

Individual Health Care Plan Diabetes

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day-to-day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

Child's full name: _____

Child's date of birth: _____

Child's class: _____

Diabetes is a condition where the amount of glucose in the blood is too high because the body cannot use it properly. This is because the pancreas doesn't produce any insulin, or not enough insulin, to help glucose enter the body's cells – or the insulin that is produced does not work properly (known as insulin resistance).

Emergency Contact details:

Contact 1

Name:

Relationship to child:

Contact numbers:

Contact 2

Name:

Relationship to child:

Contact numbers:

GP: _____
number _____

Contact

Specialist: _____
number _____

Contact

Type of diabetes, details of condition

Any other health conditions/ Allergies etc:

Blood glucose monitoring:

Blood glucose target before eating.....

Blood glucose target after eating.....

Monitoring procedure

Insulin administration regime

Medications given at home (please include all medications given)

Name of medicine	Is this prescribed for diabetes?	Strength/Amount given	Times given

Medication to given in school

Name of medicine	Is this prescribed for diabetes?	Strength/Amount given	Times to be given

Emergency care

Please fill in this section to give details of emergency procedures .

Signs of hypoglycaemia (Hypo) - blood sugars too low

Action to be taken if Hypo occurs

Signs of Hyperglycaemia (Hyper) - blood sugars too high

Action to be taken if Hyper occurs

Signed _____ Name _____

Date _____

Suggested Daily Routine, e.g. times to eat, times for blood glucose monitoring etc

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Plan for physical Activity

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Further information that may be useful to school

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Heath care plan agreed by:

Parent/carer: _____

Date: _____

Healthcare professional (if applicable): _____

Date: _____

Member of school staff: _____

Date: _____

Parents/carers are responsible for ensuring that the school is aware of their child's needs and should update the school as necessary. This care plan will be reviewed yearly or more often if required; it will be shared with staff in school that are involved in the child's care. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.

Plan reviewed

By: _____ Designation: _____ Date: _____

By: _____ Designation: _____ Date: _____

By: _____ Designation: _____ Date: _____
