAY TREATMENT

MILD
Child conscious
(Able to eat hypo food)

Step1: Give fast acting carbohydrate
e.g. _____

Step 2: Recheck BGL in 15 mins
- If BGL less than 4.0, repeat **Step 1**
- If BGL greater than or equal to 4.0, go to **Step 3**

Step 3: Give slow acting carbohydrate
e.g. _____

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

First Aid DRSABCD
Stay with child

CALL AN AMBULANCE
DIAL 000

Contact parent/carer when safe to do so

HIGH Hyperglycaemia (Hyper)

Blood Glucose Level (BGL) greater than or equal to 15.0 mmol/L is well above target and requires additional action

SIGNS AND SYMPTOMS Increased thirst, extra toilet visits, poor concentration, irritability, tiredness
Note: Symptoms may not always be obvious

Child well
- Encourage oral fluids
- 1–2 glasses water per hour
- Return to activity
- Extra toilet visits may be required
- Re-check BGL in 2 hours

In 2 hours, if BGL still greater than or equal to 15.0,
CALL PARENT/CARER FOR ADVICE

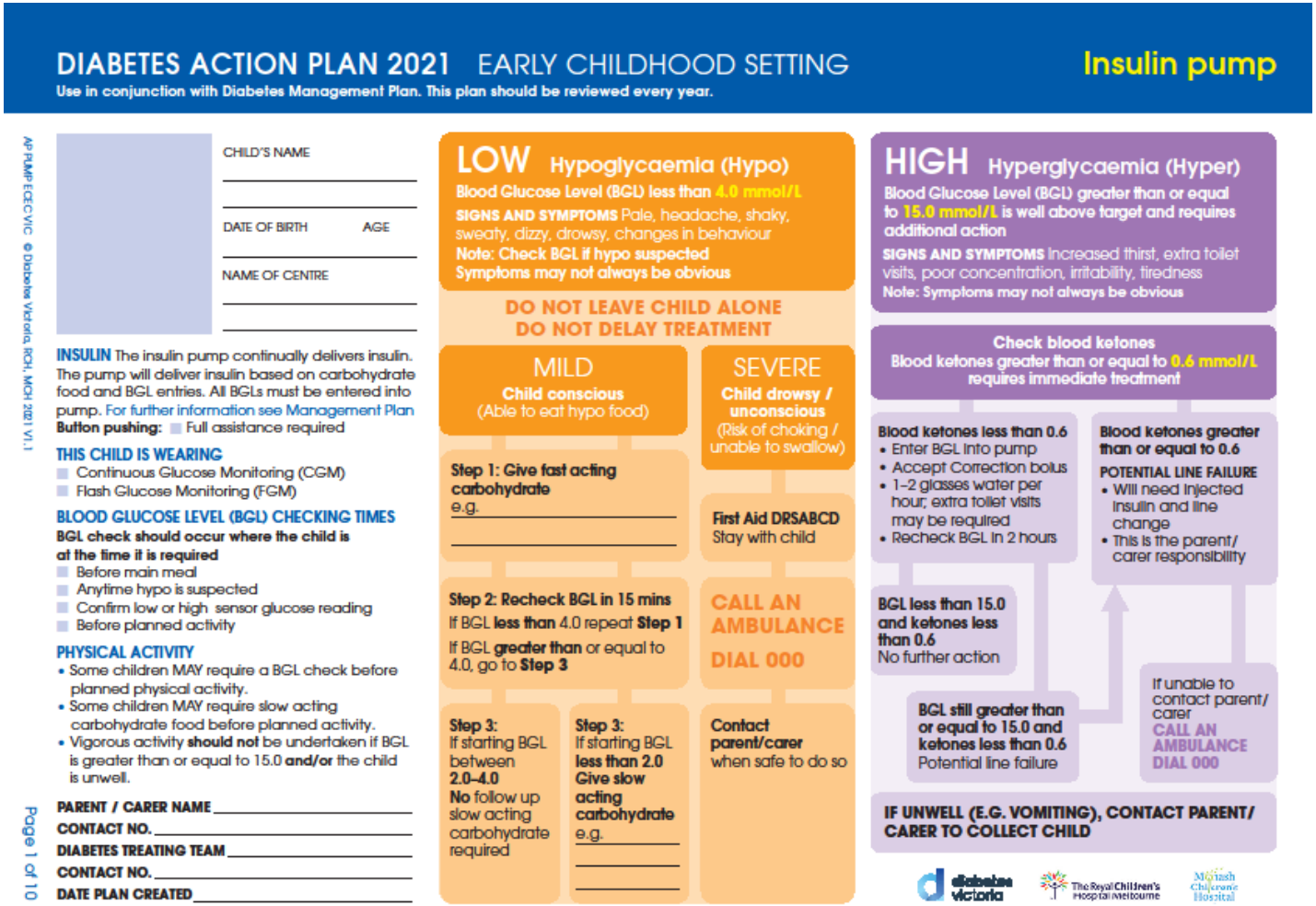
Child unwell
(e.g. vomiting)
- Contact parent/ carer to collect Child ASAP
- Check ketones (if able)

