

HYPOGLYCAEMIA 'HYPO' ACTION PLAN – gestational diabetes mellitus

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| <p>Emergency contact details</p> <p>Ambulance: 000</p> <p>Hospital: _____ Ph: _____</p> <p>Doctor: _____ Ph: _____</p> <p>Diabetes Educator: _____ Ph: _____</p> <p>Family / Carer: _____ Ph: _____</p> <p>24hr Healthdirect - Ph: 1800 022 222</p> | <p>My contact details</p> <p>U.R. No: _____</p> <p>Surname: _____</p> <p>Given Name: _____</p> <p>DOB: _____</p> <p>Sex/Gender: _____</p> |
| <p>My low blood glucose (BG) definition</p> <p><i>A higher BG may be recommended due to other medical conditions.</i></p> | <p>Treat if BG less than _____ mmol/L even when there are no symptoms.</p> <p>Ensure BG is above 5.0mmol/L before driving.</p> |
| <p>My 'Hypo' treatment</p> <p>Step 1. Easily absorbed carbohydrate</p> <p><i>Treatment examples include 4-5 large glucose jellybeans or a ½ can (150 mL) of regular, not 'diet', soft drink.</i></p> | <p>At home: _____</p> <p>Out / car: _____</p> |
| <p>Step 2. Check BG</p> <p><i>If I repeat step 1 three times and I am still low, I need to seek medical advice immediately.</i></p> | <p>Monitor BG in 10-15 minutes.</p> <p>If BG still below target, repeat step 1.</p> |
| <p>Step 3. Longer acting carbohydrate</p> <p><i>If your next meal is more than 15-20 minutes away, treatment examples include 1 piece of fruit or 1 glass (250 mL) of milk.</i></p> | <p>Once BG is above _____ mmol/L.</p> <p>At home: _____</p> <p>Out / car: _____</p> |
| <p>Step 4. Monitor risk of repeat 'hypo'</p> <p><i>Causes of recurrent 'hypos' include excessive or ongoing action of insulin, missed meal, if fasting or unwell, during and after intense physical activity, excessive alcohol use.</i></p> | <p>Monitor BG ____ hourly for ____ hours.</p> <p>_____</p> <p>_____</p> |
| <p>Other issues to consider</p> <p><i>If unconscious or unable to swallow – I must not be given anything by mouth. My airway must be clear and I am to be positioned on my left side on the floor. An ambulance must be called immediately.</i></p> | <p>Glucagon trained person: _____</p> <p>Medic alert: _____</p> <p>Notification of driver licensing authority: _____</p> <p>NDSS Diabetes & Driving booklet given: _____</p> <p>Workplace: _____</p> <p>Employment and machinery: _____</p> |
| <p>When to contact doctor or credentialled diabetes educator</p> | <p>1. If I have had severe hypoglycaemia (e.g. I needed help from someone).</p> <p>2. If I have _____ mild hypos in a week.</p> |
| <p>Date: __ / __ / ____</p> | <p>CDE / DE Name: _____</p> <p>Signature: _____</p> |
| <p>Date: __ / __ / ____</p> | <p>Person / Carer: _____</p> <p>Signature: _____</p> |