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**INDIVIDUAL HEALTH CARE PLAN FOR A CHILD OR**

|  |
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|  |

**YOUNG PERSON (CYP) WHO HAS DIABETES**

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|  |  |
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1. **CHILD/YOUNG PERSON’S INFORMATION**
	1. ***CHILD/YOUNG PERSON DETAILS***

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name:** |       | **Year group:**  |  |
| **Hospital/NHS number:**  |       | **DOB:**  |  |
| **Nursery/School/College:** |       |  |
| **Child’s Address:**  |       |  |
| **Town:** |       |  |
| **County:** |       |  |
| **Postcode** |       |  |
| **Type of Diabetes:** |  |  |
| **Other medical conditions:**  |       |  |
|  |       |
| **Allergies**: |       |
| **Date:**  |  | **Document to be Updated:**  |  |

##

## *1.2.FAMILY CONTACT INFORMATION*

|  |  |
| --- | --- |
| **Name** |       |
| **Relationship** |       |
| **Telephone Number** | **Home**  |  |
|  | **Work**  |  |
|  | **Mobile**  |  |
| **Email** |       |
| **Name** |       |
| **Relationship** |       |
| **Telephone Number** | **Home**  |  |
|  | **Work**  |  |
|  | **Mobile**  |  |
| **Email** |       |
| **Name** |       |
| **Relationship** |       |
| **Telephone Number** | **Home**  |  |
|  | **Work**  |  |
|  | **Mobile**  |  |
| **Email** |       |

***1.3.ESSENTIAL INFORMATION CONCERNING THIS CHILD /YOUNG PERSONS HEALTH NEEDS***

|  |  |
| --- | --- |
| **Contacts** | **Contact Number** |
| **Children’s Diabetes Nurses**  |       |       |
|  |       |       |
| **Key Worker:** |       |       |
| **Consultant Paediatrician:** |       |       |
| **General Practioner:** |       |       |
| **Link Person in Education** |       |       |
| **Class Teacher:** |       |       |
| **Health Visitor/School Nurse:**  |       |       |
| **SEN Co-ordinator:**  |       |       |
| **Other Relevant Teaching Staff:**  |       |       |
| **Other Relevant Non-Teaching Staff:** |       |       |
| **Head teacher** |       |       |

This CYP has DIABETES, requiring treatment with (*check which applies):*

|  |  |
| --- | --- |
| **Multi-dose regime i.e. requires insulin with all meals** | [ ]  |
| **Insulin Pump Therapy:** |  |
| **3 injections a day (no injections in school)** | [ ]  |
| **2 injections a day (no injections in school)** | [ ]  |
| **Other - please state** |       |

Pupils with Diabetes will have to attend clinic appointments to review their condition. Appointments are typically every 3 months, but may be more frequent .These appointments may require a full day’s absence. Education authority staff should be released to attend the necessary diabetes training sessions, in accordance with national guidance.

1. **BLOOD GLUCOSE TESTING**

The CYP has a blood glucose monitor, so they can test their blood glucose (BG). BG monitoring is an essential part of daily management; **their equipment must not be shared.**

 (*Check which applies)*

|  |  |
| --- | --- |
| **BG testing to be carried out by a trained adult, using a Fastclix / Multiclix device.**  | [ ]  |
| **This child requires supervision with blood glucose monitoring**  | [ ]  |
| **This CYP is independent in BG testing**  | [ ]  |

This procedure should be carried out:

* In class or if preferred, in a clean private area with hand washing facilities
* Hands to be washed prior to the test
* Blood glucose targets pre meal   -   mmol/land   -   mmol/l after meals.
* Blood glucose testing lancets and blood glucose strips should be disposed of safely.
* There are a wide range of different blood glucose meters available, some have a built in automated bolus calculator.
1. **INSULIN ADMINISTRATION WITH MEALS**

**Check if applies** **[ ]  if not, go to page 4**

 (*Check which applies)*

|  |  |
| --- | --- |
| **Insulin to be administered by a suitably trained adult, using a BD Autosheild pen needle**  | [ ]  |
| **Supervision is required during insulin administration** | [ ]  |
| **This young person is independent, and can self-administer the insulin** | [ ]  |
| **This CYP is on an insulin pump ( see further information below and section 7.2 page 8))** | [ ]  |

The child or young person requires variable amounts of quick acting Insulin, depending on how much they eat.

