SCHOOL SETTING

Insulin Pump

Diabetes Management Plan 2020

Name of student: Date of birth:

Name of school: Grade/Year:

Pump Make and Model:

This plan should be reviewed and updated at least once per year.

EMERGENCY MANAGEMENT

Please see the Diabetes Action Plan as to the treatment of hypoglycaemia (hypo).
The child should not be left alone.

DO NOT attempt to give anything by mouth or rub anything onto the gums as this may lead to choking.

If the school / centre is located more than 30 mins from a reliable ambulance response, the school / centre staff are advised to discuss Glucagen training with the diabetes health team.

If the child has high blood glucose levels, please refer to the Diabetes Action Plan.

BLOOD GLUCOSE MONITORING

Is the student able to perform their own blood glucose monitoring? ☐ Yes ☐ No

If yes, does the trained staff member/s need to: ☐ Remind ☐ Supervise ☐ Assist

If no, the trained staff member/s needs to do the blood glucose check: ☐ Yes

Name of trained staff member/s assisting with checking BGL's:

Further action is required if BGL is < 4.0mmol/L or >10.0mmol/L. [Refer to Diabetes Action Plan]

Times to check BGL via finger prick
(select those that apply)

☒ Anytime, anywhere
☐ Fruit break – munch'n crunch etc
☐ Prior to 1st break
☐ Prior to 2nd break
☐ Anytime hypo suspected
☐ Prior to activity
☐ Post activity
☐ Prior to exams/tests
☐ When feeling unwell
☐ Beginning of after school care session (OHSC)
☐ Other routine times – please specify:

This plan has been adapted from the original work of Diabetes Victoria, Monash Children's Hospital and The Royal Children's Hospital, Melbourne.

Glucose ranges will vary day to day for the individual with diabetes and will be dependent on a number of factors such as:

- Insulin
- Age
- Level of activity
- Type / quantity of food
- Stress
- Growth spurts
- Puberty
- Illness/infection

HYPO TREATMENTS TO BE USED

- All hypo treatment foods should be provided by parent/carer
- Ideally, packaging should be in serve size bags or containers
- Please use one of the items provided as listed below

Fast acting carbs	Sustaining carbs

If the above options are not available for some reason, use any alternative hypo treatment –
e.g. 3 teaspoons of sugar dissolved in water, lemonade, jelly beans

EATING AND DRINKING

The child/student will need to have an insulin bolus from the insulin pump prior to carbohydrate foods being consumed. The child/student is on:

☐ **Set meal plan**

The child/student is on a set meal plan where they eat an amount of carbohydrate for 1st and 2nd break in accordance with the insulin pump. The insulin pump is pre-programmed to deliver an amount of insulin for the carbohydrate at these set times (1st & 2nd breaks).
Please ensure all meals and snacks are eaten and on time if the child/student is on a set meal plan.

☐ **Carbohydrate counting and button pushing**

The student will need to have an insulin bolus prior to meal time carbohydrate foods being consumed. The insulin dose will be determined by the pump based on the grams/serves of carbohydrate they will be eating and the current blood glucose level.

Can student independently count carbohydrates? ☐ Yes ☐ No
(parent/carer will label all food)

Is supervision required for bolusing? ☐ Yes ☐ No

If yes, the trained staff member/s need to:

☐ Remind ☐ Observe ☐ Assist ☐ button push
(parent/guardian to provide additional instruction)

Name of trained staff member/s assisting with insulin pump:

Does the child have coeliac disease?
☐ No

☐ Yes (Seek parent/guardian advice regarding appropriate foods and hypo treatments)

