

SCHOOL SETTING

Insulin pump therapy

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: _____

Insulin pump model: _____

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

EMERGENCY MANAGEMENT

Please refer to the Diabetes School Action Plan for the treatment of severe hypoglycaemia (hypo). The student cannot be left unattended.

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

If the school or preschool is located more than 30 mins from a reliable ambulance service, then school staff are advised to discuss Glucagen training with the diabetes health team.

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

BLOOD GLUCOSE MONITORING

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

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

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

Name of adult assisting with/checking BGLs: _____

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

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
- 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

Parent / guardian will determine insulin doses and any adjustments that need to be made.

HYPO TREATMENTS TO BE USED

- All hypo treatment foods are recommended to 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 of carbohydrate they will be eating and the current blood glucose level.

Is supervision required for bolusing? Yes No

If yes, the teacher/nominated adult needs to:

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

Name of teacher/nominated adult assisting with insulin pump: _____

Does the child/student 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No
(parent/carer will label all food) |
| Able to enter BGL and carb info into pump | <input type="checkbox"/> Yes | <input type="checkbox"/> No
(adult assistance required) |
| Able to administer correction bolus if required | <input type="checkbox"/> Yes | <input type="checkbox"/> No
(adult assistance required) |
| Able to prepare reservoir & tubing for line insertion | <input type="checkbox"/> Yes | <input type="checkbox"/> No
(needs to be undertaken at home) |
| Able to insert a new infusion set if needed | <input type="checkbox"/> Yes | <input type="checkbox"/> No
(needs to be undertaken at home) |
| Able to disconnect & reconnect pump if needed | <input type="checkbox"/> Yes | <input type="checkbox"/> No
(adult assistance required) |
| Able to give an injection of insulin with a syringe/pen if needed | <input type="checkbox"/> Yes | <input type="checkbox"/> No
(adult assistance required) |
| Able to troubleshoot pump alarms or malfunctions if needed | <input type="checkbox"/> Yes | <input type="checkbox"/> No
(contact parent/carer) |
| Able to troubleshoot CGM alarms or malfunctions if needed | <input type="checkbox"/> Yes | <input type="checkbox"/> No
(contact parent/carer) |

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: _____

EXAMS AND TESTS

- It is recommended BG be checked prior to an exam or test at school
- It is recommended BG be > 4.0mmol/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 should be discussed in advance
- Applications for special consideration 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

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.
- Investigate local medical services

EXTRA SUPPLIES PROVIDED FOR DIABETES CARE AT THE SCHOOL

- 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, 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: Principal Delegated Officer Other _____
(please specify)

Signature _____ Date _____

COMMON INSULIN PUMP TERMINOLOGY - GLOSSARY OF TERMS

Pump – small battery operated, computerized device for delivering insulin

Cannula – plastic tube inserted under the skin

Reservoir – syringe-like container which holds the insulin within the pump

Line – plastic tubing connecting the pump reservoir to the cannula

Line failure – disruption of insulin delivery due usually to line kinking or blockage

Basal – background insulin delivered in small amounts continuously

Bolus – insulin for food delivered following data entry of BG level and carb amount to be eaten

Correction – extra insulin dose given to correct an out-of-target BGL and/or to clear ketones

Suspend – temporary stopping of insulin delivery (e.g. in severe hypo or during contact sport)