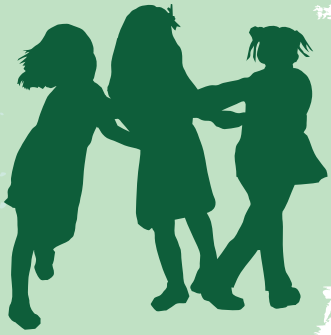
Individual healthcare plan for Type 1 diabetes



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

HSC Health and Social Care

Individual healthcare plan for Type 1 diabetes

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Picture of child or young person may be supplied by parent

Name:	
DOB:	
Name and address of school/setting:	
Telephone:	
Email address:	
Date of implementation	

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

Personal contact details

Name and address of parent/carer		
Telephone	Home	
	Mobile	
	Work	
Alternative contact Telephone	Home	
	Mobile	
	Work	
Paediatric Diabetes Specialist Nurse (PDSN)		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

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

† The Paediatric Diabetes Specialist Nurse can provide additional guidance on Continuous Glucose Monitoring.

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

Symptoms:

Confirm blood glucose (BG) with finger prick reading Yes ☐ / No ☐ :
wash and dry hands well before use

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 by mouth.

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. If 2 hypo treatments given and BG not > 4mmol/l, continue to treat and inform parent/carer.
   Insulin pump users only: ensure pump is suspended/ disconnected.
5. When BG > 4mmol/l and symptoms resolve, return to class and continue with normal activities including snacks and meals.
   Insulin pen users only: give a plain biscuit or piece of fruit if next meal or snack is not due within 30 mins.
6. Give insulin as per normal routine when BG > 4 mmol/l.

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. Ensure insulin pump is suspended/ disconnected.

Mild hypoglycaemia

Untreated

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

Moderate hypoglycaemia

Untreated

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

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 for longer than 2 hrs)

Symptoms

- Increased frequency of passing urine
- Increased thirst
- Excessive tiredness
- Difficulty in concentrating
- If vomiting or unwell, call parent/carer immediately or if unavailable seek advice from PDSN

Confirm blood glucose (BG) with finger prick reading Yes ☐ / No ☐ : wash and dry hands well before use

If BG is 13.9 mmol/l or above take action as below

- Check blood ketones yes ☐ / no ☐ if blood ketones 0.6mmol/l or above contact parent/carer
- 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/carer with update

Individualised information:

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):

Mobile phone used as medical device so should remain with pupil and accessible at all times yes ☐ / no ☐

Public Health Agency

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www.publichealth.hscni.net

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