

## 2016 Diabetes Management Plan for school

### Multiple daily injections

[to be used in conjunction with Action Plan]

Name of student: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
First name (please print) Family name (please print)

Name of school: \_\_\_\_\_ Grade/Year : \_\_\_\_\_

This plan should be reviewed and updated at least once per year

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#### Emergency management

Please see the Diabetes School Action Plan as to the treatment of severe hypoglycaemia (hypo).  
The child/student should not be left unattended.

DO NOT attempt to give anything by mouth or rub anything onto the gums as this may lead to  
choking.

If the school or preschool is located more than 30mins from reliable ambulance service, then  
school staff should discuss Glucagon training with the diabetes health team

If the child/student has high blood glucose levels please refer to the Diabetes Action Plan.

#### Insulin administration

The child/student requires an injection of insulin at lunchtime.

Is supervision required? Yes   
No

If yes, the teacher/nominated adult needs to:

remind  observe  assist  administer injection   
(Dose as per additional documentation provided)

Name of teacher/nominated adult: \_\_\_\_\_

Type of injection device: Pen  Syringe

The location in the school where the injection is to be undertaken: \_\_\_\_\_  
(must be agreed upon by all parties)

Refer to Department of Education and Training (DET) and/or school policy regarding sharps  
management and disposal

### Blood glucose monitoring

Is the child/student able to perform their own blood glucose monitoring?  Yes  No

If yes, the teacher/nominated adult needs to: remind  observe  assist

If no, the teacher/nominated adult needs to do the check:

Name of adult assisting with/checking BGLs: \_\_\_\_\_

Target range for blood glucose levels (BGLs): 4-8 mmol/L

### BGL results outside of this are not uncommon

Further action is required if BGL is <4.0mmol/L or >15.0mmol/L. [Refer to Diabetes Action Plan]

#### Times to check BGLs

(tick all those that apply)

Anytime, anywhere	<input type="checkbox"/>	<b><u>PLEASE NOTE:</u></b>  <b>Blood glucose checking should not be restricted to the sick bay.</b>  <b>Checking should be available where the child/student is (in the classroom), whenever needed.</b>
Prior to recess/snack	<input type="checkbox"/>	
Prior to lunch	<input type="checkbox"/>	
Anytime hypo suspected	<input type="checkbox"/>	
Prior to activity	<input type="checkbox"/>	
Prior to exams/tests	<input type="checkbox"/>	
When feeling unwell	<input type="checkbox"/>	
Beginning of after school care session (OHSC)	<input type="checkbox"/>	
Other routine times	please specify →	

Blood glucose ranges will vary day to day for the individual with diabetes and will be dependent on a number of factors such as:

<ul style="list-style-type: none"> <li>• Insulin</li> <li>• Age</li> <li>• Level of activity</li> <li>• Type / quantity of food</li> </ul>	<ul style="list-style-type: none"> <li>• Stress</li> <li>• Growth spurts</li> <li>• Puberty</li> <li>• Illness /infection</li> </ul>
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Parent/guardian will determine insulin doses and any adjustments that need to be made

### Hypo treatments to be used

- All hypo treatment foods should be provided by parent/guardian
- Ideally, packaging should be in serve size bags or containers
- Please use the items provided as listed below

Fast acting carbs	Sustaining carbs

- If the above options are not available for some reason, use any alternative hypo treatment – e.g. lemonade, jelly beans

### Eating and drinking

- The child/student can eat all usual meals/snacks at school
- Younger children/students will require supervision to ensure all food is eaten
- The child/student should not exchange meals with another child/student
- Seek parent/guardian advice regarding appropriate foods for parties/celebrations that are occurring whilst in your care
- Allow access to drinking water and toilet at all times (high blood glucose levels can cause increased thirst and urination)
- Does the child/student have **coeliac disease**:  
No   
Yes  Seek parent/guardian advice regarding appropriate foods and hypo treatments

### Physical activity and swimming

- Physical activity usually **lowers** blood glucose levels. The drop in blood glucose may be immediate or delayed as much as 12-24 hours.
- The child/student will require an extra serve of sustaining carbohydrate before every 30 minutes of physical activity.
- Check blood ketones if BGL > 15.0 mmol/L and vigorous activity planned.
- Vigorous activity should not be undertaken if BGL > 15.0 mmol/L **and** blood ketones > 1.0 mmol/L.
- A blood glucose meter and hypo treatment should always be available. If a hypo does occur, (BGL < 4.0 mmol/L) treat as per action plan.
- **Prior to swimming, 1 serve of fast acting carb needs to be eaten before every 30 mins of swimming activity**

### Excursions and camps

It is important to plan ahead for extracurricular activities and consider the following:

- Ensure BG meter, blood glucose strips, blood ketone strips, hypo and activity food are readily accessible during the excursion day – **DON'T FORGET** the insulin pen
- Diabetes care is carried out as usual during excursions off-site school premises
- Always have extra hypo treatment available
- Permission maybe required to eat on bus – inform bus company in advance
- Staff /parents/guardians to collaborate and plan well in advance of the activity
- Additional supervision will be required for swimming and other sporting activities (especially for younger students) either by a 'buddy' teacher or parent/guardian
- Early and careful planning with parent/guardian and medical team is required prior to school camps and **a separate and specific management plan for camps is required.**
- Children/students are best able to attend camps when they are reliably independent in the management of their own diabetes; otherwise a parent/guardian could attend or a school staff member can volunteer to assist with diabetes care activities.
- Investigate local medical services.

## Exams and tests

- BG should be checked prior to an exam or test at school
- BG should be  $>4.0\text{mmol/L}$
- Blood glucose meter and hypo food should be available in the exam setting if required
- Considerations for extra time if a hypo occurs should be discussed in advance
- Applications for special consideration for VCE exams should be attended to at the beginning of year 11 and 12 – check VCAA requirements

## Extra supplies provided for diabetes care at school

Insulin and syringes/pens/pen needles

Finger prick device

Blood glucose meter

Blood glucose strips

Blood ketone strips

Urine ketone strips

(this may be a preferred option for some families – if urine ketone test is moderate or large, then a blood ketone check MUST be done promptly)

Hypo food

Sport/activity food

## Agreements

I have read, understood and agree with this plan. I give consent to the school to communicate with the treating team about my child's diabetes management at school.

### Parent/Guardian

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

First name (please print) Family name (please print)

### RN (Credentialled) Diabetes Nurse Educator

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

First name (please print) Family name (please print)

### School Representative

Name: \_\_\_\_\_  
First name (please print) Family name (please print)

Role: Principal  Vice principal  Other  \_\_\_\_\_  
(please specify)

Signature \_\_\_\_\_ Date \_\_\_\_\_