Diabetes Management Plan

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

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors Name:</td>
<td>Doctors Phone:</td>
</tr>
<tr>
<td>Doctors Address:</td>
<td></td>
</tr>
<tr>
<td>Date of Plan:</td>
<td>Review Date:</td>
</tr>
</tbody>
</table>

### Usual Diabetes Management

**What time does your child require blood glucose testing?**

- [ ] 1st Reading am/pm
- [ ] 3rd Reading am/pm
- [ ] 5th Reading am/pm
- [ ] 2nd Reading am/pm
- [ ] 4th Reading am/pm
- [ ] 6th 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?**

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**What time does your child require insulin injections?**

- [ ] am/pm
- [ ] am/pm
- [ ] am/pm

- [ ] Any other time, please specify: am/pm

**How do you recognise that your child is requiring attention to their Diabetes?**

- [ ] Yes  [ ] No

- [ ] Excessive thirst/ hunger
- [ ] Dizziness/ weakness
- [ ] Change in behaviour
- [ ] Sweating
- [ ] Tiredness/ lethargic
- [ ] Trembling/ shaking

- [ ] Other, please specify:

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**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

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**Record Management Schedule**: Child Enrolment - C+3yrs

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Ensure you are using the latest version of this policy. You can find it at  

Warning – uncontrolled when printed. This document is current at the time of printing and may be subject to change without notice.
## Activities and Exercise

Are there any activities or exercise that your child can not participate in?  

- [ ] Yes  
- [ ] No  
If yes, please provide details:

Does your child usually require any insulin before/after exercise or play?  

- [ ] Yes  
- [ ] No  
If yes, please provide details:

## Medication

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Method</th>
<th>Frequency</th>
</tr>
</thead>
</table>

**Parent/Guardian Name:**

**Signature:**

**Date:**

**Centre Director/Director in Development Name:**

**Signature:**

**Date:**

**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.