

8 Appendices

Appendix 1a Personal Pupil Plans for 4-8 Age Group

Personal Pupil Plan for 4-8 Age Group

Picture

Contact details

Pupil Name _____ Class _____ DOB _____

Other siblings in school _____

Parents _____

Home Telephone _____

Contact 1 _____ Relationship _____ Mobile _____ Work _____

Contact 2 _____ Relationship _____ Mobile _____ Work _____

Home address _____

GP Contact _____ Hospital Contact _____ Diabetes Nurse _____

Medical condition(s) _____

School _____ Teacher _____ SNA _____

Insulin Administration Review Date / /

2/3 times daily
 4 times daily
 Insulin pump

Care needs of (insert pupil name) _____ within school setting.

Blood glucose monitoring	The target level for blood glucose is _____ Supervise pupil or carry out blood glucose measurement <input type="checkbox"/> Mid-morning <input type="checkbox"/> Before lunch <input type="checkbox"/> Before planned activity <input type="checkbox"/> When Hypo/hyperglycaemia is suspected <input type="checkbox"/> Other
Dietary Needs	Supervise the intake of: <input type="checkbox"/> Break snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack Before planned activity
Insulin administration	Supervise pupil or help to administer insulin via: <input type="checkbox"/> Pen <input type="checkbox"/> Insulin Pump <input type="checkbox"/> Mid-morning <input type="checkbox"/> Before lunch <input type="checkbox"/> Other
Planned Exercise	Check/supervise pupil to check the blood glucose level before exercise and if less than _____ consider a small snack such as _____
Vomiting or pupil feeling unwell	Parents should be contacted immediately if pupil vomits, regardless of blood glucose or ketone levels. The pupil should be collected by their parents. If parents are delayed, blood ketones should be checked, regardless of what pupil's blood glucose level is. <div style="text-align: right; margin-top: 10px;">Continued over </div>

Hypoglycaemia – can happen quickly but the warning signs are usually noticeable by the pupil or by the adults around them. Constant vigilance and prompt action can prevent events.

Hypo Box is kept at _____

Specific warning signs of Hypoglycaemia – tick all that applies to this pupil as the signs/symptoms differ in each pupil but remain constant.

- | | |
|---|---|
| <input type="checkbox"/> Shakiness | <input type="checkbox"/> Irritability or being badly behaved |
| <input type="checkbox"/> Tiredness | <input type="checkbox"/> Pale skin colour or glazed look on face/eyes |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> More moodiness or quieter than normal |
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Difficulty paying attention, or confusion |
| <input type="checkbox"/> Hunger or stating tummy is "funny" | <input type="checkbox"/> Unable to speak properly |
| <input type="checkbox"/> Behaviour changes, such as crying for no apparent reason | <input type="checkbox"/> Headache |

Presence of any symptom necessitates a blood glucose check and if less than _____ mmol/L action is required regardless of time. Failure to do so may result in the pupil collapsing and going unconscious.

1. Give 10-15g of fast acting carbohydrate such as _____ or _____ or _____
2. Repeat blood glucose measurement after 10-15 minutes and if **not** above _____ mmol/L give the fast acting carbohydrate again.
3. On recheck, If blood glucose level above _____ mmol/L give slow acting carbohydrate such as _____ or _____ or _____
4. If pupil unable to take food, give Glucogel™ if trained to do so or call emergency assistance.
5. If pupil unresponsive, call emergency assistance and give glucagon. If the child is less than 6 years (or less than 25 kg), give half a vial of glucagon (0.5mg); if 6 years or older (or 25kg or greater), give full vial (1 mg) glucagon, if competent and trained to do so.

**NEVER LEAVE A PUPIL WITH HYPOGLYCAEMIA without adult supervision.
IF IN DOUBT, TREAT AS HYPO – less dangerous than not to.**

Hyperglycaemia

1. Blood glucose level 8 - 11 mmol/L: no specific action is needed in school. Family will monitor and liaise with diabetes team if a pattern of higher readings is identified.
 2. Blood glucose level 11.1 - 13.9 mmol/L: give glass of water and recheck in one hour. If pupil is using an insulin pump, check that it is functioning properly.
 3. Blood glucose is greater than or equal to 14mmol/L: check ketone level and give a glass of water. Contact family to discuss need for correction dose of insulin and/or collection of the child depending on the levels.
- General action plan for ketones
- a. Ketone level under 0.6 mmol/L: give glass of water and recheck in 1-2 hours.
 - b. Ketone level 0.6 - 1.5 mmol/L*: supplementary insulin may be required and should be given if the support is competent and trained to do so after contacting parents to discuss the dose. Recheck after 1-2 hours.
 - c. Ketone level greater than 1.5 mmol/L*, intervention should occur without delay – contact parents to collect the child who should then liaise with their diabetes team.
 - d. If unable to contact parents and child is unwell with ketones greater than 2.5 mmol/L call an ambulance.