(*Check which applies)*

|  |  |
| --- | --- |
| **They have a specific Insulin to carbohydrate (CHO) ratio ( I:C)** | [ ]  |
| **They are on set doses of insulin** | [ ]  |

This procedure should be carried out:

* In class, or if preferred in a clean private area with hand washing facilities
* Should always use their own injection device; or sets.
* All used needles should be disposed of in accordance with the school’s local policy

**INSULIN ADMINISTRATION**

**Delivered via pen device: [ ]  Delivered Via insulin pump: [ ]**

|  |  |  |
| --- | --- | --- |
| **Insulin Name** | **Time** | **Process** |
| Other:       |       |       |
|  |       |  |
| **Insulin Name** | **Time** | **Process** |
| Other :       |       |       |
|  |       |  |

 **NOTE:** See additional information **[ ]** page 8

1. **SUGGESTED DAILY ROUTINE**

|  |  |  |
| --- | --- | --- |
|  | **Time** | **Note** |
| **Arrive School** |  |       |
|  |  |       |
|  |  |  |
| **Morning Break** |  |       |
| **Lunch** |  |       |
|  |  |       |
| **Afternoon Break** |  |       |
| **School finish** |  |       |
| **Other** |  |       |
|  |  |       |
|  |  |       |

**Please refer to ‘Home-school’ communication diary [ ]**

**Please refer to School planner [ ]**

1. **PHYSICAL ACTIVITY**

|  |  |
| --- | --- |
| Extra Snacks are required:**PRE-EXERCISE** |       |
| **POST-EXERCISE** |       |

1. **HYPOGLYCAEMIA**

**(‘Hypo’ or ‘Low Blood Glucose’)**

**BG: Below 4 mmol/l.**

|  |  |
| --- | --- |
| **INDIVIDUAL HYPO- SYMPTOMS FOR THIS CHILD/ YOUNG PERSON ARE:** |       |

**How to treat a hypo:**

* **If possible, check BG to confirm hypo, and treat promptly: see flow chart below**
* **Do not send this child or young person out of class unaccompanied to treat a hypo**
* **Hypos are described as either mild/moderate or severe depending on the individual’s ability to treat him/herself.**
* **The aim is to treat, and restore the BG level to above *5.6mmol/l***

A Hypo box should be kept in school containing fast acting glucose and long acting carbohydrate. Staff, and the CYP should be aware of where this is kept and it should be taken with them around the school premises; if leaving the school site; or in the event of a school emergency.

**It is the parent’s responsibility to ensure this emergency box is adequately stocked; independent young people will carry hypo remedies with them.**

* 1. **TREATMENT OF HYPOGLYCEMIA**

 **BG below 4mmol/l**

***Personalised Treatment Plan***

***Follow steps 1-4***

**Step 1. Give fast acting rapidly absorbed simple CHO promptly.**

**Step 2. Re-test BG 15 minutes later**

**Step 3. If BG still below 5.6mmol/l:**

**If BG above 5.6mmol/l:**

 **Step 4**

**For some CYP an extra snack may be required (especially if the next meal is 1-2 hours away)**

|  |
| --- |
| Step 1      |

**MILD/ MODERATE**

**Can he/she eat & drink independently**?

|  |
| --- |
| Step 4      |

***Personalised Treatment Plan***

* ***Place the CYP in the recovery position***
* **Nil by mouth**
* **DIAL 999**
* **If a trained member of staff is available, to administer the Glucagon injection:**

**0.5mg (half dose) for less than 8 years old (or weight less than 25kg)**

**1mg (full dose): if over 8 years of age.**

* **Never leave him/her alone**
* **Contact parents.**
* **When fully awake follow steps 1-4 above.**
* **A severe hypo may cause vomiting.**
* **On recovery the CYP should be taken home by parents/carers.**

**SEVERE**

**Is he/she semi-conscious; unconscious; convulsing or unable to take anything by mouth?**

Yes

**\*\*\* Consider what has caused the HYPO? \*\*\***

1. **HYPERGLYCAEMIA**

(High blood glucose)

Children and young people who have with diabetes may experience high blood glucose (hyperglycaemia) when the blood glucose levels are above       **mmol/l**.

