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| --- | --- |
| DIABETES ACTION PLAN | [current photo here] |
| [full name] Age: [age] Grade: [grade or class] |
| ***When to do Blood Sugar Level (BSL) testing*** |
| * **Prior** to recess/snack
* **Prior** to & **After** physical activity/sport - this does not include swimming
* If **[name]** indicates that [she/he] ***‘feels low’***
* **After** treatment for a Low BSL
* At **12:30pm**, in the Health Centre, prior to [his/her] insulin injection

(after insulin, [name] is to return immediately for lunch with [his/her] class) |
| ***In case of Low Blood Sugar Level****Indicated by a BSL < 4.5 or the reading “LO”* |
| **Do this…**

|  |  |
| --- | --- |
| If 3.0 – 4.5 | Give 2 jelly beans |
| If 2.0 – 2.9  | Give 3 jelly beans |
| If 1.0 – 1.9 | Give 4 jelly beans |
| If “LO” | Give 5 jelly beans |

* **Repeat BSL in 10 minutes**
* **Record BSL readings and number of jelly beans administered in [name]’s record book**
* **[she/he] must not be left alone**
* **Do not send [name] to the Health Centre, treat [him/her] on the spot.**
 |
| ***Before Physical Activity or Sport*** |
| **Do this…**

|  |  |  |
| --- | --- | --- |
| If 4.0 – 8.0 | Give 3 jelly beans and continue with activity | Continue with activity |
| If 3.0 – 3.9  | Give 4 jelly beans | Wait 10 mins then continue with activity |
| If 1.0 – 2.9 | Give 5 jelly beans | Wait 10 mins then continue with activity |
| If “LO” | Give 6 jelly beans | Wait 10 mins then continue with activity |

* **Repeat BSL after sport**
* **Record BSL readings and number of jelly beans administered in [name]’s record book**
* **Do not send [name] to the Health Centre, treat [him/her] on the spot**
 |
| ***In case of High Blood Sugar Level*** *Indicated by a BSL > 15 or the reading “HI”* |
| **Do this…*** **[he/she] may continue with normal activity**
* **If BSL above 15 contact parents for instructions**
* **Do not send [name] to the Health Centre unless instructed by parents**
* **Record readings and any instructions in the record book**
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| **Management notes** |
| [name]’s back pack must accompany [name] at all timesThe Jelly Beans administered must *only* be from [his/her] supply in the backpack[name] has a mobile phone in [his/her] backpack – press black middle key, then \* to unlock For any emergency management do not leave [name] alone – adult supervision is required at all times.If the Health Centre is not available then call BMN, JPN or AJN.  |
| **Contacts** |
| **Mum:** [contact details] | **Dad:** [contact details] |
| **Health Centre:** [contact details] | [initials of nurses or staff and their extensions] |