

# Type 1 Diabetes Concise Action Plan 2022 Insulin Pump



Name: .....

Date of Birth: ..... / ..... / .....

Class: .....

**Contacts**

.....

Ph: ..... Ph: .....

Doctor: .....

Phone: .....

I hereby authorise medications and treatments specified on this plan to be administered according to the plan.

Signature: .....

Date: ..... / ..... / .....

Diabetes Educator: .....

Phone: .....

## Blood Glucose Levels

These levels are based on the International Society for Pediatric and Adolescent Diabetes (ISPAD) 2018 Clinical Consensus Guidelines and revised by APS consensus 2021

**3.5-8 mmol/l = TARGET RANGE**

Perfect for optimal school performance, concentration, learning and memory

**URGENT!**

**Under 3.5 mmol/l = LOW**

Follow **HYPO** management procedure

**Over 8 mmol/l = HIGH**

Follow **HYPER** management procedure

## Low Glucose (Hypo) Management (Blood glucose under 3.5 mmol/l or symptomatic)

**NEEDS IMMEDIATE ACTION, MUST BE ATTENDED BY AN ADULT UNTIL RECOVERY.**

- **Symptoms** - drowsy, sweaty, shaky, irritable, headache, poor concentration.
  - **Treatment**
  - 1. **PUMP/ CGM WITHOUT PREDICTIVE LOW SUSPEND**  *(please select)*
    - If blood glucose is 3 to 3.5 mmol/l give rapidly acting carbohydrate (ISPAD recommended amount 0.15g/kg). Juice .....ml (preferred) or .....X .....
    - If blood glucose is under 3.0 mmol/l give rapidly acting carbohydrate (ISPAD recommended amount 0.3g/kg). Juice .....ml (preferred) or .....X .....
  - 2. **PUMP/ CGM WITH PREDICTIVE LOW SUSPEND**  *(please select)*
    - If blood glucose is under 3.5 mmol/l give rapidly acting carbohydrate (ISPAD recommended amount 0.15g/kg). Juice .....ml (preferred) or .....X .....
  - 3. DO NOT OVERTREAT and DO NOT GIVE INSULIN BOLUS.
  - 4. Re-test blood glucose in 15 minutes.
  - 5. If blood glucose is still under 3.5 mmol/l repeat above treatment.
- Do NOT attempt to suspend pump.

## Severe Low Glucose (Hypo) (Child unconscious or fitting)

*While coma and convulsion is very uncommon it can occur if hypoglycemia is prolonged and severe (blood glucose less than 2 mmol/l for at least 30 minutes) and not treated promptly.*

1. Place child on their side in coma position
  2. Follow Airway Breathing Circulation First Aid Rules
  3. Administer Glucagon if prescribed
  4. Call ambulance 000
  5. Notify parents. If unable to contact parents, notify diabetes team member
- Do NOT attempt to suspend pump.
- Do NOT attempt to insert anything into the mouth, cheeks or gums

## High Glucose (Hyper) Management (Blood glucose over 8 mmol/l)

- High blood glucose is caused by lack of insulin. This may be because of inadequate delivery (line failure/ disconnection) or insufficient / no insulin administration with food or drink. Blood glucose is also increased by stress, excitement, or illness.
- **If the child is UNWELL. nauseated and/or vomiting, notify parents IMMEDIATELY. If unable to contact parents, notify the diabetes team immediately. THIS MAY BE LIFE THREATENING!! NEVER ASSUME the cause of vomiting until the student' diabetes has been assessed by a parent / medically qualified person.**
- If the child appears **WELL**
  1. Take recent history of food intake or insulin usage. Check pump is properly connected and working.
  2. Ensure supervision of entry of blood glucose into pump to deliver correction bolus of insulin.
  3. Continue with classroom activities – DO NOT SEND HOME OR TO SICK BAY.
  4. **MUST** test blood glucose again in 2 hours. If still over 8mmol/l refer to student's individual Diabetes Management Plan for parental and medical instructions.