DIABETES ACTION PLAN TYPE

School Settings

Use in conjunction with Diabetes Management Plan.

This plan is not suitable for Type 1 Diabetes

Medication (not insulin injections)

Photo

Child name

Date of birth

Grade / year

Name of school

Parent / carer name

Contact no.

Diabetes treating team

Hospital ur no.

Contact no.

Authorised by

Signature

Role

Date plan created

Plan does not expire.
Review is recommended in 12 months.

The child is on medication that DOES NOT CAUSE Hypoglycaemia (Hypo/Low Blood Glucose Levels)

If a child's Blood Glucose Level is less than 4.0 mmol/L they DO NOT require treatment.

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

Child well

- Encourage 1–2 glasses water per hour
- Return to usual activity
- Extra toilet visits may be required
- Re–check BGL in 2 hours

In 2 hours, if BGL still greater than or equal to 15.0,

CALL PARENT/ CARER FOR ADVICE

Child unwell (e.g. vomiting)

- Contact parent/carer to collect child ASAP
- Check ketones (if strips supplied)

KETONES

If unable to contact parent/ carer and blood ketones greater than or equal to 1.0 mmol/L.

CALL AN AMBULANCE DIAL 000

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Monash Children's Hospital

Use in conjunction with Diabetes Action Plan.

Tick boxes that apply

Medication Administration

The child requires diabetes medication at school: ☐ Yes ☐ No

☐ Oral medication
☐ Lunchtime
☐ Injection (It is NOT INSULIN)
☐ Other

Medication to be given

See Medication Authority Form or relevant document

Location in the school where the medication is to be given:

Is supervision required ☐ Yes ☐ No ☐ Remind only

Responsible staff will need training if they are required to:

☐ Administer medication (Dose as per additional documentation provided)
☐ Assist
☐ Observe

Disposal of medical waste

- Dispose of any used pen needles in sharps container provided.
- Dispose of blood glucose and ketone strips as per the early childhood setting/ school's medical waste policy.

Name	
Hospital UR no.	
Date plan created	

Glucose Monitoring

Is a glucose level check required at school?

☐ Yes (see information below) ☐ No

Target range for glucose levels pre-meals: 4.0 – 7.0 mmol/L
7.1 – 14.9 mmol/L are outside target range requiring no action.

- Glucose levels outside the target range are common.
- A glucose check should occur where the child is at the time it is required

Blood Glucose Level (BGL) Monitoring – Fingerprick

(Used when a child is not wearing CGM or if the sensor falls out)

- Monitoring is performed using a fingerprick device and meter.
- Before doing a **blood glucose check**, the child should **wash and dry hands**.

Is the child able to do their own blood glucose level (BGL) check?

☐ Yes ☐ No (Support is required)

The responsible staff member needs to:

☐ Do the check ☐ Assist ☐ Observe ☐ Remind

Blood glucose levels (BGL) to be checked (tick all those that apply)

☐ Before snack ☐ Before lunch

☐ Before activity ☐ Before exams/tests ☐ When feeling unwell

☐ Beginning of after-school care session

☐ Other times – please specify

Continuous glucose monitoring (CGM)

- Continuous glucose monitoring consists of a small sensor that sits under the skin and measures glucose levels in the fluid surrounding the cells.
- If the sensor/transmitter falls out, staff to do BGL (Fingerprick) checks.
- A CGM reading can differ from a blood glucose level (BGL) reading during times of rapidly changing glucose levels e.g., eating or exercise.

A child wearing CGM must have a BGL check:

☐ When CGM reading above mmol/L must be confirmed. Follow Action Plan

☐ When feeling unwell

☐ Sensor reading does not align with expectation or child's symptoms

☐ Other times – please specify

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Name	
Hospital UR no.	
Date plan created	

Ketones

FOLLOW THE 'HYPERGLYCAEMIA ACTION PLAN'

- Ketones can be dangerous and occur most commonly in response to high glucose levels or if a child is unwell.

Eating and drinking

- No food sharing.
- Seek parent/carer advice regarding foods for school parties/celebrations.
- Always allow access to water.

School camps

- Is there a school camp planned for this year? ☐ Yes ☐ No
- Parents/carers need to be informed of any school camp at least 2 months prior to ensure the child's diabetes treating team can provide a Camp Diabetes Management plan and any training needs required.
- A Camp Diabetes Management Plan is different to the usual School Plan.
- Parents/carers will need a copy of the camp menu and activity schedule.
- At least 2 responsible staff attending the camp require training to be able to support the child on camp.

Exams

- Glucose level should checked and documented before an exam.
- Blood glucose monitor and blood glucose strips, CGM devices or smart phones, and water should be available in the exam setting.
- Extra time will be required for toilet privileges, or if child is unwell.

Applications for special consideration

National Assessment Program Literacy and Numeracy (NAPLAN)

Applies to Grade 3, Grade 5, Year 7, Year 9. Check National Assessment Program website – Adjustment for student with disability for further information.

Victorian Certificate of Education (VCE)

Should be lodged at the beginning of Year 11 and 12. Check Victorian Curriculum and Assessment Authority (VCAA) requirements.

Name	
Hospital UR no.	
Date plan created	

Equipment checklist

Supplied by the parent/carer.

- [ ] Finger prick device
- [ ] Blood glucose monitor
- [ ] Blood glucose strips
- [ ] Blood ketone strips
- [ ] Sharps' container
- [ ] Smart phone to be used as medical device

Name	
Hospital UR no.	
Date plan created	

AGREEMENTS

Parent/Carer

Organise a meeting with the school 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 school to communicate with the Diabetes Treating Team about my child's diabetes management at school.

Name

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

Signature | Date

School representative

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

Name

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

Role ☐ Principal ☐ Vice principal

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	