

Diabetes Management Plan (DMP) – Insulin Pump

School: _____

First and Last Name: _____ Date of birth: _____ School Year: _____

click above to add photo

NEVER LEAVE ALONE IF UNWELL. TREAT ON THE SPOT.

Contact 1:

Contact 2:

PCH Clinic:
6456 1111

GLUCOSE MONITORING

In addition to the daily schedule, monitoring of glucose levels and ketones must be performed if the student is unwell or if there is a concern.

DAILY SCHEDULE // PLEASE GIVE INSULIN _____ MINUTES BEFORE FOOD

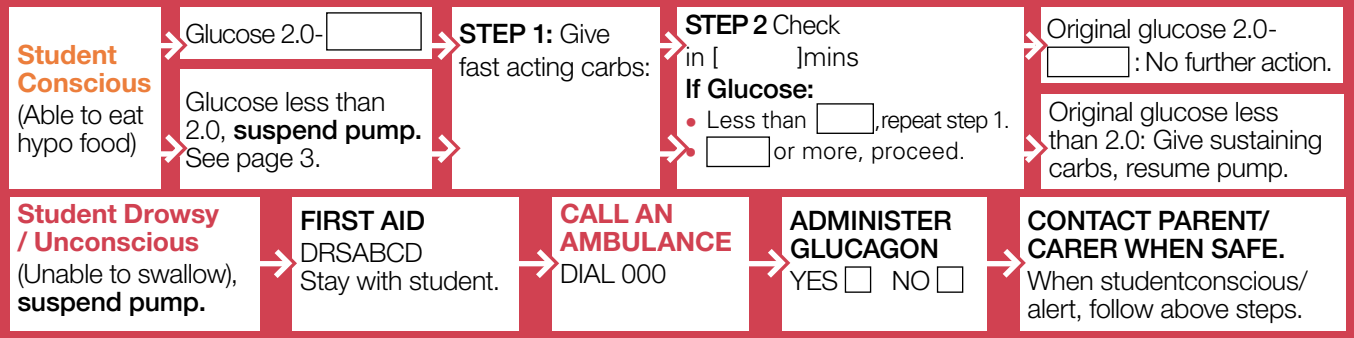
Time	Meal	Glucose Check	Insulin	Action	Responsible Person

Type of insulin pump: _____ Type of sensor/monitor: _____

LOW (HYPO) to be confirmed by:

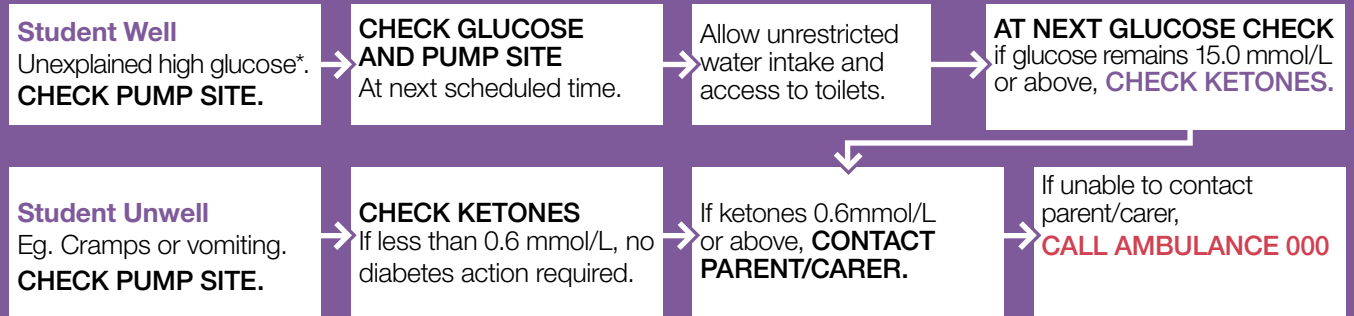
LOW (HYPO) // Glucose less than _____ mmol/L // DO NOT DELAY TREATMENT // TREAT ON THE SPOT

Symptoms: Feeling sick Pale Headache Shaky Sweaty Drowsy Other: _____



HIGH (HYPER) // Glucose 15.0 mmol/L or above

Symptoms: Feeling sick Thirsty Increased urine production Headache Irritable Lethargic



PHYSICAL ACTIVITY

Exercise function or temp target to be started prior to exercise. Yes (see page 10 for details) No

to 5.0mmol/L

5.1 - 8.0 mmol/L

Once above 5.0 mmol/L exercise can start.

Exercise can be started.

8.1 - 14.9 mmol/L

15.0 mmol/L or above

No action required.
Exercise can be started.