\*\*\* IF THIS CYP IS ON INSULIN PUMP THERAPY PLEASE REFER DIRECTLY TO SECTION 7.2 \*\*\*

If the child/young person is well, there is no need for them to be sent home, but parents/guardian should be informed at the end of the day that the child/young person has had symptoms of high blood glucose

**7.1 Treatment of Hyperglycaemia for a Child/Young Person on Injections**

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|  |
| --- |
| **If still above**       **mmol/l:****Contact Parents, he/she may well require extra fast acting insulin, consider a correction dose.** |

* **Encourage sugar free fluids**
* **Allow free access to toilet**
* **No exercise**
* **If available test blood ketone levels**
* **Re-test BG in 1 hour**

|  |
| --- |
| BG above       mmol/l**No other symptoms** |

|  |
| --- |
| If correction dose is required:**1 unit of insulin will lower BG by** **mmol/l** |

|  |
| --- |
| **If now below**       **mmol/l:****Test BG before next meal** |

|  |
| --- |
| **BG above**       **mmol/l****Feels unwell?****Headache****Abdominal pain****Sickness or****Vomiting** |

* **CONTACT PARENTS IMMEDIATELY**
* **Blood ketone testing is advised**
* **Will require extra quick acting insulin**
* **Needs to be taken home**

**7.2 Treatment of Hyperglycaemia for a Child/Young Person on Pump Therapy**

|  |
| --- |
| BG above       mmol/l |

|  |
| --- |
| BG above       mmol/lGive correction dose via pump. |

**CYP UNWELL**

**Drowsy**

**Vomiting**

**Not drinking**

**Breathing Heavily**

**APPEARS WELL**

* **Check blood ketones**
* **Give correction bolus via the pump**
* **Encourage fluids**
* **Check pump and site**

|  |
| --- |
| **KETONES****ABOVE:       mmol/l****Contact Parents** |

**NO BLOOD
KETONES**

|  |
| --- |
| **BG above:**       **mmol/l*** **Contact parents**
* **Give insulin injection via a pen device**
* **Re site pump set and reservoir**
* **Monitor closely until parents take home**
 |

|  |
| --- |
| **BG below**      mmol/l and falling**Continue to monitor 2 hourly.** |

* School to be kept informed of any changes in this child or young person’s management( see page 6-7)
* The CYP with diabetes may wear identification stating they have diabetes. These are in the form of a bracelet, necklace, watch or medical alert card.

**Please use the box below for any additional information for this child or young person.**

|  |
| --- |
|       |

 **Name Signatures Date**

|  |  |  |  |
| --- | --- | --- | --- |
| **Young person** |       |  |       |
| **Parents/Guardian :** |       |  |       |
| **Diabetes Nurse Specialist:** |       |  |       |
| **School Representative:** |       |  |       |
| **Health visitor/ School Nurse:** |       |  |       |

|  |
| --- |
| **Governing bodies are responsible to ensure adequate members of staff have the appropriate training in the education setting. Staff training:**       |

***The following should always be available in school, please check:***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Hypo treatment: fast acting glucose***  | [ ]  |  ***Insulin pen*** | [ ]  |
| ***Gluco gel*** | [ ]  | ***Cannula and reservoir for pump set change***  | [ ]  |
| ***Finger prick device, BG monitor and strips***  | [ ]  | ***Spare battery*** | [ ]  |
| ***Ketone testing monitor and strips*** | [ ]  | ***Up to date care plan*** | [ ]  |
| ***Snacks***  | [ ]  |       | [ ]  |

***References:***

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* *Managing Medicines in school and early Years Setting. Department of Health. 2005*
* *ISPAD clinical Practice Consensus Guidelines. 2011*
* *NICE clinical guideline 15: July 2004 (last modified: October 2011) Type 1 diabetes: diagnosis and management of type 1 diabetes in children, young people and adults.*
* *Making every young person with diabetes matter. Department of Health. 2007.*



**THIS CARE PLAN HAS BEEN DESIGNED BY A SUB-GROUP LEAD BY**

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