

## Type 1 Diabetes Insulin injection action plan

<h3>HYPOGLYCAEMIA</h3> <p>Low Blood Glucose Level (BGL) &lt; 4 Rapid onset - minutes</p>	<h3>HYPERGLYCAEMIA</h3> <p>High Blood Glucose Level (BGL) ≥ 15 Slower onset - hours</p>
<p><b>SIGNS &amp; SYMPTOMS</b> Tired, Hungry, Pale skin Shaking, Sweating Irritable, Mood change Dizzy, Headache, Confusion Drowsy Non-responsive Unconscious ± Seizure</p>	<p><b>SIGNS &amp; SYMPTOMS</b> Tired Dry lips, Red flushed face, Excessive thirst Excessive urination Vomiting or nausea Stomach ache, Leg cramps Fruity breath Laboured breathing</p>
<p><b>CAUSES</b> Too much insulin Not enough carbohydrate from food Increased activity</p>	<p><b>CAUSES</b> Not enough insulin Food containing too much carbohydrate Infection / Illness / Stress Decreased activity</p>
<p><b>ACTION</b> If <b>CONSCIOUS &amp; COOPERATIVE:</b></p> <ol style="list-style-type: none"> <li>1. If possible check BGL</li> <li>2. Rest under supervision</li> <li>3. If a meal or snack is due within 30mins Give 4 glucose tablets or 100mL lemonade followed by the meal/snack</li> <li>4. If a meal or snack is not due within 30 mins give 4 glucose tablets or 100mls lemonade followed by a carbohydrate containing snack (i.e. 3-4 Sao crackers, muesli bar=15 grams).</li> <li>5. Recheck BGL after 20-30 mins.</li> <li>6. If BGL remains &lt; 4 or symptoms persist, repeat the above treatment again.</li> </ol> <p>If <b>UNCONSCIOUS/UNCOOPERATIVE:</b></p>	<p><b>ACTION</b></p> <ol style="list-style-type: none"> <li>1. Check child has washed hands and has not eaten within the last 2 hours.</li> <li>2. Check for Ketones in the blood or urine.</li> </ol> <p>If <b>KETONES ARE NEGATIVE:</b></p> <ol style="list-style-type: none"> <li>1. Encourage water to drink.</li> <li>2. Do not restrict meals, snacks or exercise.</li> <li>3. Re-check BGL and ketones in 2 hours (at the next meal or snack).</li> </ol> <p>If <b>KETONES ARE POSITIVE or CHILD UNWELL</b></p> <ol style="list-style-type: none"> <li>1. Contact parent, we recommend them to collect the child.</li> <li>2. If the ketones increase then the child must go home.</li> <li>3. Do not leave the child, adult supervision is required at all times.</li> </ol>



1. Turn child onto their side (Recovery Position)
2. DRS ABCD (Danger, Response, Send for Help, Airway, Breathing, CPR, Defibrillation)
3. Stay with child and call for help to contact an Ambulance (call 000)
4. Ring parents or if unable to contact parents, contact PMH Diabetes Clinic for assistance

***NB. EXERCISE***

**The child may need to eat extra carbohydrate containing snacks e.g. fruit, sandwich or crackers before, during and after exercise and check their BGL.**

4. Encourage water to drink
5. The child is not to exercise.
6. Re-check BGL and ketones in 2 hours (at the next meal or snack).
7. If vomiting, urgent medical attention is required by contacting the parents or PMH Diabetes Clinic for assistance

Positive Blood Ketones:  $\geq 0.6$

Positive Urine Ketones: Pink or Purple

**PHONE NUMBERS**

**Ambulance: 000**

**PMH Diabetes Department: 9340 8090**

**PMH Emergency Diabetes Doctor: 9483 6959**

**This document can be made available in alternative formats on request for a person with a disability.**

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Government of **Western Australia**  
**Child and Adolescent Health Service**

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