*If a child is using an insulin pump and ketones are greater than 0.6, please contact family as pump site change and pen correction is very likely needed

Appendix 1b Personal Pupil Plan - Over 8 years

Personal Pupil Plan for Over 8 Age Group

Picture

Contact details

Pupil Name _____ Class _____ DOB _____

Other siblings in school _____

Parents _____

Home Telephone _____

Contact 1 _____ Relationship _____ Mobile _____ Work _____

Contact 2 _____ Relationship _____ Mobile _____ Work _____

Home address _____

GP Contact _____ Hospital Contact _____ Diabetes Nurse _____

Medical condition(s)

School _____ Teacher _____ SNA _____

Insulin Administration

Review Date / /

2/3 times daily 4 times daily Insulin pump

Care needs of (insert pupil name) _____ within school setting.

Blood glucose monitoring	The target level for blood glucose is _____ Supervise/allow pupil or carry out blood glucose measurement <input type="checkbox"/> Mid-morning <input type="checkbox"/> Before lunch <input type="checkbox"/> Before planned activity <input type="checkbox"/> When Hypo/hyperglycaemia is suspected <input type="checkbox"/> Other
Dietary Needs	Supervise/allow the intake of: <input type="checkbox"/> Break snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack Before planned activity
Insulin administration	Supervise/allow pupil or help to administer insulin via: <input type="checkbox"/> Pen <input type="checkbox"/> Insulin Pump <input type="checkbox"/> Mid-morning <input type="checkbox"/> Before lunch <input type="checkbox"/> Other
Planned Exercise	Supervise/allow pupil to check the blood glucose level before exercise and if less than _____ consider a small snack such as _____
Vomiting or pupil feeling unwell	Parents should be contacted immediately if pupil vomits, regardless of blood glucose or ketone levels. The pupil should be collected by their parents. If parents are delayed, blood ketones should be checked, regardless of what pupil's blood glucose level is. Continued over 

Hypoglycaemia – can happen quickly but the warning signs are usually noticeable by the pupil or by the adults around them. Constant vigilance and prompt action can prevent events.

Hypo Box is kept at _____

Specific warning signs of Hypoglycaemia – tick all that applies to this pupil as the signs/symptoms differ in each pupil but remain constant.

- | | |
|---|---|
| <input type="checkbox"/> Shakiness | <input type="checkbox"/> Irritability or being badly behaved |
| <input type="checkbox"/> Tiredness | <input type="checkbox"/> Pale skin colour or glazed look on face/eyes |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> More moodiness or quieter than normal |
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Difficulty paying attention, or confusion |
| <input type="checkbox"/> Hunger or stating tummy is "funny" | <input type="checkbox"/> Unable to speak properly |
| <input type="checkbox"/> Behaviour changes, such as crying for no apparent reason | <input type="checkbox"/> Headache |

Presence of any symptom necessitates a blood glucose check and if less than _____ mmol/L action is required regardless of time. Failure to do so may result in the pupil collapsing and going unconscious.

1. Give/advise eating 10-15g of fast acting carbohydrate such as _____ or _____ or _____
2. Repeat blood glucose measurement after 10-15 minutes and if **not** above _____ mmol/L give the 10-15g fast acting carbohydrate again.
3. On recheck, If blood glucose level above _____ mmol/L give slow acting carbohydrate such as _____ or _____ or _____
4. If pupil unable to take food, give Glucogel™ if trained to do so or call emergency assistance.
5. If pupil unresponsive, call emergency assistance and give glucagon. For a child 6 years or older (or 25kg or greater), give full vial (1 mg) glucagon, if competent and trained to do so.

**NEVER LEAVE A PUPIL WITH HYPOGLYCAEMIA without adult supervision.
IF IN DOUBT, TREAT AS HYPO – less dangerous than not to.**

Hyperglycaemia

1. Blood glucose level 8-11 mmol/L: no specific action is needed in school. Family will monitor and liaise with diabetes team if a pattern of higher readings is identified.
2. Blood glucose level 11.1 -13.9 mmol/L give glass of water and recheck in one hour. If pupil is using an insulin pump, check that it is functioning properly.
3. Blood glucose level greater than or equal to 14 mmol/L, check ketone level and give a glass of water. Contact family to discuss need for correction dose of insulin and/or collection of the child depending on the levels.

General action plan for ketones

- a. Ketone level under 0.6 mmol/L: give glass of water and recheck in 1-2 hours.
- b. Ketone level 0.6-1.5 mmol/L*: supplementary insulin may be required and should be given if the support is competent and trained to do so after contacting parents to discuss the dose. Recheck after 1-2 hours.
- c. Ketone level: greater than 1.5 mmol/L*, intervention should occur without delay – contact parents to collect the child who should then liaise with their diabetes team.
- d. If unable to contact parents and child is unwell with ketones greater than 2.5 mmol/L call an ambulance.

*If a child is using an insulin pump and ketones are greater than 0.6, please contact family as pump site change and pen correction is very likely needed