KETONES
If unable to contact parent/carer **and** blood ketones greater than or equal to 1.0 mmol/L or dark purple on urine strip

CALL AN AMBULANCE
DIAL 000

diabetes victoria · The Royal Children's Hospital Melbourne · Monash Children's Hospital

Attachment 23.3d: Diabetes Action Plan example only - (2021 Insulin pump)-click here



DIABETES ACTION PLAN 2021 EARLY CHILDHOOD SETTING

Insulin pump

Use in conjunction with Diabetes Management Plan. This plan should be reviewed every year.

AP PUMP ECEC VIC © Diabetes Victoria, RCH, MCH 2021 V1.1

CHILD'S NAME

DATE OF BIRTH AGE

NAME OF CENTRE

INSULIN The insulin pump continually delivers insulin. The pump will deliver insulin based on carbohydrate food and BGL entries. All BGLs must be entered into pump. For further information see Management Plan
Button pushing: Full assistance required

THIS CHILD IS WEARING
- Continuous Glucose Monitoring (CGM)
- Flash Glucose Monitoring (FGM)

BLOOD GLUCOSE LEVEL (BGL) CHECKING TIMES
BGL check should occur where the child is at the time it is required
- Before main meal
- Anytime hypo is suspected
- Confirm low or high sensor glucose reading
- Before planned activity

PHYSICAL ACTIVITY
- Some children MAY require a BGL check before planned physical activity.
- Some children MAY require slow acting carbohydrate food before planned activity.
- Vigorous activity **should not** be undertaken if BGL is greater than or equal to 15.0 **and/or** the child is unwell.

PARENT / CARER NAME _____
CONTACT NO. _____
DIABETES TREATING TEAM _____
CONTACT NO. _____
DATE PLAN CREATED _____

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LOW Hypoglycaemia (Hypo)

Blood Glucose Level (BGL) less than 4.0 mmol/L
SIGNS AND SYMPTOMS Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour
Note: Check BGL if hypo suspected
Symptoms may not always be obvious

DO NOT LEAVE CHILD ALONE
DO NOT DELAY TREATMENT

MILD
Child conscious
(Able to eat hypo food)

Step 1: Give fast acting carbohydrate
e.g. _____

Step 2: Recheck BGL in 15 mins
If BGL **less than** 4.0 repeat **Step 1**
If BGL **greater than** or equal to 4.0, go to **Step 3**

Step 3:
If starting BGL between **2.0–4.0**
No follow up slow acting carbohydrate required

Step 3:
If starting BGL **less than 2.0**
Give slow acting carbohydrate
e.g. _____

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

First Aid DRSABCD
Stay with child

CALL AN AMBULANCE
DIAL 000

Contact parent/carer
when safe to do so

HIGH Hyperglycaemia (Hyper)

Blood Glucose Level (BGL) greater than or equal to 15.0 mmol/L is well above target and requires additional action
SIGNS AND SYMPTOMS Increased thirst, extra toilet visits, poor concentration, irritability, tiredness
Note: Symptoms may not always be obvious