CHECK KETONE LEVELS
Ketones less than 0.6 mmol/L
 Exercise can start.
Ketones 0.6 mmol/L or above
 CONTACT PARENT/CARER.

AUTHORITY TO ACT // SCHOOL STAFF AUTHORISED TO ASSIST WITH DIABETES CARE

Name	Role	Level 3 Training Date

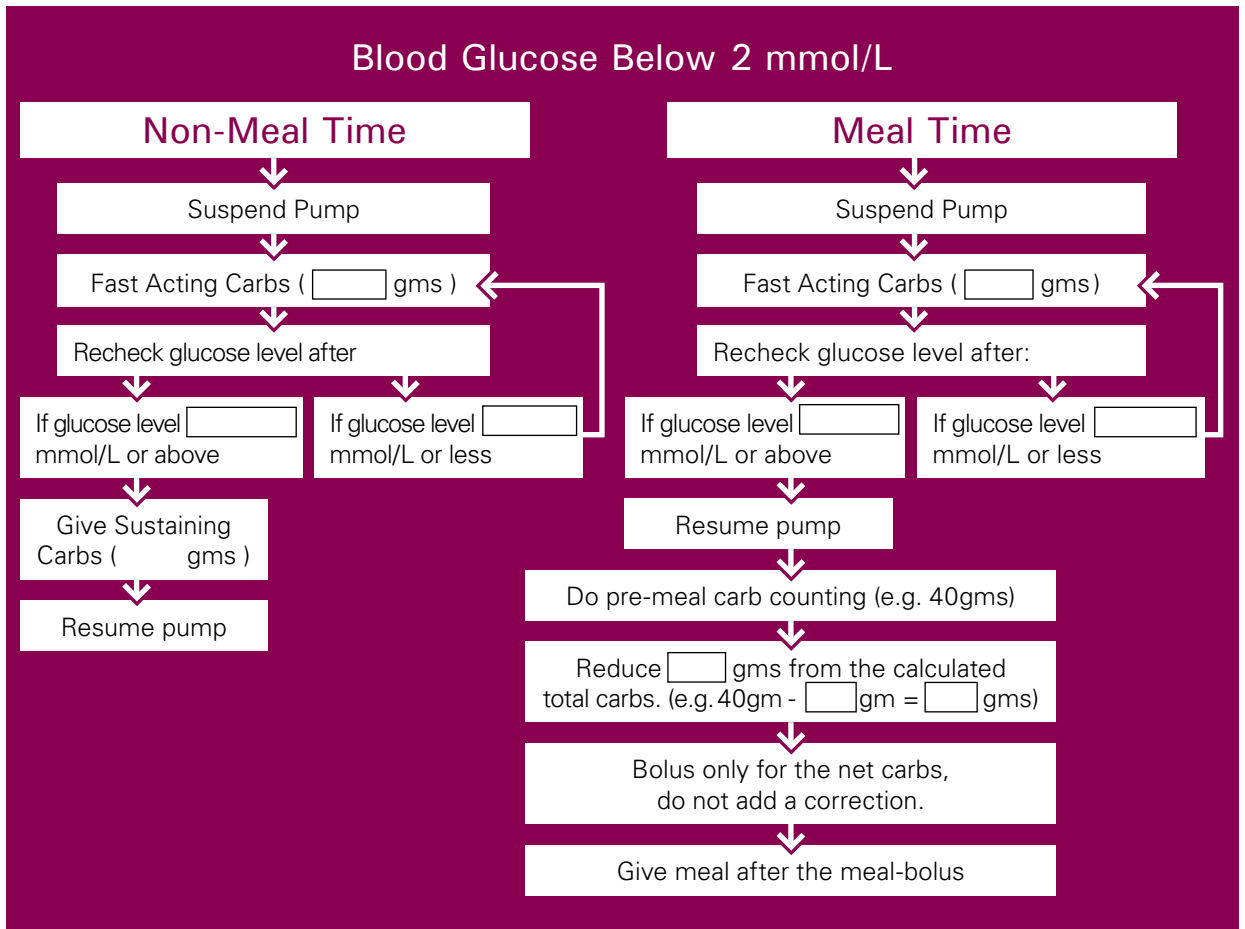
Trainer: _____ Date: _____ Digital Signature: _____

This diabetes management and safety plan authorises school staff to follow this advice and that of the medical team. School staff are not expected to manage a student’s diabetes as comprehensively as at home. This plan is sanctioned as being safe and reasonable. It is valid for one year or until the school is advised of a change to the student’s health care requirements.



