



Children & Young People's Health Care Plan for Type 1 Diabetes

PERSONAL INFORMATION:

Name: _____ DOB: _____

School: _____ Class/Form: _____

Date Completed: ____/____/____ Review Date (As Required): ____/____/____

CONTACT INFORMATION:

Family Contact 1:

Family Contact 2:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Tel: (Home): _____ Tel: (Home): _____

(Work): _____ (Work): _____

(Mobile): _____ (Mobile): _____

Clinic / Hospital Contact:

G. P. Contact:

Name: _____

Name: _____

Title: _____

Practice: _____

Tel. No.: _____

Tel. No.: _____

OTHER MEDICAL CONDITIONS OR ALLERGIES:

Name: _____ DOB: ____/____/____ NHS Number: _____

Description of Type 1 Diabetes:

This child or young person (CYP) has Type 1 Diabetes which develops if the body is unable to produce the life-essential hormone insulin. This type of Diabetes is treated with insulin injections or insulin pump therapy daily, for life. Diabetes treatment is a balance of insulin injections, carbohydrate and activity.



Insulin + (Carbohydrate) + Activity
Diet

Diabetes does not exclude pupils from participating in any activities or school trips.

Daily Care Requirements
(Monitoring, Diet, Insulin and Activity)

Monitoring:

The purpose of blood glucose testing at school is to provide blood glucose values to help determine the correct prescription for the CYP, as decided by the diabetes team and family. In young children these tests also help determine snack timing and size. Parents / Guardians should be informed daily of any blood results.

**Recommended blood glucose levels during the school day are:
Between 4.1 and 15 mmol/L.**

Blood glucose monitoring is done at the following times:

- This pupil is able to:
- Self test
 - Needs supervision when testing
 - A trained member of staff to do blood glucose testing

For staff, attention need only be paid to values below **4mmol/L** (see next page for treatment) or above **15mmol/L** (page 5)

Parents / Guardians should be informed daily of any blood glucose results.

Name: _____ DOB: ____/____/____ NHS Number: _____

Low blood glucose reading (HYPO):

Low blood glucose readings are **below 4.0 mmol/L.**

'4 IS THE FLOOR'

See Hypoglycaemia Treatment Guide (page 4)

The main causes of a hypo are:

- Missed, delayed or inadequate snacks / meals
- More exercise / activity than planned
- Too much insulin

Possible symptoms:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Hungry | <input type="checkbox"/> Sweaty | <input type="checkbox"/> Glazed eyes |
| <input type="checkbox"/> Pale | <input type="checkbox"/> Wobbly / Shaky | <input type="checkbox"/> Headache / Tummy ache |
| <input type="checkbox"/> Mood Changes | <input type="checkbox"/> Tearful / Weepy | <input type="checkbox"/> Grumpy / Irritable |

*****NOTE*** THERE MAY NOT BE ANY SIGNS**

Hypo Box to be provided by parents / carer and updated regularly.

Hypo Box is stored: _____

Hypo Box Contains: _____

Guide to Hypoglycaemia (Hypo) Treatment

MAIN CAUSES:

- Missed, delayed or inadequate snacks / meals
- More exercise / activity than planned
- Too much insulin

SYMPTOMS:

- Hungry
- Wobbly / Shaky
- Headache
- Mood changes
- Pale
- Grumpy / Irritable
- Stomach ache
- Tearful / Weepy
- Sweaty
- Glazed eyes

*****CYP MAY NOT SHOW ANY SIGNS*****

TREATING A HYPO

Blood glucose level below 4 mmol/L

**URGENT ACTION IS REQUIRED
DO NOT LEAVE PUPIL ALONE**

TREATMENT:

1. CYP to have fast acting carbohydrates (sugar) e.g. 100 - 150mls of sugary drink or 3 - 5 glucose tablets e.g. Dextrose or Lucozade
Wait 15 minutes
2. If the pupil does not feel better in 15 minutes repeat step 1 until blood glucose is 4.1 mmol/L or above
3. Always follow this with slow acting carbohydrates (starchy food) e.g. 2 x plain biscuits or next meal or snack if due

Can the CYP eat and drink independently?

Yes

No

Is the CYP conscious but needs help to eat and drink?

