

Individual healthcare plan for Type 1 diabetes



for children/young people
with diabetes in schools
and Early Years settings



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Picture of child
or young person
may be supplied
by parent

Name:	
DOB:	
School/Setting:	
Date of implementation	

Any changes made to this individual healthcare plan should be signed and dated

Personal contact details

Name and address of school/setting		
Telephone		
Email address		
Name and address of parent/carer		
Telephone	Home	
	Mobile	
	Work	
Alternative contact Telephone	Home	
	Mobile	
	Work	
Paediatric Diabetes Specialist Nurse		Telephone
Diabetes Specialist Dietitian		Telephone
School Nurse		Telephone
GP		Telephone

What is diabetes?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high because the body is unable to use it properly.

Glucose levels in the blood are controlled by the hormone insulin. Insulin helps the glucose, which is converted from the food we have eaten, to move from the bloodstream into body cells and muscles where it can be used to produce energy.

Type 1 diabetes is caused by an absence of insulin. This cannot be cured but can be treated effectively by insulin injection/pump and a normal healthy diet.

Summary of care required within school/setting

<p>Glucose monitoring[†] (tick as applies)</p> <p>Times Complete times for all children/young people</p>	<p>The blood glucose target is between 4-7 mmol/l pre-meal</p> <p><input type="checkbox"/> 1. Child/young person requires no supervision</p> <p><input type="checkbox"/> 2. Supervise child/young person carrying out glucose testing and record before meals and as necessary</p> <p><input type="checkbox"/> 3. Perform and record glucose test before meals and as necessary</p> <hr/> <p><input type="checkbox"/> Break <input type="checkbox"/> Lunch <input type="checkbox"/> Other time (please state) _____</p> <p><input type="checkbox"/> Pre-exercise <input type="checkbox"/> Suspected hypo (refer to action plan page 5)</p>
<p>Hypoglycaemia (hypo)</p>	<p>A low blood glucose (less than 4 mmol/l) is known as HYPOGLYCAEMIA – refer to hypoglycaemia action plan page 5</p> <p>The hypo box is located at: _____ (please state location)</p>
<p>Hyperglycaemia</p>	<p>A high blood glucose (more than 13.9 mmol/l) is known as HYPERGLYCAEMIA – refer to hyperglycaemia action plan page 6</p>
<p>Insulin (tick as applies)</p> <p>* delete as appropriate</p> <p>Times</p>	<p><input type="checkbox"/> 1. Child/young person requires no supervision</p> <p><input type="checkbox"/> 2. Supervise insulin dose calculation</p> <p><input type="checkbox"/> 3. Supervise meal time dose using insulin pen/pump*</p> <p><input type="checkbox"/> 4. Administer meal time dose using insulin pen/pump*</p> <hr/> <p><input type="checkbox"/> Break <input type="checkbox"/> Lunch <input type="checkbox"/> Other time (please state) _____</p>
<p>Dietary needs</p>	
<p>Exercise (tick as applies)</p>	<p>Check glucose level:</p> <p><input type="checkbox"/> before activity <input type="checkbox"/> during activity <input type="checkbox"/> after activity</p> <p>If glucose level is below _____ mmol/l consider extra carbohydrate, eg _____</p> <hr/>

[†] The Paediatric Diabetes Specialist Nurse can provide additional guidance on Flash or Continuous Glucose Monitoring.

Action plan for hypoglycaemia (low blood glucose - less than 4 mmol/l)

Symptoms:

If blood glucose meter is available, check blood glucose (BG) – wash and dry hands well before using

Blood glucose < 4 mmol/l OR unable to check blood glucose.

Pupil cooperative: give fast acting sugar

Pupil uncooperative but able to swallow: give glucose gel* if available. (Twist off cap to break seal. Apply 1–1.5 tubes of glucose gel into the mouth between the gum and cheek in small amounts and massage.)

Pupil unable to swallow: DO NOT give anything to eat or drink

1. Remain with pupil until fully recovered.
2. Wash hands and retest blood glucose after 15mins.
3. If BG < 4 mmol/l repeat fast acting sugar treatment.
4. **Insulin pen users only:** when BG > 4 mmol/l give a plain biscuit or piece of fruit if next meal or snack is not due within 30 mins.
5. **Pump users only:** disconnect/suspend insulin pump if 2 hypo treatments given and not > 4 mmol/l, but continue to treat.
6. Return to class if symptoms resolve and continue with normal activities including snacks and meals. (Give insulin (if due) when BG > 4 mmol/l).
7. Inform parents/carers.

If symptoms improve

If glucose gel is not available or symptoms persist

Place in recovery position if possible. Call 999 for paramedic ambulance. Contact parents/carers ASAP. Remain with pupil. Disconnect/suspend insulin pump.

Mild hypoglycaemia

- Hunger
- Shakiness
- Weakness
- Paleness
- Personality change
- Dizziness
- Sweating
- Drowsiness
- Anxiety
- Irritability

Untreated

Moderate hypoglycaemia

- Behaviour change
- Headache
- Blurred vision
- Slurred speech
- Poor coordination
- Confusion

Untreated

Severe hypoglycaemia

- Unresponsive
- Unconscious
- Seizure with possible incontinence

* glucose 40% oral gel (brands include Glucogel, Rapilose)

Action plan for hyperglycaemia (high blood glucose - more than 13.9 mmol/l)

Symptoms

- Increased frequency of passing urine
- Increased thirst
- Excessive tiredness
- Difficulty in concentrating

Wash hands / Check blood glucose level

13.9 mmol/l or above
take action as below

- Contact parent for advice
- Check blood ketones (if agreed) – ketones < 0.6 mmol/l is a safe level
- Seek advice from parent whether pupil can exercise
- Encourage sugar free fluids
- Allow access to toilet if needed
- Check blood glucose and blood ketone levels (if agreed) after 2 hours and re-contact parent with update
- If the pupil is vomiting or unwell, call parent immediately or seek medical advice if parent unavailable

Agreement

Agreed by (print name)	Signature	Designation	Date
		Parent/carer	
		Paediatric Diabetes Specialist Nurse (PDSN)	
		Principal/Teacher	
		Other (please specify)	

This healthcare plan has been discussed and agreed by those named above and copies provided to all parties

It is recommended that care plans are reviewed annually.

Date	Reviewed by (print name)	Signature	Designation

Additional advice/comments (sign and date):



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