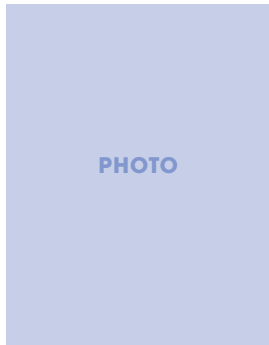


TYPE 1 DIABETES ACTION PLAN 2023 EARLY CHILDHOOD SETTING

Insulin pump

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



PHOTO

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.

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. See Management Plan

PARENT / CARER NAME _____

CONTACT NO. _____

DIABETES TREATING TEAM _____

HOSPITAL UR NO. _____

CONTACT NO. _____

DATE PLAN CREATED _____

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. _____

Step 4: Resume usual activity when BGL 4.0 or higher. No BGL into pump 1 hour post hypo.

SEVERE

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

First Aid DRABCD
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

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

CHILD'S NAME _____

AGE _____

RESPONSIBLE STAFF

Centre staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child. The responsible staff needs to be in the child's room and available when the child attends the early childhood setting.

STAFF MEMBER	GLUCOSE CHECKING	GLUCOSE LEVEL & CARBOHYDRATE AMOUNT ENTRY INTO PUMP

Responsible staff will need to receive training on how to check glucose levels and administer insulin via the insulin pump.

INSULIN PUMP

The child wears an insulin pump that continually delivers insulin.

Insulin pump model: _____

Carbohydrate food must always be eaten after mealtime insulin.

RESPONSIBLE STAFF INSULIN PUMP SKILLS

- Enter blood glucose levels (BGL) into pump
- Enter grams of carbohydrate food into pump
- Understand how to do a 'Correction Bolus'
- Restart the pump manually
- Disconnect and reconnect the pump if needed, for example swimming

Information on how to do this will be provided by the parent/carer or Diabetes Treating Team.

The parent/carer will need to be contacted to troubleshoot any pump alarms or malfunctions as needed.

If the cannula comes out, a new pump cannula will need to be inserted by the parent/carer.

Centre director/manager will need to ensure that the parent/carer has completed the relevant documentation, authorising responsible staff to administer insulin via the pump to the child.

BLOOD GLUCOSE LEVEL (BGL) CHECKING

Target range for blood glucose levels (BGL) pre-meals: 4.0 - 7.0 mmol/L

- BGL results outside of this target range are common.
- BGL check should occur where the child is at the time it is required.
- The child should always wash and dry their hands before doing the BGL check.

Blood glucose levels will vary day-to-day.

TIMES TO CHECK BGLS (tick all those that apply)

- Anytime hypo suspected
- Before breakfast
- Before snack
- Before lunch
- Before evening meal
- Before activity
- When feeling unwell
- Other times – please specify _____

The child is wearing a Continuous Glucose Monitoring / Flash Glucose Monitoring device.

A BGL check is required (tick all those that apply)

- Anytime hypo suspected
- Before breakfast
- Before snack
- Before lunch
- Before evening meal
- Before activity
- When feeling unwell
- Other times – please specify _____

- Further action is required if BGL is **less than 4.0 mmol/L** or **greater than or equal to 15.0 mmol/L**. Refer to Diabetes Action Plan.
- If the monitor reads '**LO**' this means the BGL is too low to be measured by the monitor — follow hypoglycaemia (Hypo) treatment on Diabetes Action Plan.
- If the monitor reads '**HI**' this means the BGL is too high to be measured by the monitor — follow hyperglycaemia (Hyper) treatment on Diabetes Action Plan.

