

# Diabetes Care Plan

## for child/student on insulin injections

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

**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.

#### 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 carbohydrate food provided is eaten
- Allow carbohydrate 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 more than 30 minutes, give the following food/drink to prevent a low blood glucose:  
\_\_\_\_\_ (or other as advised by parent/guardian)

#### 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:

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#### 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 ADMINISTRATION

**Supervision of insulin administration is recommended for all primary school students, to ensure the prescribed dose of insulin is delivered and documented accurately.**

Does the student require insulin to be given at school?

Yes       No

If **Yes**, is supervision of insulin administration required for the student?

Yes       No

Staff to supervise and support as follows:

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<b>INSULIN ADMINISTRATION INSTRUCTIONS</b> <i>(please print clearly)</i>		<b>TIME</b> <i>please tick administration time(s)</i>
Medication name <i>(include generic name)</i>		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;">                     The flexibility in times allows planning around activities                 </div> <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> Please specify: _____
Form <i>(eg liquid, tablet, capsule, cream)</i> <b>liquid</b>	Route <i>(eg oral, inhaled, topical)</i> <b>injection</b>	
Strength	Dose	
Other instructions for administration		
Start/finish date <i>(if appropriate)</i> from <input style="width: 50px;" type="text"/> to <input style="width: 50px;" type="text"/>		
Authorised prescriber _____ Professional role _____ Address _____ Telephone _____ Signature _____ Date _____		

### 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> |

### 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)