HYPO MANAGEMENT - INSULIN PUMP

The below plan is to be used if the student's glucose level is below 2mmol/L. In this instance the insulin pump needs to be suspended.



NAME _____
 DATE OF BIRTH _____
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INSULIN PUMP

The student wears an insulin pump that continually delivers insulin.

Insulin pump model: _____

- Basal IQ
- Control IQ
- Auto Mode
- Smart Guard

Is staff involvement required for pump button pushing? Yes No

If yes, the responsible staff need to:

- Remind
- Observe
- Assist
- Perform

STUDENT INSULIN PUMP SKILLS

The student is able to:

- | | | | |
|---|------------------------------|------------------------------|--|
| Independently count carbohydrate foods | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Parent/carer will label all food) |
| Enter glucose levels and carbohydrate grams into pump | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Contact parent/carer) |
| Do a 'Correction Bolus' | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Contact parent/carer) |
| Disconnect and reconnect pump if needed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Contact parent/carer) |
| Restart pump manually | <input type="checkbox"/> NA | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Contact parent/carer) |
| Prepare and insert a new infusion set if needed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Contact parent/carer) |
| Give an insulin injection if needed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Contact parent/carer) |
| Troubleshoot pump alarms and malfunctions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Contact parent/carer) |

GLUCOSE LEVEL CHECKING

Target range for glucose levels: to 8.0 mmol/L

- Glucose levels outside of this target range are not unusual.

Glucose levels will vary day-to-day and be dependent on a number of factors such as:

- Insulin dose
- Excitement/stress
- Age
- Growth spurts
- Type/quantity of food
- Level of activity
- Illness/infection

Other times to check include (tick all those that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Anytime, anywhere | <input type="checkbox"/> Before snack | <input type="checkbox"/> Before lunch |
| <input type="checkbox"/> Before activity | <input type="checkbox"/> Before exams/tests | <input type="checkbox"/> When feeling unwell |
| <input type="checkbox"/> Anytime hypo suspected | <input type="checkbox"/> Beginning of after-school care session | |
| <input type="checkbox"/> Other routine times – please specify: | | |

SENSOR GLUCOSE

The student is wearing Yes No (if "no", turn to page 7)

Continuous Glucose Monitor (CGM)

- Dexcom G6®
- Guardian™ Connect
- Guardian™ Link 3

Flash Glucose Monitor (FGM)

- Freestyle Libre 2

- CGM and FGM consist of a small sensor that sits under the skin and measures glucose levels in the fluid surrounding the cells (interstitial fluid).
- These devices are not compulsory management tools.
- With CGM, a transmitter sends data to either a receiver, phone app, smart watch or insulin pump.
- With Freestyle Libre the device will only show a glucose reading when the sensor disc is scanned by a reader or phone app.
- A sensor glucose reading can differ from a finger prick blood glucose levels reading during times of rapidly changing glucose levels e.g. eating, after insulin administration, during exercise.

ALARMS

- Alarms may be 'on' or 'off'.
- Urgent low alarms cannot be turned off.
- It is suggested that high alarms are turned off during school

ACTION FOR ALARMS: Check glucose level and follow front page for treatment.

LOW GLUCOSE SUSPEND

Certain insulin pumps may be programmed to **STOP** insulin delivery when the CGM glucose level is low or predicted to go low.

The student has low glucose suspend activated: Yes No

USE AT SCHOOL

- Staff are not expected to do more than the current routine diabetes care as per the student's Diabetes Management plan.
- Staff do not need to put CGM apps on their computer, smart phone or carry receivers.
- Parents/carers are the primary contact for any questions regarding CGM/FGM use.
- Some CGM devices can be monitored remotely by family members. They should only contact the school if they foresee that a prompt response is required.
- If the sensor/transmitter falls out, staff are required to keep it in a safe place to give to parents/carers. In this scenario, use finger prick blood glucose levels.
- The sensor can remain on the student during water activities.

NAME _____
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FINGER PRICK GLUCOSE

The student should always wash and dry their hands before doing a finger prick check.

Is the student able to do their own glucose check independently?

Yes No

If NO, the responsible staff member needs to:

- Remind
 Observe
 Assist
 Perform

Tick appropriate box below:

Dexcom G6

A finger prick is needed when:

- TAG (trend, arrow, glucose) unavailable
- Symptoms don't match the sensor reading
- Sensor has fallen off

All other CGM/FGM sensors

A finger prick is needed when:

- Symptoms don't match the sensor reading
- Sensor has fallen off

- If the meter reads '**LO**' this means the glucose level is too low to be measured by the meter – follow the low (Hypo) treatment on the front page.
- If the meter reads '**HI**' this means the glucose level is too high to be measured by the meter – follow high (Hyper) treatment on the front page.

