## ▲ Management of blood glucose levels over 14mmol/l for children and young people with Type 1 diabetes



Give usual correction dose of insulin, then



Wait 1 hour, then go to step 2



BG still more than 14mmol/l

Check blood ketones, then go to step 3



BG now less than 14mmol/l

Give usual correction dose every 2 hours if required, then go to step 4



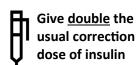
Be alert to signs of Diabetic **Ketoacidosis (DKA):** 

Vomiting, abdominal pain, heavy laboured breathing, panting or feeling drowsy If any of these are present, make contact with a healthcare professional immediately

Acceptable ketone levels (less than 0.6mmol/l)

Give usual correction dose every 2 hours if required, then go to step 4

High ketone levels (above 1.5mmol/l) Moderate ketone levels (0.6 - 1.5mmol/l)



Pump Users: Use pen injection, change set & cannula. If pump allows, dial this dose into the pump and 'waste' it

★ Wait 2 hours, then



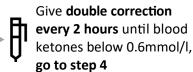
Repeat BG and blood ketones check

Ketones still above 0.6mmol/l

> Ketones now less than 0.6mmol/l

Ketone levels not reducing, contact a healthcare professional urgently

Ketone levels reducing





Give usual correction dose every 2 hours if required, go to step 4



If child is ill, refer to **SICK DAY MANAGEMENT** 



Keep well-hydrated. Drink plenty of sugar-free fluids



Pump users:

Check for occlusions or disconnections



If BG levels remain high and ketone levels less than 0.6mmol/l, consider:

**Pumps:** Temporary basal setting +30 to 50% **Expert Meter:** Stress Illness setting +20 to 25%

If no improvement, make contact with a healthcare professional



If BG reading 'HI' on meter, assume BG level is 30mmol/l



## CONTACT DETAILS

Mon-Fri 9am—5pm: Paediatric diabetes team office 01225 825331 | Out-of-hours: Paediatric registrar on-call via the RUH Switchboard: 01225 428331 In an emergency you may need to call an ambulance e.g. if acute signs of DKA