SENSOR GLUCOSE (SG) MONITORING

The child is wearing

Continuous Glucose Monitor (CGM)

Model: _____

Flash Glucose Monitor (FGM)

Model: _____

- CGM and FGM consist of a small sensor that sits under the skin and measures glucose levels in the fluid surrounding the cells.
- With CGM, a transmitter sends data to either a receiver, phone app or insulin pump.
- With FGM, the device will only give a glucose reading when the sensor disc is scanned with a reader or phone app.
- A sensor glucose (SG) reading can differ from a finger prick blood glucose (BG) reading during times of rapidly changing glucose levels e.g. eating, after insulin administration, during exercise.
- An SG reading less than _____ mmol/L must be confirmed by a finger prick blood glucose check.
Hypo treatment is based on a finger prick blood glucose result.
- If SG reading is above _____ mmol/L, it must be confirmed by a finger prick blood glucose check.

ALARMS

- Alarms will be ON OFF
- If "on" the device will alarm if sensor glucose is low or high.

ACTION: Check finger prick blood glucose level (BGL) and follow Diabetes Action Plan for treatment.

USE AT THE CENTRE

- Staff are not expected to do more than the current routine diabetes care as per the child's Diabetes Action and Management plans.
- Staff do not need to put CGM or FGM apps on their computer, smart phone or carry receivers .
- Parents/carers are the primary contact for any questions regarding CGM/FGM use.
- CGM/FGM devices can be monitored remotely by family members. They should only contact the Centre if there is an emergency.
- **If the sensor/transmitter falls out, staff to do finger prick blood glucose checks.**
- The sensor can remain on the child during water activities.

LOW BLOOD GLUCOSE LEVELS (Hypoglycaemia / Hypo)

Follow the child's Diabetes Action Plan if BGL less than 4.0 mmol/L.

Mild hypoglycaemia is common.

Mild hypoglycaemia is treated using the child's own hypo supplies.

HYPO SUPPLIES LOCATED: _____

HYPO TREATMENT

FAST ACTING CARBOHYDRATE FOOD	AMOUNT

SLOW ACTING CARBOHYDRATE FOOD only required if starting BGL less than 2.0 mmol/L	AMOUNT

- **If the child requires more than 2 consecutive fast acting carbohydrate treatments, as per their Diabetes Action Plan, 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 **slow acting carbohydrate** food.

If the child is having more than **3 episodes of hypoglycaemia per week** at the Centre, notify their parent /carer.

SEVERE HYPOGLYCAEMIA (HYPO) MANAGEMENT

Severe hypoglycaemia is not common.

Follow the child's Diabetes Action Plan 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 the 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.

HIGH BLOOD GLUCOSE LEVELS (Hyperglycaemia / Hyper)

- Although not ideal, BGLs above target range are common.
- If **BGL is 15.0 mmol/L or more**, follow the child's Diabetes Action Plan.
- If the child is experiencing **more than 3 episodes** of high glucose levels per week at the Centre, notify their parent/carer.

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 blood ketone level if:

- Child is unwell or
- BGL is above 15.0 mmol/L

If ketones are **more than 0.6 mmol/L**, follow action for ketones on the child's Diabetes Action Plan.

EATING AND DRINKING

The child will need to have insulin from the insulin pump **before** carbohydrate foods are eaten.

Meals and snacks are provided:

- **By the Centre** Centre to provide a copy of the menu to the parent/carer to determine carbohydrate amounts at meals/snacks.
 - **By the parent/carer** All carbohydrate food should be clearly labelled by the parent/carer with carbohydrate amount in grams.
- 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.
 - The child will require supervision to ensure all food is eaten.
 - No food sharing.
 - Seek parent/carer advice regarding foods for parties/celebrations.
 - Always allow access to water.

Does the child have coeliac disease? No Yes*

*Seek parent/carer advice regarding appropriate food and hypo treatments.

NAME _____

HOSPITAL UR NO. _____

DATE PLAN CREATED _____

EXTRA PHYSICAL ACTIVITY AND SWIMMING

A blood glucose monitor and hypo treatment should always be available.

- Physical activity may cause glucose levels to go high or low.
- Some children may require a finger prick blood glucose level check before physical activity.
- Some children MAY require a slow acting carbohydrate before planned physical activity.

