

Diabetes Care Plan

for education, child/care and community support services *

CONFIDENTIAL

To be completed by the PARENT/GUARDIAN and the TREATING MEDICAL PROFESSIONAL/CREDENTIALLED DIABETES EDUCATOR
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client _____ Date of birth _____
Family name (please print) First name (please print)

MedicAlert Number (if relevant) _____ Date for next review _____

EMERGENCY MANAGEMENT

**A LOW BLOOD GLUCOSE (hypo) requires URGENT TREATMENT (see attached flowchart)
The student must not be left unattended. If in doubt it is safest to treat.**

A **high blood glucose** level does not usually require urgent attention **unless** the student is unwell or is using an insulin pump (see attached flowchart).

ROUTINE MANAGEMENT

- Ensure all supervising staff are aware of the student's diabetes and their emergency and routine management plans
- Ensure meals and snacks provided are eaten on time
- Younger students (Yrs R-2) require supervision to ensure all food provided is eaten
- Allow food to be eaten at additional times, especially in relation to exercise
- Allow free access to drinking water and the toilet (high blood glucose levels cause increased thirst and urination)

MANAGEMENT OF EXERCISE

- Always have emergency treatment for low blood glucose on hand
- For vigorous exercise that lasts more than 30 minutes, give the following food/drink to prevent low blood glucose:
_____ (or other as advised by parent/guardian)
- Children on insulin pumps may safely disconnect their pumps for 1-2 hours for swimming or contact sports

BLOOD GLUCOSE MONITORING

Is this student usually able to perform their own blood glucose monitoring? **Yes** **No**

If no, please detail assistance requested from staff to support safety and develop self-management.

Note: Supervision of all blood glucose monitoring is recommended for all primary school students, to ensure correct technique and accurate documentation.

Routine blood glucose monitoring times at school (may be renegotiated with family for excursions etc):

1. _____
2. _____
3. _____

If possible, blood glucose monitoring should also be performed when the student has signs of low blood glucose or feels unwell.

The student must not be left unattended in these circumstances.

- If blood glucose is low (< 4 mmol/L), see attached flowchart
- If blood glucose is high (>15mmol/L), see attached flow chart
- Refer to attached blood glucose levels chart for individual student information

INSULIN ADMINISTRATION

Does the student require insulin to be given at school? **Yes** **No**
If **Yes**, is supervision required for the student? **Yes** **No**

Note: Supervision of insulin administration is recommended for all primary school students, to ensure the prescribed dose of insulin is delivered and documented accurately.
*(If **Yes**, please provide the following details)*

Routine insulin administration times at school:

- 1.....
- 2.....

Note: A DECS medication authority is required if insulin is to be administered at school

MANAGING CHANGES IN ROUTINE (EXCURSIONS, SWIMMING, CAMPS)

- Planning with parents well before the activity is important
- The student will need to eat meals and snacks at the usual school times (may need special permission to eat on the bus)
- The student may need to eat extra food if more active than usual
- Additional supervision will be required for swimming and aquatics activities
- Seek parents' advice regarding appropriate foods for parties and celebrations
- Early and careful planning with both parents and medical team is required prior to school camps, and a specific care plan for camp may be required.

ADDITIONAL INFORMATION

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Additional information attached to this care plan

- DECS Medication Authority*
- Individual insulin dose chart*
- Additional individual care information*
- Other (please specify)*
- Individual blood glucose chart*
- General information about this person's condition*
- First Aid Flowcharts*

Further Information

- Diabetes Planning and Support Guide for Education and Childcare Services: www.chess.sa.edu.au > A – Z Health Support Index > diabetes
- www.diabeteskidsandteens.com.au

*** THIS PLAN HAS BEEN DEVELOPED FOR THE FOLLOWING SERVICES/SETTINGS**

- School/education
- Child/care
- Respite/accommodation
- Transport
- Outings/camps/holidays/aquatics
- Work
- Home
- Other (please specify) _____

AUTHORISATION AND RELEASE

Medical Professional/Diabetes Educator _____ Professional role _____

Address _____

_____ Telephone _____

Signature _____ Date _____

I have read, understood and agreed with this plan and any attachments indicated above. I approve the release of this information to supervising staff and emergency medical personnel.

Parent/guardian

_____ Signature _____ Date _____
Family name (please print) First name (please print)