CHILD/STUDENT INSULIN PUMP SKILLS

Able to independently count carbohydrates	☐ Yes	☐ No (parent/carer will label all food)
Able to enter BGL and carb information into pump	☐ Yes	☐ No (adult assistance required)
Able to administer correction bolus if required	☐ Yes	☐ No (adult assistance required)
Able to enter a Temp Basal	☐ Yes	☐ No (adult assistance required)
Able to prepare reservoir & tubing for line insertion	☐ Yes	☐ No (adult assistance required)
Able to insert a new infusion set if needed	☐ Yes	☐ No (adult assistance required)
Able to disconnect & reconnect pump if needed	☐ Yes	☐ No (adult assistance required)
Able to give an injection of insulin with a syringe/pen	☐ Yes	☐ No (adult assistance required)
Able to troubleshoot pump alarms or malfunctions if needed	☐ Yes	☐ No (contact parent/carer)

PHYSICAL ACTIVITY AND SWIMMING

- Physical activity usually **lowers** glucose levels. The drop in glucose levels may be immediate or delayed as much as 12-24 hours
- A sensor or blood glucose check is required before physical activity that will be longer than 30 minutes or before swimming for any duration
- Below 4.0mmol/L **DO NOT EXERCISE treat hypo as per Diabetes Action Plan**
- 4.0 – 6.9 mmol/L give grams carbohydrate. Student can then commence exercise
- 7.0 – 10.0 mmol/L can commence exercise
- Above 10.0mmol/L for first time and child is well. Can exercise at moderate intensity only
- Above 10.0mmol/L for first time and child is unwell r**efer to Diabetes Action Plan**
- Above 10.0mmol/L for second BG check in a row **refer to Diabetes Action Plan**
- Individual requirements

Additional planning required for off-site activities, sports and swimming carnivals

EXCURSIONS AND CAMPS

It is important to plan ahead for extracurricular activities and consider the following:

- Early and careful planning with parents/carers and medical team is required **at least 4 weeks** prior to school camps and a **separate and specific management plan for camps is required**
- Ensure CGM receiver, BG meter, blood glucose strips, blood ketone strips, hypo and activity food are readily accessible during the excursion day
- Diabetes care is carried out as usual during excursions off-site school premises
- Always have extra hypo treatment available
- Permission may be required to eat on bus – inform bus company in advance
- Staff/parents/carers to collaborate and plan well in advance of the activity
- Additional supervision will be required for swimming and other sporting activities (especially for younger students) either by a 'buddy' teacher or parent/carer
- Students are best able to attend camps when they are reliably independent in the management of their own diabetes; otherwise a parent/carer could attend, or a school staff member can volunteer to assist with diabetes care activities

EXAMS AND ASSESSMENT

- It is recommended sensor or blood glucose be checked prior to an exam or test at school
- It is recommended sensor or blood glucose level be above 4.0mmol/L
- Blood glucose meter, CGM receiver, test strips and hypo food are advised to be available in the exam setting
- Agreement of where CGM receiver/smart device will be kept and how it will be monitored during exams and assessment
- It is recommended that considerations for extra time if a hypo occurs be discussed in advance
- Applications for **Access arrangements and reasonable adjustments (AARA)** are advised to be attended to at the beginning of year 11 and 12.
    - See Section 6 of the QCE and QCIA policy and procedures handbook for more information.at **www.qcaa.qld.edu.au**

EXTRA SUPPLIES PROVIDED FOR DIABETES CARE AT THE CENTRE

Item	**Location where stored**
☐ Finger prick device	
☐ Blood glucose meter	
☐ Blood glucose strips	
☐ Blood ketone strips	
☐ Hypo food	
☐ Sport/activity food	
☐ Pump infusion sets and lines	
☐ Reservoirs	
☐ Inserter	
☐ Batteries (for insulin pump)	
☐ Pen insulin	

AGREEMENTS

I have read, understand and agree with this plan. I give consent to the school to communicate with the treating team about my child's diabetes management at school.

Parent / carer	**Qualified Health Practitioner**	**School Representative**
First Name & Family Name	Position - please specify title First Name & Family Name	Position - please specify title First Name & Family Name
Signature Date:	Signature Date:	Signature Date: