

management healthcare plan

management healthcare plan for student with type 1 diabetes

Name:

Address:

Age:

Year:

Contact Details:

1.

2.

Hypoglycaemia – “Hypo” (Low Blood Glucose Level - BGL)

Treatment for hypoglycaemia:

- Easily absorbed carbohydrate e.g. fruit juice.
- Followed by snack or meal e.g. apple/sandwich/glass of milk.
- Repeat treatment if necessary.
- A hypo kit should be close to the child at all times.

Mild – moderate hypo

- Recognise and adequately treat symptoms of hypoglycaemia immediately.
- Treat as hypoglycaemia when BGL is under 4 mmol/l.
- A blood glucose test may show a result less than 4mmol/l in the absence of hypo symptoms.

- The child will need to sit quietly immediately following the hypo and may not be able to resume classwork straightaway.
- Child should not be left alone.
- Child may not be able to concentrate on school work for several hours following the hypo.

Severe hypo

- Recognise when child is unable to swallow and instigate first aid
 - Coma position
 - Keep airway clear
 - Stay with child
 - Call ambulance
 - Call parent

Physical activity

- Be aware that physical activity lowers the BGL.
- Be aware that prior to and possibly during physical activity the child should have a "top up" snack.
- Parents should provide extra hypo kits and snacks for physical activity, excursions, camps, etc.
- If a child is using an insulin pump they may need to detach the actual pump for contact sports and swimming and re-attach following the activity.

Meals:

- Child should eat carbohydrate food regularly every 2-3 hours.
- Child should eat all snacks/meals provided.
- Child should not exchange meals with another child.

High BGL's

- If BGL is above 15mmol/L:
 - encourage child to drink water.
 - allow extra toilet breaks.
 - check BGL in 2 hours. If still elevated, contact parent.
 - if child is vomiting, contact parents. If parents are unavailable, contact ambulance and state 'diabetes emergency'.

Sharps disposal

- Care should be taken to place sharps in an appropriate container either provided by the school or by the student with their diabetes equipment.

Current situation: Blood glucose testing

- It is best for the child to test their BGL in class because:
 - hypos commonly occur during class time.
 - the child will miss classwork if sent to the office.
 - it removes the mystique for the other children and gets them used to the child's diabetes management. This may reduce teasing and bullying.
- Number per day (one to two – discuss with parent. NB not all children require blood glucose testing while at school).
- Time(s): _____
- Place: _____

Insulin injections or insulin pump

- Negotiation between parent/carer and school staff in regards to insulin injections/pumps is essential for good diabetes management at school. Young children (primary school age) require more supervision than adolescents. Schools have a duty of care to provide this supervision.
- The insulin pump is worn at all times, but can be detached when needed e.g. during sport or swimming.
- Method:
 - pen
 - syringe/needle
 - insulin pump
- Time(s): _____
- Place: _____

Infection control

- Teacher and/or teachers aides must wear gloves when performing blood glucose monitoring.

Emergency phone number 000

In NSW, Diabetes Australia
Diabetes Kids and Teens Careline

1300 136 588



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International Diabetes Federation

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