

Diabetes Care Plan

for child/student on an insulin pump

in 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)

EMERGENCY MANAGEMENT

Both LOW BLOOD GLUCOSE and HIGH BLOOD GLUCOSE levels require URGENT TREATMENT (see attached flowcharts). The student must not be left unattended.

If in doubt it is safest to treat a low blood glucose.

ROUTINE MANAGEMENT

- Ensure all supervising staff are aware of the student's diabetes and 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)

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 (e.g. 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.

MANAGEMENT OF EXERCISE

- Always have emergency treatment for a low blood glucose immediately available
- For vigorous exercise that lasts for more than 30 minutes, manage as follows to prevent low blood glucose:
_____(or other as advised by parent/guardian)
- **Children may safely disconnect their insulin pumps for 1-2 hours for swimming or contact sports**

BLOOD GLUCOSE MONITORING

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

Is supervision of blood glucose monitoring required for the student?

Yes No

Is this student usually able to perform their own blood glucose monitoring?

Yes No

Staff to supervise and support as follows:

Routine blood glucose monitoring times at school:

1. _____
2. _____

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.**

Refer to attached flow charts for treatment of low and high blood glucose levels.

Please inform the parents/caregivers if recurrent low and/or high blood glucose levels are recorded.

INSULIN PUMP BOLUS ADMINISTRATION

Does the student require insulin pump boluses at school? Yes No

Insulin pump boluses are not required at school if the student's pump has been programmed to automatically deliver extra insulin for recess and lunch. If the pump has been programmed to automatically deliver extra insulin for recess and lunch, it is essential that recess and lunch are eaten on time.

If **Yes**, is supervision required for the student? Yes No

Supervision of insulin pump boluses is recommended for all primary school students, to ensure the correct amount of carbohydrate and the correct blood glucose level is entered into the pump.

Staff to supervise and support as follows:

INSULIN ADMINISTRATION INSTRUCTIONS <i>(please print clearly)</i>		TIME <i>please tick administration time(s)</i>
Medication name <i>(include generic name)</i>		<input type="checkbox"/> 07 – 08.30 am <input type="checkbox"/> 09 – 10.30 am <input type="checkbox"/> 11 – 12.30 am <input type="checkbox"/> 01 – 02.30 pm <input type="checkbox"/> 03 – 04.30 pm <input type="checkbox"/> 05 – 06.30 pm <input type="checkbox"/> 07 – 08.30 pm <input type="checkbox"/> Overnight <input type="checkbox"/> Other <i>(if medically necessary)</i> <i>Please specify:</i> _____ _____
Form <i>(eg liquid, tablet, capsule, cream)</i> liquid	Route <i>(eg oral, inhaled, topical)</i> pump	
Strength	Dose	
Other instructions for administration		
Start/finish date <i>(if appropriate)</i> from _____ to _____		
Authorised prescriber _____ Professional role _____ Address _____ _____ Telephone _____ Signature _____ Date _____		

The flexibility in times allows planning around activities

THIS PLAN HAS BEEN DEVELOPED FOR THE FOLLOWING SERVICES/SETTINGS

- | | | |
|---|---|--|
| <input type="checkbox"/> School/education | <input type="checkbox"/> Respite/accommodation | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Outings/camps/holidays/aquatics/ swimming | <input type="checkbox"/> Other <i>(please specify)</i> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

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)