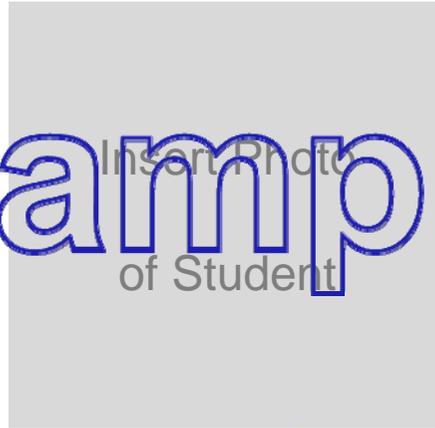


# Diabetes School Action Plan

Student Name:.....



Sample  
Inset Photo  
of Student

**Target BGL  
4-8 mmol/L**

### Routine BGL monitoring times

- Prior to lunch
- Anytime hypo suspected
- Prior to exercise

### Physical Activity

- Extra carbohydrate for every 30-40 mins activity
- Vigorous activity should not be undertaken if BGL > 15 and blood ketones > 0.6

Monash Children's at Southern Health  
9594-6666

Contact Paediatric Diabetes Educator or  
Paediatric Diabetes Resident

## HYPOGLYCAEMIA

Blood Glucose Level <4.0mmol/L

**LOW**

### Causes

Delayed/Missed meals, too much insulin, not enough food, exercise.

### Signs and Symptoms

Paleness, headache, tingling limbs, dizziness, drowsiness, changes in behaviour

**DO NOT leave child UNATTENDED**

**DO NOT delay TREATMENT**

**Child Conscious  
(Able to eat hypo food)**

### Give Sugar Serve

5 Jelly Beans or 125ml lemonade, 2 jelly snakes or 1 tbsp honey

### Give Sustaining Carbohydrate

Muesli bar, 1 cup milk, 6 dry biscuits, apple

### Recheck BGL after 20 mins

If BGL <4.0mmol/L repeat sugar serve

**Child Unconscious**

Risk of Choking/  
unable to swallow

### First Aid DRABC

Stay with unconscious child

### Call an ambulance Dial 000

### Contact parents

When safe to do so

## HYPERGLYCAEMIA

Blood Glucose Levels >15 mmol/L

**HIGH**

### Causes

Not enough insulin, forgotten insulin, concurrent illness, overeating or eating sugary foods.

### Signs and Symptoms

Increased thirst, increased urine production, poor concentration, irritable, lethargic, abdominal pain, vomiting

Temporary or Persistent Hyperglycaemia

**Student well**

Check blood ketones >0.6 call parent/guardian

**Student unwell**

Eg. Vomiting

**Additional toilet privileges**  
May be required

**Contact parents**  
to collect child

**Encourage oral fluids**  
1-2 glasses water per hour

**Check blood ketones**  
>0.6 contact parent/guardian

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