LOW GLUCOSE LEVELS (Hypoglycaemia / Hypo)

Follow the front page. A mild low/hypo can be treated by using supplies from the student's HYPO KIT.

The hypo kit must be kept with the student at all times.

HYPO KIT

FAST ACTING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN

SUSTAINING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN

- If the student requires more than 2 consecutive fast acting carbohydrate treatments, as per their front page, call the student's parent/carer. Continue hypo treatment if needed while awaiting further advice.
- All hypo treatment foods should be provided by the parent/carer.
- Ideally, packaging should be in serve size bags or containers and labelled as **fast acting carbohydrate** food and **sustaining carbohydrate** food.

Mild hypoglycaemia is not unusual.

If the student is having more than 3 episodes of low glucose levels at school in a week, make sure that the parent/carer is aware.

SEVERE LOW/HYPO MANAGEMENT

Severe hypoglycaemia is not common.

Follow the front page for any episode of severe hypoglycaemia.

DO NOT attempt to give anything by mouth to the student or rub anything onto the gums as this may lead to choking.

If the school is located more than **30 minutes** from a reliable ambulance service, then staff should discuss Glucagon injection training with the student's Diabetes Treating Team.

NAME _____
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 DATE PLAN CREATED _____

HIGH GLUCOSE LEVELS (Hyperglycaemia / Hyper)

- Although not ideal, glucose levels may be above the target range.
- Glucose levels may be above target if food has been consumed within the last two hours.
- **If glucose levels are 15.0 mmol/L or above**, follow the front page.
- If insulin has been given allow two hours for glucose levels to return to target.
- If the student is experiencing frequent episodes of high glucose levels at school, make sure the parent/carer is aware.
- For unexplained high glucose, pump site should be checked for leakage, dislodged needle/cannula or redness/swelling. If any of these occur, the infusion set must be changed immediately and contact parent/carer.

KETONES

- Ketones occur most commonly when there is not enough insulin in the body.
- Ketones are produced when the body breaks down fat for energy.
- Ketones can be dangerous in high levels.

You will be required to check the student's ketone level if:

- The student is unwell **or**
- Glucose levels remain at 15.0 mmol/L or above for two or more consecutive glucose checks.

ACTION: If ketones **0.6 mmol/L or above** follow action for ketones on the front page.

EATING AND DRINKING

- Younger student's will require supervision to ensure all food is eaten.
- The student should not exchange food/meals with another student.
- Seek parent/carer advice regarding appropriate foods for parties/celebrations that are occurring at school.
- Always allow access to drinking water and toilet (high glucose levels can cause increased thirst and extra toilet visits).

Does the student have coeliac disease? Yes* No

*Seek parent/carer advice regarding appropriate food and hypo treatments.

PHYSICAL ACTIVITY

A glucose meter and hypo treatment should always be available.

- Check glucose level before physical activity.
- Physical activity **may alter** glucose levels depending on type, duration and intensity.
- The student may require an extra serve of carbohydrate food before every 30 minutes of planned physical activity or swimming as provided by the family.
- Physical activity should not be undertaken **if glucose levels are less than 5.0 mmol/L**. (see page 2).
- Vigorous activity should not be undertaken **if the student is unwell or the blood ketones are 0.6 mmol/L or above**.
- **Do not enter the glucose levels into the pump within 1 hour of completing activity;** if lunch occurs immediately after physical activity, only enter the amount of carbohydrate food to be eaten.
- Disconnect the pump for vigorous activity/swimming. *The student can be disconnected from the pump for up to 90 minutes.
- If exercise function or temp target to be started prior to exercise (see page 2), start exercise function or temporary target _____ mins prior to physical activity and for _____ mins after.

EXCURSIONS / INCURSIONS

It is important to plan for extracurricular activities and discuss these in advance with parents/carers.

Consider the following:

- Ensure hypo and activity food, blood glucose meter, glucose strips, blood ketone meter, ketone strips, and insulin are readily accessible.
- Plan for meal and snack breaks.
- Always have hypo treatment available.

CAMPS

It is important to plan for school camps and consider the following:

- Parents/carers need to be informed of any school camps at the beginning of the year.
- A separate and specific WA Diabetes School Camp Checklist and Management Plan is required, and should be completed by the family in partnership with the school ([click here for Diabetes Management and Action Plans](#)).
- Parents/carers will need a copy of the camp menu and activity schedule.
- At least 2 responsible staff attending the camp should have a general understanding of type 1 diabetes and the support that the student requires to manage their condition for the duration of the camp.
- If the camp location is more than 30 minutes from a reliable ambulance service, **Glucagon administration training will be required**.
- An application for skills based training is available online at DiabetesInSchools.com.au.
- School staff will need to discuss any training needs at least 4 weeks before the camp with the student's parents/carers or Diabetes Treating Team.