Yes

No

Is the CYP unconscious?
(can lead to seizure)

Yes

TREATMENT:

CYP will need assistance to treat – give treatment as above
If pupil uncooperative **but conscious** use Glucogel*
IF CONDITION DETERIORATES DIAL 999

Using *Glucogel:

- ✓ Twist off Lid
- ✓ Place dispenser tip in the mouth
- ✓ Direct the gel between the gums and both sides of the cheeks
- ✓ Massage cheeks (externally) to aid absorption
- ✓ Can use the whole tube of gel gradually or continue with step 1, 2 and above when pupil is cooperating

Must never be given to an unconscious child due to the risk of choking



****RECOVERY POSITION****

TREATMENT:

- Recovery position**
- Nil by mouth
- Dial 999
- Inform parent / carer



1. Kneel next to the person. Place the arm closest to you straight out from the body. Position the far arm with the back of the hand against the near cheek.



2. Grab & bend the person's far knee



3. Protecting the head with one hand, gently roll person toward you by pulling the far knee over & to the ground



4. Tilt the head slightly so that the airway is open. Make sure that the hand is under the cheek. Stay close until help arrives.

ANNEX 3b

Name: _____ DOB: ____/____/____ NHS Number: _____

High Blood Glucose Reading (Hyperglycaemia):

Causes for hyperglycaemia are lack of insulin, too much food, stress, anxiety and changes in weather.

If the blood glucose level is high and the CYP is well – no further action is required. However, the CYP may need to visit the toilet more frequently and may become thirstier.

Please do NOT make the CYP perform extra exercise without prior consent from the family as this can make them unwell.

High Blood Glucose Reading (Hyperglycaemia):

High blood glucose readings are over _____ mmol/L

If CYP has higher blood glucose levels they may need to use the toilet more frequently. They may feel thirsty, therefore please allow them to drink water freely.

Illness:

If the CYP is unwell, check blood glucose level and contact the family (follow normal school procedure). If the blood glucose reading is high, refer to high blood glucose guidance above.

Comments:

Diet:

The diet should be healthy and routinely avoid high sugar foods / drinks. It is important that carbohydrates are eaten regularly. If snack, or meal times are changed, or if food activities are planned please give parent / carer prior notice in order to plan for this.

A starchy snack is required at: _____ and normally consists of:

Lunch is at: _____ daily and the CYP has **packed lunch / cooked meal**

Sport / Exercise / Activity:

CYP should take blood monitor and supplies for treatment of hypo to any activity:

Comments:

ANNEX 3b

Name: _____ DOB: ____/____/____ NHS Number: _____

Insulin Injections – During Day:

Rapid acting insulin works within 5–10 minutes and is given immediately before or immediately after eating meals / snacks. **After giving insulin the CYP MUST eat within 10 minutes. Under NO circumstances should there be any delay.**

CYP must have access to a private space with hand washing facilities made available.

THE PUPIL SHOULD NOT BE MADE TO USE THE TOILET TO GIVE INSULIN INJECTIONS.

- CYP: Does not inject in school
 Injects rapid acting insulin daily
 May inject rapid acting insulin
- CYP does: Not require supervision
 Require supervision
 Need a trained staff member to do pen injection
(follow guidance attached in Appendix)
- CYP will: Keep their insulin pen at school
 Carry their insulin pen with them
 Keep a 3ml penfill / disposable pen in fridge at school

(Insulin loaded into an insulin pen lasts for 4-6 weeks)

It is recommended that pupils own clinical sharps box **IS** used. Provision and disposal will be arranged by parent / guardian

If the child is carbohydrate counting at home, insulin will be given according to the number of grams of carbohydrate eaten.

It is the family's responsibility to calculate this insulin to carbohydrate ratio and update the school with any changes.

Parents will inform school at beginning of each term how much insulin is required before lunch is eaten. This amount may need to be increased if blood glucose is already high.

EXTRA insulin to be added onto **NORMAL** dose of insulin as follows:

Blood glucose 10 -15mmol/L = _____ units of fast-acting insulin
Blood glucose 15 -20mmol/L = _____ units of fast-acting insulin
Blood glucose 20+mmol/L = _____ units of fast-acting insulin

ANNEX 3b

Name: _____ DOB: ____/____/____ NHS Number: _____

Signed and agreed:

Parents / Carer and CYP Agreement:

I agree that the medical information contained in this plan may be shared with individuals involved with _____ care (this includes emergency services). I understand that I must notify the school of any changes in writing.

