TYPE 1 DIABETES EMERGENCY RESPONSE PLAN

INSULIN INJECTION

Australian Paediatric Society

T1D LEARNING CENTRE
Type 1 Diabetes Learning Centre

STUDENT PHOTO

Student Name: _____

Date of Birth: ____/____/____ Class: _____

EMERGENCY CONTACTS

Parent A: _____

PH: _____

Parent B: _____

PH: _____

Diabetes Educator: _____

PH: _____

I hereby authorise medications and treatments specified on this plan to be administered according to the plan, as consented by the parent/ guardian/ patient.

Doctor: _____

Signature/s: _____ Date: ____/____/____

BLOOD GLUCOSE LEVELS

3.5-8mmol/l = TARGET RANGE
Perfect for optimal school performance, concentration, learning and memory.

Under 3.5 mmol/l = LOW URGENT!
Follow **HYPO** management procedure.

Over 8mmol/l = HIGH
Follow **HYPER** management procedure.

Low Glucose (HYPO) Management (Blood glucose under 3.5mmol/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 **between 3 and 3.5mmol/l,** give rapidly acting carbohydrate (ISPAD recommended amount 0.15g/kg. Juice _____ ml (preferred) or _____ X _____

2: If blood glucose is **under 3mmol/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 3.5mmol/l, repeat above treatment.

6: If the student is symptomatic for low blood glucose but CGM reading is in target range, MUST check finger-prick blood glucose (hands washed). This should NOT delay treatment.

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

While a 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 properly

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 insert anything into the mouth, cheek or gums

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

High bood glucose is usually caused by lack of insulin. This may be because of inadequate delivery (failure to inject) or insufficient / no insulin administration with food or drink. Blood glucose is also increased by stress, excitement or illness. Insulin administration, according to Individual Medical Orders, is required to correct glucose levels over 8mmol/l.

- ***If the student 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's diabetes has been assessed by a parent / medically qualified person.**
- ***If the student appears WELL***
  1. Take recent history of food intake or insulin usage
  2: Continue with classroom activities - DO NOT SEND HOME OR TO SICK BAY
  3: MUST test blood glucose again in 2 hours. If still over 8 mmol/l refer to student's individual diabetes medical orders for parental and medical instructions.