ASSESSMENT / EXAMS

- Glucose levels should be checked before commencing.
- Glucose levels should be mmol/L or above before commencing.
- Blood glucose meter, glucose strips, blood ketone meter, ketone strips, hypo treatments and water should be available
- Continuous Glucose Monitoring (CGM) or Flash Glucose Monitoring (FGM) devices and receivers (smart phones) should be available if applicable.
- Extra time will be required if a hypo occurs or for toilet privileges.

APPLICATIONS FOR SPECIAL CONSIDERATION

- The School Curriculum and Standards Authority's Guidelines for Disability Adjustments for Timed
- Assessments includes type 1 diabetes and is available at www.scsa.wa.edu.au
- Where required, schools should apply in advance for special provisions for all externally set assessments (e.g NAPLAN, OLNA, WACE)
- It is advisable to check and record glucose levels prior to (and during, if unwell) WACE assessments as medical evidence, in the event that an Application for Sickness/Misadventure is necessary.

EXTRA SUPPLIES

Provided for diabetes care at the school by parent/carer

- | | | |
|--|--|---|
| <input type="checkbox"/> Finger prick device | <input type="checkbox"/> Blood glucose meter | <input type="checkbox"/> Blood glucose strips |
| <input type="checkbox"/> Blood ketone strips | <input type="checkbox"/> Sharps container | <input type="checkbox"/> Hypo food |
| <input type="checkbox"/> Batteries / charger (for insulin pump and mobile phone) | <input type="checkbox"/> Student use | <input type="checkbox"/> Blood Ketone Meter |
| <input type="checkbox"/> Infusion sets and lines | <input type="checkbox"/> Student use | <input type="checkbox"/> Parent/carer use |
| <input type="checkbox"/> Reservoirs | <input type="checkbox"/> Student use | <input type="checkbox"/> Parent/carer use |
| <input type="checkbox"/> Cartridges | <input type="checkbox"/> Student use | <input type="checkbox"/> Parent/carer use |
| <input type="checkbox"/> Inserter (if applicable) | <input type="checkbox"/> Student use | <input type="checkbox"/> Parent/carer use |
| <input type="checkbox"/> Insulin pen and pen needles | <input type="checkbox"/> Student use | <input type="checkbox"/> Parent/carer use |

GLOSSARY OF TERMS

COMMON APPLICATIONS FOR SPECIAL CONSIDERATION

An insulin pump is also known as continuous subcutaneous insulin infusion (CSII). It is a small battery operated, computerised device for delivering insulin.

Cannula

A tiny plastic or steel tube inserted under the skin to deliver insulin. Held in place by an adhesive pad.

Line or Tubing

The plastic tubing connecting the pump reservoir/cartridge to the cannula.

Reservoir/Cartridge

Container which holds the insulin within the pump.

Basal

Background insulin delivered continuously.

Bolus

Insulin for food delivered following entry of glucose levels and carbohydrate food amount to be eaten.

Correction bolus

Extra insulin dose given to correct above target glucose levels and/or to clear ketones.

Line failure

Disruption of insulin delivery due to line kinking or blockage.

ADDITIONAL AGREED ACTIONS

Parent/Carer Signature:

AGREEMENTS

PARENT/CARER

- I have read, understood and agree with this plan.
- I give consent to the school to communicate with the Diabetes Treating Team about my student's diabetes management at school.
- I acknowledge that school staff who administer insulin and / or glucagon do so:
 - 1) after receiving training from their Diabetes Treating Team.
 - 2) to the best of their ability.

NAME

FIRST NAME (PLEASE NOTE)

FAMILY NAME (PLEASE NOTE)

SIGNATURE

DATE

SCHOOL REPRESENTATIVE

- I have read, understood and agree with this plan.

NAME

FIRST NAME (PLEASE NOTE)

FAMILY NAME (PLEASE NOTE)

ROLE

Principal

Associate principal

Other (please specify) _____

SIGNATURE

DATE

DIABETES TREATING TEAM

NAME

FIRST NAME (PLEASE NOTE)

FAMILY NAME (PLEASE NOTE)

SIGNATURE

DATE

REVIEW DATE:

NAME _____

DATE OF BIRTH _____

DATE PLAN CREATED _____