ADDITIONAL INFORMATION: _____

■ ACTIVITY FOOD REQUIRED. LOCATED: _____

ACTIVITY FOOD

GLUCOSE LEVEL RANGE	CARBOHYDRATE FOOD	AMOUNT

- Physical activity should not be undertaken if **BGL less than 4.0 mmol/L**. Refer to the Diabetes Action Plan for hypo treatment.
- Vigorous activity should **not** be undertaken if **BGL is greater than or equal to 15.0 mmol/L and blood ketones are greater than or equal to 0.6 mmol/L**. Refer to Diabetes Action plan.
- **Do not enter the BGL into the pump within 1 hour of completing activity.**
- If lunch occurs immediately after physical activity, only enter the amount of carbohydrate food to be eaten into the pump.
- Disconnect the pump for swimming and ensure it is safe and secure from loss or damage.
- The child **should not be disconnected from the pump for more than 90 minutes.**

EXCURSIONS / INCURSIONS

It is important to plan for extracurricular activities.

Consider the following:

- Ensure blood glucose monitor, blood glucose strips, blood ketone strips, hypo and activity food are readily accessible.
- Plan for meal and snack breaks.
- Always have hypo treatment available.
- Know location of toilets.

EQUIPMENT CHECKLIST

EQUIPMENT THAT COMES TO EARLY CHILDHOOD SETTING DAILY

Supplied by the parent/carer

- Finger prick device
- Blood glucose monitor used by child at the Centre and at home
- Blood glucose strips
- Blood ketone strips
- Hypo food
- Activity food

BACKUP EQUIPMENT TO STAY AT EARLY CHILDHOOD SETTING

Supplied by the parent/carer

- Finger prick device
- Blood glucose monitor
- Blood glucose strips
- Blood ketone strips
- Sharps container
- Hypo food
- Activity food
- Batteries (for insulin pump)
- Charging cables for diabetes management devices
- Insulin pens and pen needles. For parent/carer use
Stored according to the Early Childhood Setting's Medication Policy.
- Infusion sets and lines For parent/carer use

DISPOSAL OF MEDICAL WASTE

Dispose of any used pen needles in Sharps container provided.

Dispose of blood glucose strips and blood ketone strips as per the Early Childhood Setting's medical waste policy.

NAME _____

HOSPITAL UR NO. _____

DATE PLAN CREATED _____

GLOSSARY OF TERMS

COMMON INSULIN PUMP TERMINOLOGY

Basal Background insulin delivered continuously.

Bolus Insulin for food. Delivered following entry of BGL and carbohydrate food amount to be eaten.

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

Correction bolus Extra insulin dose given to correct an above target BGL and/or to clear ketones.

Insulin pump also known as continuous subcutaneous insulin infusion (CSII)
Small battery operated, computerised device for delivering insulin.

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

Line failure Disruption of insulin delivery due usually to line kinking or blockage.

Low Glucose Suspend Pump stops delivery of insulin if glucose sensor detects a low glucose level or low glucose is about to occur.

Reservoir/Cartridge Container which holds the insulin within the pump.

AGREEMENTS

PARENT/CARER

Organise a meeting with the Centre's representatives to discuss implementation and sign off on your child's action and management plan.

- I have read, understood, and agree with this plan.
- I give consent to the Centre to communicate with the Diabetes Treating Team about my child's diabetes management at the Centre.

NAME

FIRST NAME (PLEASE PRINT)

FAMILY NAME (PLEASE PRINT)

SIGNATURE

DATE

CENTRE REPRESENTATIVE

- I have read, understood, and agree with this plan.

NAME

FIRST NAME (PLEASE PRINT)

FAMILY NAME (PLEASE PRINT)

ROLE Manager

Supervisor

Other (please specify) _____

SIGNATURE

DATE

DIABETES TREATING MEDICAL TEAM

NAME

FIRST NAME (PLEASE PRINT)

FAMILY NAME (PLEASE PRINT)

SIGNATURE

DATE

HOSPITAL NAME

NAME _____
 HOSPITAL UR NO. _____
 DATE PLAN CREATED _____

