

# Action plan for DIABETES

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH:    /    /        YEAR:                      ROOM:                                      DATE:    /    /20

<p><b>PHOTO</b></p>	<p><b>SIGNS OF HYPOGLYCAEMIA</b></p> <ul style="list-style-type: none"> <li>➤ Hunger/nausea</li> <li>➤ Paleness</li> <li>➤ Excessive sweating, dizzy</li> <li>➤ Trembling, palpitations</li> <li>➤ Irritability, personality change</li> <li>➤ Stomach Cramps</li> <li>➤ "Intoxicated" appearance</li> <li>➤ Drowsiness</li> <li>➤ Coma, fits</li> </ul>	<p><b>SIGNS OF HYPERGLYCAEMIA</b></p> <ul style="list-style-type: none"> <li>➤ Dry mouth and skin, FLUSHED</li> <li>➤ Excessive thirst</li> <li>➤ Going to the toilet a lot</li> <li>➤ Vomiting and nausea</li> <li>➤ Fatigue</li> <li>➤ Stomach ache</li> <li>➤ Laboured breathing</li> </ul>	
	<p><b>CAUSE</b></p> <p><b>LOW BLOOD SUGAR</b> Rapid onset: minutes Too much insulin Not enough carbohydrate from food More exercise than usual</p>	<p><b>CAUSE</b></p> <p><b>HIGH BLOOD SUGAR</b> Slow onset: Hours/days Not enough insulin Emotional Stress, trauma Infection/fever</p>	
	<p><b>PARENT/CARER NAME/S</b></p> <p>•</p> <p>•</p>		
	<p><b>HOME PHONE:</b></p>		
	<p><b>WORK PHONE:</b></p>		
	<p><b>MOBILE PHONE:</b></p>		
	<p><b>DOCTOR CONTACT DETAILS</b></p> <p>Dr:</p>		
	<p><b>Date:</b></p>		
	<p><b>AMBULANCE COVER</b></p> <p>YES / NO</p>		
	<p><b>PARENT SIGNATURE</b></p>		
<p><b>DATE:</b>    /    /20</p>			
<p><b>If medication is to be given, separate forms for Parent and Doctor to be completed</b></p>			
<p><b>MEDICATION FORMS</b></p>			
<p><b>Signed by Doctor:</b></p>			
<p><b>Signed by Parent:</b></p>			
<p><b>EMERGENCY HYPO KIT</b></p>			
<p><b>PARENTS TO SUPPLY HYPO KIT</b></p> <p>Diabetes Hypo kit kept:</p>			
	<p><b>ACTION</b></p> <p><u>IF CONSCIOUS/ CO-OPERATIVE</u></p> <ol style="list-style-type: none"> <li>1 Give glucose tablets immediately</li> <li>2 Follow with carbohydrate containing snack e.g. <ul style="list-style-type: none"> <li>• 1 slice bread</li> <li>• 1 muesli bar</li> <li>• 3-4 crackers</li> </ul> </li> <li>3 If <b>NO</b> improvement, after 5 min. Repeat above and contact parents</li> <li>4 Rest <b>UNDER SUPERVISION</b></li> </ol> <p><u>IF UNCONSCIOUS/UNCO-OPERATIVE</u></p> <ol style="list-style-type: none"> <li>1. Coma Position</li> <li>2. Wipe honey around gums (don't put fingers between teeth)</li> <li>3. Send someone to admin to call ambulance 000.</li> <li>4. Ring parents to administer Glucagon Injection or if unable to contact Parents, contact PMH Diabetes Clinic for assistance.</li> </ol>	<p><b>ACTION</b></p> <ol style="list-style-type: none"> <li>1. If unwell due to high blood sugar levels or illness contact parents.</li> <li>2. If unwell do not leave unsupervised by adult</li> <li>3. If vomiting, urgent attention is required.</li> </ol> <p>Contact PMH Diabetes Clinic for Assistance if unable to contact parents</p>	
		<p><b>P.M.H DIABETES UNIT</b></p> <p>TELEPHONE: 93408763 93408090</p>	
		<p>AMBULANCE 000</p>	
	<p><b>N.B. BEFORE SPORT OR EXERCISE</b> <i>The child may need to eat an extra carbohydrate containing snack E.g. fruit, sandwich or crackers</i></p>		