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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** | | |
| **Management notes** | | |
| [name]’s back pack must accompany [name] at all times  The 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] | |