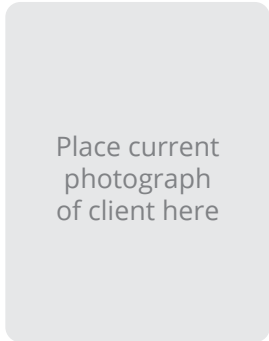


Diabetes management plan for person in care requiring medication

To allow for full functionality of this form, please
download this PDF file to your computer.

This form can be completed digitally using the Adobe
Acrobat program/app, or printed out and filled in by
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Adobe Reader can be downloaded at no cost from
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Client details

Name: _____

Date of birth: _____

Type of diabetes: Type 1 Type 2 Gestational Other: _____

Facility: _____

Key contact details

Name: _____

Phone: _____

Alternate phone: _____

Relationship: _____

Name: _____

Phone: _____

Alternate phone: _____

Relationship: _____

Diabetes health care team

Hospital/Clinic: _____

Phone number: _____

Endocrinologist/Specialist: _____

Diabetes Educator: _____

Medication

The client requires medication to manage their diabetes. This may include non-insulin injectable medication.

The nominated staff member to supervise is:

The alternate staff member to supervise is:

Type of medication:

Oral medication Non-insulin injectable medication

Instructions for medications; please list type of medication, the dose, and the time it is given:



Blood Glucose Level (BGL) Checking

Is client able to perform their own BGL check? Yes No

If yes, nominated staff member needs to:

Remind

Observe

Assist

If no, nominated staff member need to perform glucose monitoring.

The nominated staff member to assist client is:

The alternate staff member to assist is:

Time glucose needs to be checked:

Anytime and anywhere necessary

Prior to snack

Prior to lunch

When hypo suspected

Prior to activity

When client feels unwell

Other: _____

Other glucose monitoring:

Continuous Glucose Monitoring

Flash Glucose Monitoring

Physical activity

The clients glucose needs to be above _____ before physical activity.

If the glucose is between _____ and _____, client can participate immediately.

If below _____, client to have 15g of carbohydrate. Check _____ minutes later and if within their target range then client can participate as per usual.

Please let parent or guardian know blood glucose reading for the day, especially if client has had hypos or hypers.

Other activities

Notify parent or guardian ahead of the event to ensure further planning is done.

Ensure that action plans are adjusted depending on activity and duration.

All planning should be in consultation with the client's parent or guardian and if necessary the Diabetes Healthcare Team.

Additional management notes



Roles and Responsibilities

Parent/Guardian

- The facility should be informed as soon as possible after diagnosis.
- Contribute to the development of the diabetes management /action plans
- Ensure the facility has the current diabetes management plan
- Provide all the equipment the client needs to be safely supported which may include medication, glucose monitoring, insulin pump consumables and hypo treatment foods/drinks
- Provide guidance and support to facility staff when concerns or issues arise
- Provide consent for the facility to contact the appropriately qualified health professionals about the clients condition

Diabetes Healthcare Team

- Assist in developing the clients's individual diabetes management plan

- Provide relevant contact details in case specific questions arise from the facility

The client within their ability

- Be permitted to use the bathroom without restriction with support
- Have open communication with their facility staff
- Notify the staff when they are low or feel unwell
- Do their monitoring checks and insulin administration if able to do so with support

Facility Manager

- Coordinate a encouraging and safe environment that:
 - Recognises the client and their family are covered under the NDIS
 - Support client who need supervision or assistance in administrating medication

- Ensures this diabetes management plan is adhered to in the facility setting

- Ensure that all staff, including casual staff, are aware of the symptoms of low BGLs and the location of medication including the hypo kit
- Communicate with parent/carer and health care teams in regards to the clients diabetes management plan in an agreed manner

Facility Staff

- Have a comprehensive understanding of the requirements of the client with diabetes in their care
- Understand the signs and symptoms of a hypoglycaemic (hypo) and hyperglycaemic (hyper) episode
- Assist the client with diabetes if a hypo or hyper episode occurs and what treatment is needed according to the diabetes management plan
- Support the client in the management of their diabetes when they are unable to do so. This may include BGL testing to glucose monitoring

Agreements

Parent/Guardian

Name: _____



Diabetes Heath Professional

Name: _____

Role: _____



Facility Representative

Name: _____

Role: _____



HYPOGLYCAEMIA

LOW if Blood Glucose Level is below: _____
TREAT IMMEDIATELY

Signs and symptoms

Note: Symptoms may not always be obvious

**DO NOT LEAVE CLIENT UNATTENDED
DO NOT DELAY TREATMENT**

If conscious & cooperative

Able to eat hypo food

Hypo treatment or fast acting carb:

As supplied or listed on management plan

Recheck BGL after _____ mins

If BGL _____, repeat fast acting carb

If unconscious or drowsy

Risk of choking or unable to swallow

First aid

Place client on their side and stay with the client

**CALL AN AMBULANCE
DIAL 000**

Contact parent or guardian

when safe to do so

Client's name: _____

DOB: _____

Place current photograph of client here

Key contacts

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Non-insulin injectable

Will an injection will be required:

no yes with supervision

In room/location: _____

Continuous Glucose Monitoring (CGM)

Flash Glucose Monitoring (FGM)

Routine BGL checking times

- Anytime, anywhere
- Prior to lunch/other times as per management plan
- Any time hypo is suspected or client feels unwell
- Prior to activity

HYPERGLYCAEMIA

HIGH if Blood Glucose Level is above _____
(High BGLs are not uncommon)

Signs and symptoms

Note: Symptoms may not always be obvious

If well

Re-check BGL in 2 hours

If unwell

e.g. vomiting

Check ketones

(Refer to plan)

Encourage client to drink water

Call key contact(s)

to collect client ASAP

In 2 hours, if BGL still above _____, call key contacts for advice

Clinic: _____

Clinic contact: _____

Contact no: _____

To be used in conjunction with management plan