Check blood ketones
Blood ketones greater than or equal to 0.6 mmol/L requires immediate treatment

Blood ketones less than 0.6
- Enter BGL into pump
- Accept Correction bolus
- 1–2 glasses water per hour; extra toilet visits may be required
- Recheck BGL in 2 hours

BGL less than 15.0 and ketones less than 0.6
No further action

BGL still greater than or equal to 15.0 and ketones less than 0.6
Potential line failure

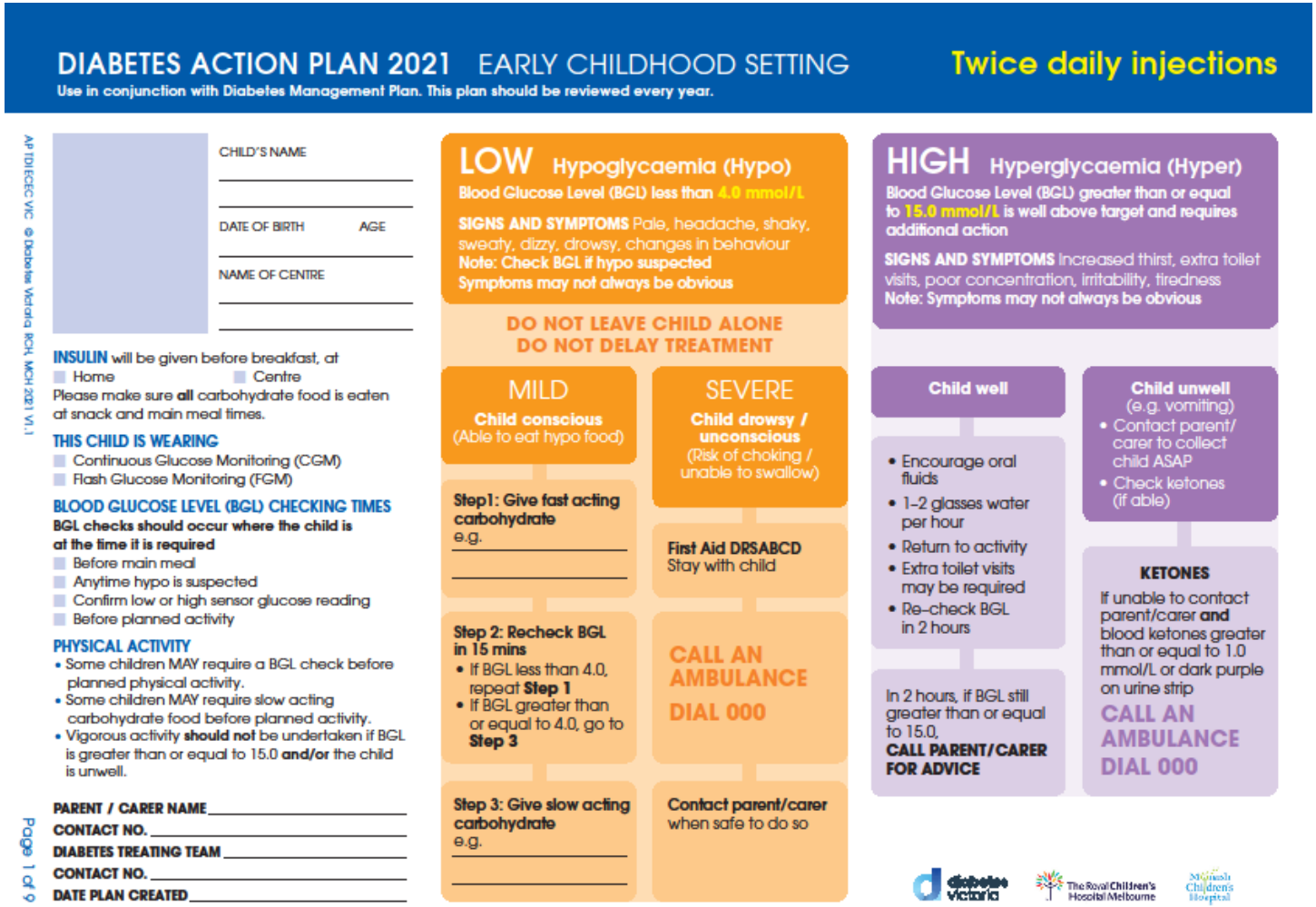
Blood ketones greater than or equal to 0.6
POTENTIAL LINE FAILURE
- Will need injected insulin and line change
- This is the parent/carer responsibility

