



Date of Plan:

Diabetes Medical Management Plan

This plan should be completed by the pupil's personal health care team and parent/ guardian. It should be reviewed with a School Nurse and copies should be kept in a place that is easily accessed by the school nurses.

Pupil's Name:

Date of Birth:

Date of Diagnosis:

Type 1 Diabetes

Hospital Attending:

Address:

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Consultant:

Diabetes Nurse Specialist:

Nurse Specialist Telephone:

Parents/Guardian

Contact Number:

Emergency Contact Number:

Please notify parents/guardian or emergency contact in the following situations.....

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Blood Glucose Monitoring

Target range for blood glucose is 4 – 14 mmols

Usual times to check blood glucose.....

Times to do extra blood glucose checks (*check all that apply*)

- Before exercise
- After exercise
- When pupil exhibits symptoms of hyperglycaemia
- When pupil exhibits symptoms of hypoglycaemia
- Other (explain): Before meals and snacks

Can pupil perform own blood glucose checks? Yes No

Type of blood glucose meter pupil uses:

Insulin: Please fill in names of insulin your son is on.

Short acting insulin (e. g. Novo Rapid)

Usual Lunchtime Dose

Base dose ofinsulin at lunch is units

Or does flexible dosing using Insulin units to grams of carbohydrate.

Long acting insulin (e.g Levemir).....

Usual Breakfast and evening Dose

Base dose

Correction Doses.....

Parental authorization should be obtained before administering a correction dose for high blood glucose levels. Yes No

_____ units if blood glucose is _____ to _____ mmols

_____ units if blood glucose is _____ to _____ mmols

_____ units if blood glucose is _____ to _____ mmols

Can pupil give own injections? Yes No

Can pupil determine correct amount of insulin? Yes No

Can pupil draw correct dose of insulin? Yes No

Meals and Snacks Eaten at School

Is pupil independent in carbohydrate calculations and management? Yes No