

Diabetes Management Plan

Note: The Diabetes Management Plan must remain with the Diabetes Register and the child at all times.

Child's Name:		Date of Birth:	
Doctors Name:		Doctors Phone:	
Doctors Address:			
Date of Plan:		Review Date:	
Usual Diabetes Management			
What time does your child require blood glucose testing?			
<input type="checkbox"/> 1 st Reading	am/pm	<input type="checkbox"/> 3 rd Reading	am/pm
<input type="checkbox"/> 2 nd Reading	am/pm	<input type="checkbox"/> 4 th Reading	am/pm
<input type="checkbox"/> 5 th Reading	am/pm	<input type="checkbox"/> 6 th Reading	am/pm
Blood Glucose Monitoring			
The minimum blood glucose level is:	mmol/L	The maximum blood glucose level is:	mmol/L
What actions are required if the blood glucose falls outside of the minimum and maximum ranges?			
What time does your child require insulin injections?			
<input type="checkbox"/>	am/pm	<input type="checkbox"/>	am/pm
<input type="checkbox"/>	am/pm	<input type="checkbox"/>	am/pm
<input type="checkbox"/> Any other time, please specify: am/pm			
How do you recognise that your child is requiring attention to their Diabetes?			
Does your child tell you when they are feeling unwell?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Excessive thirst/ hunger	<input type="checkbox"/> Dizziness/ weakness	<input type="checkbox"/> Change in behaviour	
<input type="checkbox"/> Sweating	<input type="checkbox"/> Tiredness/ lethargic	<input type="checkbox"/> Trembling/ shaking	
<input type="checkbox"/> Other, please specify:			

DOCUMENT NUMBER & TITLE		NQS2 Diabetes Management Plan APPENDIX	
CONTENT OWNER	Kylie Warren-Wright, National Safe Work and Wellbeing Manager – Governance and Risk	DOCUMENT AUTHOR	Kylie Warren-Wright, National Safe Work and Wellbeing Manager – Governance and Risk
DATE PUBLISHED	30/10/2013	DOCUMENT VERSION	V11.0
REVISION DUE DATE	31/08/2017		
RECORD MANAGEMENT SCHEDULE	Child Enrolment - C+3yrs		
Ensure you are using the latest version of this policy. You can find it at http://policies.goodstart.org.au/PoliciesandProcedures/NQS2%20Diabetes%20Management%20Plan%20APPENDIX.docx			
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Activities and Exercise			
Are there any activities or exercise that your child can not participate in?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide details:
Does your child usually require any insulin before/after exercise or play?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide details:
Medication	Dose	Method	Frequency
Parent/Guardian Name:		Centre Director/Director in Development Name:	
Signature:		Signature:	
Date:		Date:	
<p>Note: Please also attach a copy of the Diabetes Management Plan from the doctor as well as step-by-step instructions on completing the Blood Glucose Levels (BGL) testing and insulin administration (where insulin is required), as well as a food plan/menu for the child.</p>			

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