If unable to contact parent/carer
CALL AN AMBULANCE
DIAL 000

IF UNWELL (E.G. VOMITING), CONTACT PARENT/CARER TO COLLECT CHILD

diabetes victoria · The Royal Children's Hospital Melbourne · Monash Children's Hospital

Attachment 23.3e: Diabetes Action Plan example only – (2021-Twice daily injection TDI) click here



DIABETES ACTION PLAN 2021 EARLY CHILDHOOD SETTING

Twice daily injections

Use in conjunction with Diabetes Management Plan. This plan should be reviewed every year.

AP TDIECEC VIC © Diabetes Victoria RCH, MCH 2021 V1.1

CHILD'S NAME

DATE OF BIRTH AGE

NAME OF CENTRE

INSULIN will be given before breakfast, at
☐ Home ☐ Centre
Please make sure **all** carbohydrate food is eaten at snack and main meal times.

THIS CHILD IS WEARING
☐ Continuous Glucose Monitoring (CGM)
☐ Flash Glucose Monitoring (FGM)

BLOOD GLUCOSE LEVEL (BGL) CHECKING TIMES
BGL checks should occur where the child is at the time it is required
☐ Before main meal
☐ Anytime hypo is suspected
☐ Confirm low or high sensor glucose reading
☐ Before planned activity

PHYSICAL ACTIVITY
- Some children MAY require a BGL check before planned physical activity.
- Some children MAY require slow acting carbohydrate food before planned activity.
- Vigorous activity **should not** be undertaken if BGL is greater than or equal to 15.0 **and/or** the child is unwell.

PARENT / CARER NAME _____
CONTACT NO. _____
DIABETES TREATING TEAM _____
CONTACT NO. _____
DATE PLAN CREATED _____

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LOW Hypoglycaemia (Hypo)

Blood Glucose Level (BGL) less than 4.0 mmol/L

SIGNS AND SYMPTOMS Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour
Note: Check BGL if hypo suspected
Symptoms may not always be obvious

DO NOT LEAVE CHILD ALONE
DO NOT DELAY TREATMENT

MILD
Child conscious
(Able to eat hypo food)

Step1: Give fast acting carbohydrate
e.g. _____

Step 2: Recheck BGL in 15 mins
- If BGL less than 4.0, repeat **Step 1**
- If BGL greater than or equal to 4.0, go to **Step 3**

Step 3: Give slow acting carbohydrate
e.g. _____

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

First Aid DRSABCD
Stay with child

CALL AN AMBULANCE
DIAL 000

Contact parent/carer when safe to do so

HIGH Hyperglycaemia (Hyper)

Blood Glucose Level (BGL) greater than or equal to 15.0 mmol/L is well above target and requires additional action

SIGNS AND SYMPTOMS Increased thirst, extra toilet visits, poor concentration, irritability, tiredness
Note: Symptoms may not always be obvious

Child well
- Encourage oral fluids
- 1–2 glasses water per hour
- Return to activity
- Extra toilet visits may be required
- Re-check BGL in 2 hours

In 2 hours, if BGL still greater than or equal to 15.0,
CALL PARENT/CARER FOR ADVICE

Child unwell
(e.g. vomiting)
- Contact parent/carer to collect child ASAP
- Check ketones (if able)

KETONES
If unable to contact parent/carer **and** blood ketones greater than or equal to 1.0 mmol/L or dark purple on urine strip

CALL AN AMBULANCE
DIAL 000

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