

This plan should be completed by the student's personal diabetes health care team, including the parents/guardian. It should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the First Aid Officer, trained diabetes personnel, and other authorised personnel.

Date of Plan: _____ This plan is valid for the current school year: _____

Student's Name: _____ Date of Birth: _____

Date of Diabetes Diagnosis: _____ type 1 type 2 Other _____

Grade: _____ Class/Devotions Teacher: _____

CONTACT INFORMATION

Mother/Guardian: _____

Telephone: Home _____ Work _____ Mob: _____

Father/Guardian: _____

Telephone: Home _____ Work _____ Mob: _____

Student's Doctor/Health Care Provider: Phone _____

Number: _____

Student's self-care blood glucose checking skills:

- Independently checks own blood glucose
- May check blood glucose with supervision
- Requires First Aid Officer or trained diabetes personnel to check blood glucose

Diabetes Management

Please provide relevant details in relation to the student's Diabetes management. (If treatment varies from standard recommendations on Page 2.)

Relevant Issues

Please outline any relevant issues in relation to attendance at school and learning as well as support required at school:

Standard causes, symptoms and treatments of Hypo/Hyperglycaemia

Causes of Hypoglycaemia

Hypoglycaemia can be caused by one or a number of events, such as:

- Delaying or missing a meal
- Not eating enough carbohydrate
- Unplanned physical activity
- More strenuous exercise than usual
- Drinking alcohol - the risk of hypoglycaemia increases, the more alcohol you drink
- Too much insulin or diabetes tablets.

Symptoms of Hypoglycaemia

Symptoms of hypoglycaemia vary from person to person, however common feelings are:

- Weakness, trembling or shaking
- Sweating
- Light headedness
- Headache
- Dizziness
- Lack of concentration/behaviour change.
- Tearful/crying
- Irritability
- Hunger
- Numbness around the lips and fingers.

Treating Hypoglycaemia

Have some quick acting carbohydrate that is easy to consume. For example:

- 1/2 can of regular soft drink (not 'diet') OR
- 1/2 glass of fruit juice OR
- 3 teaspoons of sugar or honey
OR
- 6-7 jellybeans OR
- Glucose tablets equivalent to 15 grams carbohydrate.

Wait 10-15 minutes. If it isn't rising, eat another quick acting carbohydrate from the above list.
If your next meal is more than 20 minutes away, eat some longer acting carbohydrate. This could be one of the following:

- A sandwich OR
- 1 glass of milk or soy milk OR
- 1 piece of fruit OR
- 2-3 pieces of dried apricots, figs or other dried fruit OR
- 1 tub of natural low fat yoghurt
OR
- 6 small dry biscuits and cheese.

Common Causes of Hyperglycaemia

- Sickness
- Infection
- Stress
- Too much carbohydrate food at once
- Not enough insulin or diabetes tablets
- Other tablets or medicines.

Symptoms of Hyperglycaemia

- Feeling excessively thirsty
- Frequently passing large volumes of urine
- Feeling tired
- Blurred vision
- Infections (e.g. thrush, cystitis, wound infections)
- Weight loss.

Treatment of Hyperglycaemia

Drink extra water or low calorie fluids to keep up with fluid lost by passing more urine.

Test your blood glucose levels frequently.

Contact your doctor or go to hospital if:

- Vomiting stops you from drinking and makes eating difficult
- Blood glucose levels remain high
- Moderate to large ketones are present in the urine.

● **EMERGENCY PLAN**

If there is still no improvement to the student's condition, call an ambulance (000). State clearly that the person has diabetes, and whether he or she is conscious. Inform emergency contacts.

If unconscious, maintain **A**irway, **B**reathing and **C**irculation while waiting for the ambulance.

Never put food or drink in the mouth of person who is unconscious or convulsing. The only treatment is an injection of glucoses into the vein (given by doctor/paramedic) or an injection of Glucagon.

Other: _____

SIGNATURES

This Diabetes Medical Management Plan has been approved by:

Student's Doctor/Health Care Provider

Date

I, (parent/guardian:) _____ give permission to the First Aid Officer or another qualified health care professional or trained diabetes personnel of Mt Evelyn Christian School to perform and carry out the diabetes care tasks as outlined in (student:) _____ 's Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I also give permission to the school nurse or another qualified health care professional to contact my child's doctor/health care provider.

Authorised by:

Student's Parent/Guardian

Date

Student's Parent/Guardian

Date