

## HYPOGLYCAEMIA

### LOW

Blood Glucose Level <4.0mmol/L

### Signs and Symptoms

Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour. *Symptoms may not always be obvious*

**DO NOT leave child UNATTENDED**  
**DO NOT delay TREATMENT**

**Child conscious**  
(Able to eat hypo food)

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

Give fast acting carb  
(as supplied or listed on management plan)

First Aid DRSABC  
Stay with unconscious child

Give sustaining carb  
(as supplied or listed on management plan)

**Call an Ambulance**  
**Dial 000**

Recheck BGL after  
**15 mins**  
If BGL <4.0 repeat fast acting carb

Contact  
**parent/guardian**  
when safe to do so

PARENT/GUARDIAN NAME: \_\_\_\_\_

CONTACT No: \_\_\_\_\_

# 2016

## Diabetes School Action Plan

Twice daily injections

[to be used in conjunction with management plan]

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

Photo  
of  
Child

Insulin will be taken at home in the morning, before school  
Please make sure **ALL carbohydrate food is eaten at snack and lunch times**

### Routine BGL checking times

- Anytime, anywhere in the school
- Prior to lunch
- Anytime hypo is suspected
- Prior to activity
- Prior to exams or tests (e.g. NAPLAN)

### Physical activity

- 1 serve sustaining carb before every 30 mins of activity
- 1 serve fast acting carb before every 30 mins of swimming
- Vigorous activity should not be undertaken if BGL >15.0 and blood ketones are >1.0

## HYPERGLYCAEMIA

### HIGH

Blood Glucose Level >15.0mmol/L

**HIGH BGLs are not uncommon**

### Signs and Symptoms

*There may be no signs and symptoms*  
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 class  
(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: \_\_\_\_\_