

ICS Diabetic Management Plan

Students Name	Admissions Number		Date of Birth
Wears medical ID (delete as appropriate)	Yes/No	Allergies (delete as appropriate)	Yes/No
Parent/Guardian Name	Mobile Number		Relationship
Parent/Guardian Name	Mobile Number		Relationship
Emergency Contact	Mobile Number		Relationship
Diabetes Team Contact Name	Telephone		Facility
Type 1 or Type 2 Diabetes 1 / 2	Age Diagnosed		
Permission to discuss with education staff: Yes/No			
Glucose monitoring in school (how / when)			
Hypoglycaemia (symptoms/treatment)			
Hyperglycaemia (symptoms/treatment)			
<p>School held medication/information (please attach doctor's prescription and medical report)</p> <p>Parents need to provide supplies to the school clinic (if prescribed). No student should be carrying medication without the prior knowledge of the school nurse. These may include (delete as appropriate):</p> <ul style="list-style-type: none"> • Blood glucose meter with lancet device • Glucose testing strips • Insulin pen with needles, insulin cartridge, line change equipment for pump • Glucagon emergency medication in original container (this will be stored in the Clinic in an accessible place to be used in emergencies only) • Hypo kit: fast acting source of glucose, orange drinks, carbohydrate snack • Spare batteries • Additional items (please list) 			

Should _____ suffer a diabetic emergency with no school nurse present, I give permission for any of the adults working with them to administer the prescribed glucogel and glucagon if necessary. This will be done in their capacity as a responsible adult rather than a qualified medical practitioner. First aiders will have been given instruction by the school nurse and prior to any trip/activities. I agree that the school and its employees shall not be liable for any claims that I may have arising from the administration of this medicine to my child at school or on trips/activities.

Parents Full Name (please print)	Parents Signature	Date
Nurses Full Name (please print)	Nurses Signature	Date

ICS aims to support students participation in all school activities and to become a self-caring individual as age appropriate. Individual care plans need to be renewed annually or as advised by the treating doctor. Please contact us directly with any concerns.

Never send a child with suspected low/high blood sugar anywhere alone

<p>Causes of hypoglycaemia (low blood sugar below 4 mmols/72mg per dl)</p> <ul style="list-style-type: none"> • Too much insulin • Missed or delayed meal • Intense or unscheduled exercise

Mild symptoms	Moderate Symptoms	Severe Symptoms
<ul style="list-style-type: none"> • Hunger • Shakiness • Weakness • Pale and sweating • Dizziness and/or drowsiness • Personality change / irritability • Inability to concentrate 	<ul style="list-style-type: none"> • Headache • Poor coordination • Blurred vision • Slurred speech • Confusion 	<ul style="list-style-type: none"> • Loss of consciousness • Seizure • Inability to swallow



Action - Mild / Moderate	Action - Severe
<ul style="list-style-type: none"> • Inform school nurse / first aider • Check blood sugar • Student may/may not treat self (dependant on age and ability) • Provide quick sugar source (15g carbohydrate) • Wait 10-15 minutes and recheck blood sugar • Repeat food if symptoms persist or blood glucose is less than 70 mg/dL • Follow with a snack of carbohydrate and protein 	<ul style="list-style-type: none"> • Inform school nurse / first aider • Administer glucogel sublingual if conscious • Position on side • Administer glucagon if prescribed • Dose _____ • Call 998 • Inform parents/guardian

Causes of hyperglycaemia (high blood sugar above 15 mmols/270 mg per dl)	
<ul style="list-style-type: none"> • Too little insulin • Pump malfunction • Illness 	<ul style="list-style-type: none"> • Food intake not covered by insulin • Decreased physical activity • Severe physical/emotional stress
Signs and Symptoms	
<ul style="list-style-type: none"> • Increased thirst and/or dry mouth • Frequent/increased urination • nausea/vomiting • Fatigue 	<ul style="list-style-type: none"> • Abdominal pain • Blurred vision • Heavy breathing / shortness of breath • Fruity breath



Action / Treatment
<ul style="list-style-type: none"> • Inform school nurse / first aider • Check blood sugar and ketones in urine • If using a pump ensure it is connected and functioning properly • Inform parent /guardian • Administer supplemental insulin dose • Give extra water • Recheck blood glucose every two hours to ensure it is reducing • Restrict physical activity if blood glucose is high and / or ketones are present • Arrange for transfer to hospital if no improvement (i.e. clinically unwell and blood glucose and ketones are not decreasing)