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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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).*

*Diabetes UK*

**Emergency Contact details:**

**Contact 1**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact numbers**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact 2**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact numbers**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

GP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialist Dr/Nurse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­**

**Emergency care**

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

**Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signs of hypoglycaemia (Hypo) - blood sugars too low**

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**Action to be taken if Hypo occurs**

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**Signs of Hyperglycaemia (Hyper) - blood sugars too high**

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**Action to be taken if Hyper occurs**

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**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of diabetes, details of condition**

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**Any other health conditions/ Allergies etc:**

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**Blood glucose monitoring:**

Blood glucose target before eating……………..

Blood glucose target after eating………………..

**Monitoring procedure**

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|  |

**Insulin administration regime**

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**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** |
|  |  |  |  |

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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\_\_\_\_\_\_\_\_\_\_\_\_\_