

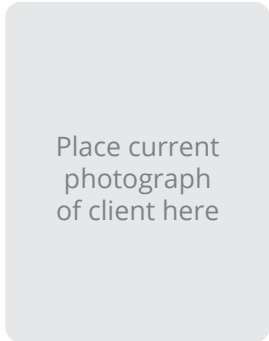
# Diabetes management plan for person in care

## Insulin administration: injections

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### Client details

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Type of diabetes:    Type 1        Type 2        Gestational        Other: \_\_\_\_\_

Facility: \_\_\_\_\_

### Key contact details

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Diabetes health care team

Hospital/Clinic: \_\_\_\_\_

Phone number: \_\_\_\_\_

Endocrinologist/Specialist: \_\_\_\_\_

Diabetes Educator: \_\_\_\_\_

### Insulin administration

The client requires insulin injections.

The nominated staff member to supervise is:

\_\_\_\_\_

The alternate staff member to supervise is:

\_\_\_\_\_

Type of injection device:    Insulin Pen        Syringe

Location where client will administer insulin is:

\_\_\_\_\_

Injection times:

\_\_\_\_\_



## Blood Glucose Level (BGL) Checking

Is client able to perform their own BGL check?    Yes    No

If yes, nominated staff member needs to:

Remind

Observe

Assist

If no, nominated staff member need to perform glucose monitoring.

The nominated staff member to assist client is:

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The alternate staff member to assist is:

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Time glucose needs to be checked:

Anytime and anywhere necessary

Prior to snack

Prior to lunch

When hypo suspected

Prior to activity

When client feels unwell

Other: \_\_\_\_\_

Other glucose monitoring:

Continuous Glucose Monitoring

Flash Glucose Monitoring

## Physical activity

The clients glucose needs to be above \_\_\_\_\_ before physical activity.

If the glucose is between \_\_\_\_\_ and \_\_\_\_\_, client can participate immediately.

If below \_\_\_\_\_, client to have 15g of carbohydrate. Check \_\_\_\_\_ minutes later and if within their target range then client can participate as per usual.

Please let parent or guardian know blood glucose reading for the day, especially if client has had hypos or hypers.

## Other activities

Notify parent or guardian ahead of the event to ensure further planning is done.

Ensure that action plans are adjusted depending on activity and duration.

All planning should be in consultation with the client's parent or guardian and if necessary the Diabetes Healthcare Team.

## Additional management notes

# Roles and Responsibilities

## Parent/Guardian

- The facility should be informed as soon as possible after diagnosis.
- Contribute to the development of the diabetes management /action plans
- Ensure the facility has the current diabetes management plan
- Provide all the equipment the client needs to be safely supported which may include medication, glucose monitoring, insulin pump consumables and hypo treatment foods/drinks
- Provide guidance and support to facility staff when concerns or issues arise
- Provide consent for the facility to contact the appropriately qualified health professionals about the clients condition

## Diabetes Healthcare Team

- Assist in developing the clients's individual diabetes management plan

- Provide relevant contact details in case specific questions arise from the facility

## The client within their ability

- Be permitted to use the bathroom without restriction with support
- Have open communication with their facility staff
- Notify the staff when they are low or feel unwell
- Do their monitoring checks and insulin administration if able to do so with support

## Facility Manager

- Coordinate a encouraging and safe environment that:
  - Recognises the client and their family are covered under the NDIS
  - Support client who need supervision or assistance in administrating medication

- Ensures this diabetes management plan is adhered to in the facility setting

- Ensure that all staff, including casual staff, are aware of the symptoms of low BGLs and the location of medication including the hypo kit
- Communicate with parent/carer and health care teams in regards to the clients diabetes management plan in an agreed manner

## Facility Staff

- Have a comprehensive understanding of the requirements of the client with diabetes in their care
- Understand the signs and symptoms of a hypoglycaemic (hypo) and hyperglycaemic (hyper) episode
- Assist the client with diabetes if a hypo or hyper episode occurs and what treatment is needed according to the diabetes management plan
- Support the client in the management of their diabetes when they are unable to do so. This may include BGL testing to glucose monitoring



# Agreements

### Parent/Guardian

Name: \_\_\_\_\_



### Diabetes Heath Professional

Name: \_\_\_\_\_

Role: \_\_\_\_\_



### Facility Representative

Name: \_\_\_\_\_

Role: \_\_\_\_\_



# HYPOGLYCAEMIA

**LOW** if Blood Glucose Level is below: \_\_\_\_\_  
TREAT IMMEDIATELY

## Signs and symptoms

Note: Symptoms may not always be obvious

**DO NOT LEAVE CLIENT UNATTENDED  
DO NOT DELAY TREATMENT**

### If conscious & cooperative

Able to eat hypo food

### Hypo treatment or fast acting carb:

As supplied or listed on management plan

### Recheck BGL after \_\_\_\_\_ mins

If BGL \_\_\_\_\_, repeat fast acting carb

### If unconscious or drowsy

Risk of choking or unable to swallow

### First aid

Place client on their side and stay with the client

**CALL AN AMBULANCE  
DIAL 000**

### Contact parent or guardian

when safe to do so

To be used in conjunction with management plan

Client's name: \_\_\_\_\_

DOB: \_\_\_\_\_

Place current photograph of client here

## Key contacts

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Injection

Will an injection will be required:

no                      yes                      with supervision

In room/location: \_\_\_\_\_

Continuous Glucose Monitoring (CGM)

Flash Glucose Monitoring (FGM)

## Routine BGL checking times

- Anytime, anywhere
- Prior to lunch/other times as per management plan
- Any time hypo is suspected or client feels unwell
- Prior to activity

# HYPERGLYCAEMIA

**HIGH** if Blood Glucose Level is above \_\_\_\_\_  
(High BGLs are not uncommon)

## Signs and symptoms

Note: Symptoms may not always be obvious

### If well

Re-check BGL in 2 hours

### If unwell

e.g. vomiting

### Check ketones

(Refer to plan)

**Encourage client to drink water**

### Call key contact(s)

to collect client ASAP

**In 2 hours, if BGL still above \_\_\_\_\_, call key contacts for advice**

Clinic: \_\_\_\_\_

Clinic contact: \_\_\_\_\_

Contact no: \_\_\_\_\_

