

**SCHOOL SETTING**

**MDI bolus calculator**

Use in conjunction with Action Plan



The Royal Children's Hospital Melbourne



# DIABETES MANAGEMENT PLAN 2017



Name of student: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
First name (please print) Family name (please print)

Name of school: \_\_\_\_\_ Grade/Year: \_\_\_\_\_

Blood glucose meter type: \_\_\_\_\_

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 severe 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 centre is located more than 30 mins from a reliable ambulance service, then 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.

## INSULIN ADMINISTRATION

The student will need to have an insulin injection at:  Fruit break – 'munch & crunch' etc  
 1st break  
 2nd break

The insulin dose will be determined by the bolus calculator based on the grams of carbohydrate the student will be eating and their current blood glucose level.

Is supervision required for bolus calculator?  Yes  No

If yes, the teacher/nominated adult needs to:  Remind  Supervise  
 Assist button push  
(parent/carer to provide additional instruction)

Is supervision required for the insulin injection?  Yes  No

If yes, the teacher/nominated adult needs to:  Remind  Supervise  Assist  
 Administer injection  
(Dose as per bolus calculator)

Name of teacher/nominated adult: \_\_\_\_\_

Type of injection device:  Pen  Syringe

The location in the school/centre where the injection is to be undertaken: \_\_\_\_\_  
(must be agreed upon by all parties)

## BLOOD GLUCOSE MONITORING

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

If yes, the teacher/nominated adult needs to:  Remind  Supervise  Assist

If no, the teacher/nominated adult needs to do the blood glucose check:  Yes

Name of adult assisting with checking BGL's: \_\_\_\_\_

Further action is required if BGL is < 4.0mmol/L or >15.0mmol/L. (Refer to Diabetes Action Plan)

### Please note

The blood glucose meter with bolus calculator reads the word 'HI' for a blood glucose level above certain limits. It does not give a numerical value of how high the blood glucose level is, therefore will not provide a recommended insulin dose to lower the students blood glucose level. When this happens please contact parent/carer ASAP.

### Times to check BGLs

(tick all those that apply)

- Anytime, anywhere
- Fruit break – 'munch & 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: \_\_\_\_\_

### PLEASE NOTE

Blood glucose checking should not be restricted to the sick bay.

Checking should be available where the child/student is (in the classroom), whenever needed.

Blood 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

- Younger students may require supervision to ensure all food is eaten
- The student should not exchange meals with another student
- Seek parent/carer advice regarding appropriate foods for parties/celebrations that are occurring whilst in your care
- Allow access to drinking water and toilet at all times (high blood glucose levels can cause increased thirst and urination)
- Does the child have coeliac disease:
  - No
  - Yes (Seek parent/guardian advice regarding appropriate foods and hypo treatments)

## PHYSICAL ACTIVITY AND SWIMMING

- Physical activity usually **lowers** blood glucose levels. The drop in blood glucose may be immediate or delayed as much as 12-24 hours.
- A blood glucose check is required before physical activity that will be longer than 30 minutes or before swimming for any duration.
- Below 4.0 mmol/L **DO NOT EXERCISE treat hypo**
- \_\_\_\_\_ – \_\_\_\_\_ mmol/L Delay Exercise - Give one serve sustaining carbohydrate
- \_\_\_\_\_ – \_\_\_\_\_ mmol/L Safe to exercise for \_\_\_\_\_ minutes
- Above 15mmol/L for first time and child is well. Can exercise at moderate intensity only
- Above 15mmol/L for first time and child is unwell contact parents/carers
- Above 15mmol/L for second BG check in a row contact parents/carers for advice

Individual requirements: \_\_\_\_\_  
\_\_\_\_\_

## 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 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 TESTS

- It is recommended BG be checked prior to an exam or test at school
- It is recommended BG be  $>4.0\text{mmol/L}$
- Blood glucose meter, test strips and hypo food are advised to be available in the exam setting
- It is recommended that considerations for extra time if a hypo occurs be discussed in advance
- Applications for special provision for QCS exams are advised to be attended to at the beginning of year 11 and 12 – check QCAA requirements at [www.qcaa.qld.edu.au](http://www.qcaa.qld.edu.au)

## EXTRA SUPPLIES PROVIDED FOR DIABETES CARE AT THE CENTRE

- Insulin and syringes/pens/pen needles
- Finger prick device
- Blood glucose meter
- Blood glucose strips
- Blood ketone strips
- Hypo food
- Sport/physical activity food

## AGREEMENTS

I have read, understood 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

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
First name (please print)      Family name (please print)

Diabetes Educator

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
First name (please print)      Family name (please print)

School Representative

Name \_\_\_\_\_  
First name (please print)      Family name (please print)

Role:       Manager       Delegated Officer       Other \_\_\_\_\_  
(please specify title)

Signature \_\_\_\_\_ Date \_\_\_\_\_