Australian Paediatric Society

Type 1 Diabetes Concise Action Plan 2021 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 2019

4-8 mmol/l = TARGET RANGE

Perfect for optimal school performance with learning and memory

Under 4 mmol/l = LOW

URGENT!

Follow **HYPO** management procedure

ISPAD "Hypo" definition = under 3.6 mmol/l. Treat under 4 mmol/l because of potential to fall further.

Over 8 mmol/l = HIGH

Follow **HYPER** management procedure

Low Glucose (Hypo) Management

(Blood glucose under 4 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. If blood glucose is **3 to 4 mmol/l**, give rapidly acting carbohydrate (ISPAD recommended amount 0.15g/kg). Juice .....ml (preferred) or ..... x .....
2. If blood glucose is **under 3 mmol/l**, give rapidly acting carbohydrate (ISPAD recommended amount 0.3g/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 4 mmol/l repeat above treatment.

Do NOT attempt to suspend pump.

Low Glucose Management with Automated Suspend/Closed Loop

There are some insulin pumps that have the ability to directly communicate with a CGM sensor. These systems may be programmed to cease insulin delivery when the sensor glucose falls low or is predicted to fall low.

For children using this technology, the management of low glucose levels may be different when compared with those using a stand-alone pump and/or CGM.

A finger prick blood glucose check is required for any low alert.

If blood glucose is under 3.5 mmol/L, give rapidly acting carbohydrate (0.15g/kg).
Juice .....ml (preferred) or ..... x .....

If blood glucose is under 3.0 mmol/l, give rapidly acting carbohydrate (0.3g/kg).
Juice .....ml (preferred) or ..... x .....

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

While coma and convulsion is 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)

- **Major causes at school include omitting insulin or insufficient insulin administration with food or drink. Illness or stress/excitement may also increase blood glucose.**
- If the child is **UNWELL**, nauseated and/or vomiting, notify parents IMMEDIATELY. If unable to contact them, notify the diabetes team immediately.
- 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.