HYPOGLYCAEMIA

LOW

Blood Glucose Level < 4.0mmol/L

DO NOT LEAVE CHILD UNATTENDED DO NOT DELAY TREATMENT

Signs and symptoms

Note: Symptoms may not always be obvious.

Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behavior.

Child conscious

(Able to eat hypo food)

Step 1: Give fast acting carb

(as supplied or listed on management plan)

Step 2: Recheck BGL after 15 mins

If BGL < 4.0 repeat Step 1
If BGL > 4.0 go to Step 3

Step 3: Give sustaining carb

(As supplied or listed on management plan)

Child unconscious/ drowsy

(Risk of choking/unable to swallow)

First Aid DRSABCD

Stay with unconscious child

CALL AN AMBULANCE DIAL 000

Contact parent/ guardian

When safe to do so

PARENT / GUARDIAN NAME ______

EARLY CHILDHOOD EDUCATION AND CARE SETTING

Multiple daily injections

Use in conjunction with management plan

DIABETES ACTION PLAN 2017

, <u> </u>	CHILD'S NAME
Photo of child	
	CENTRE

INSULIN

Insulin is taken 4 or more times per day. An injection will be needed before lunch.

This injection requires assistance.

njection will be given by	:
njection will be given in:	
,	(Room/location)

ROUTINE BGL CHECKING TIMES

- Anytime, anywhere in the centre
- Prior to lunch
- Anytime hypo is suspected
- Prior to planned activity

PHYSICAL ACTIVITY

- 1 serve sustaining carb before every 30 mins of planned activity
- Vigorous activity should **not** be undertaken if BGL >15.0 and blood ketones are >1.0
- Usual play time usually doesn't require additional action, but check with parent/ guardian about this

HYPERGLYCAEMIA

HIGH

Blood Glucose Level >15.0mmol/L

HIGH BGLS ARE NOT UNCOMMON

Signs and Symptoms

Note: Symptoms may not always be obvious. Some could be: increased thirst, increased urine production, poor concentration, irritability, lethargy.

Child well

Re-check BGL in 2 hours

Child unwell

E.g. vomiting Check blood ketones if able

Encourage oral fluids, return to activity

1-2 glasses water per hour; extra toilet visits may be required.

In 2 hours, if BGL still >15.0 call parent/guardian for advice

CONTACT PARENT/ GUARDIAN TO COLLECT CHILD ASAP

DATE _______
HOSPITAL ______
TREATING DNE ______
CONTACT No _____