Child & Young Person

Signature: _____ Date: ____/____/____

Print Name: _____

Parent / Guardian

Signature: _____ Date: ____/____/____

Print Name: _____

Agency Representative Agreement:

This arrangement will continue until any changes are made to the health care plan when it is reviewed annually or when informed of necessary changes by parent/carer in writing.

Signature: _____ Date: ____/____/____

Print Name: _____ Job Title _____

Healthcare Professional Agreement:

I agree that the information is accurate and up to date.

Signature: _____ Date: ____/____/____

Print Name: _____ Job Title _____

FORM COPIED TO:

Designation

Named Contact Point

- 1) Parent / Guardian
- 2) School
- 3) Diabetes Team
- 4) School Nurse
- 5)

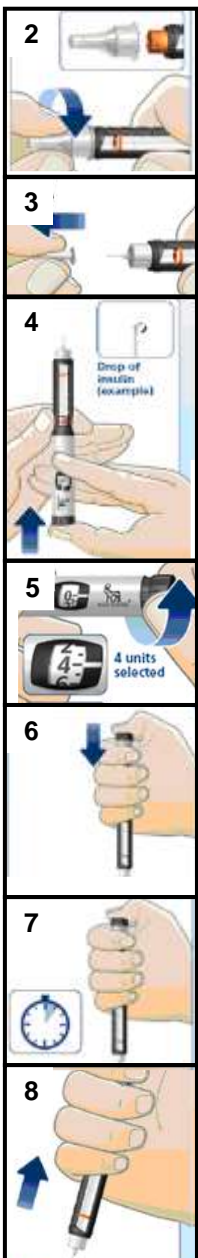
Appendix:

Technique for testing blood glucose:

- ✓ Wash and dry hands
- ✓ Insert test strip into meter (**fig 1**) – the meter will turn on automatically and do a quick self -check prompting you to apply a drop of blood (**fig 2**)
- ✓ Apply the finger pricking device firmly against the side of the finger - press the fire / release button (**fig 3**)
- ✓ Gently squeeze the finger and obtain a droplet of blood
- ✓ Touch the tip of the test strip onto the drop of blood (blood will be 'sucked-up') (**fig 4**)
- ✓ The meter will count down and display a result on the screen (**fig 5**)
- ✓ Record the result
- ✓ Remove the used test strip – dispose of strip in sharps container - the meter will switch off automatically



*****PLEASE NOTE*****
 Child may be using a different blood glucose meter which will differ in design / shape to pictures shown – principles are same



Injection technique:



Insulin can be injected into the front and sides of both thighs top of buttocks, back of the upper arms and abdomen (**fig 1**)

- ✓ Remove the protective tab from a needle. Screw the needle tightly onto the coloured cap (**fig 2**)
 - ✓ Remove cap and needle cover from the insulin pen device (**fig 3**)
 - ✓ Prime the insulin pen by dialling 2 units and ensuring that a drop of insulin appears at the tip of the needle **fig 4**)
 - ✓ Dial the number of units of insulin that is required by turning the dial selector (the pen will click and a number will appear in the dosage window) (**fig 5**)
 - ✓ Hold Insulin Pen device (**fig 6**), fully insert the needle into the skin at right angles
 - ✓ Do **NOT** squeeze skin before injecting insulin
 - ✓ Press the delivery button on the top of the insulin pen to inject the insulin – the dosage dial will return to zero. Hold needle in skin for 6-10 seconds (**fig 7**)
 - ✓ Withdraw the needle at right angles (**fig 8**)
 - ✓ Remove needle using needle remover (as previously taught)
- A droplet of blood may form on the skin after the needle is removed. If this is noted – apply a little pressure with a tissue to the injection area.

EXTRA:

(already in the Surrey County Council Medicines Management in schools handbook) – found in all Surrey schools.

This is the information in the file that is a resource / policy folder for all Surrey schools.

- **What is Diabetes**
- **Recognition / Symptoms**
- **Management of an acute episode of hyperglycaemia**
- **Day to day management issues**
- **General principles**
- **Specific Information/resources**

ANNEX 3b

- **Day to day management issues**
- **General principles**
- **Specific Information/resources**