

Action plan for DIABETES

CHILD'S NAME: _____

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

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