

Diabetes Management Plan



Child Youth & Family Diabetes Guidelines Attachment 1

<p>Child's family name: _____</p> <p>Child's given name: _____</p> <p>Child's date of birth: _____</p> <p>Does the child require medication while in attendance at the service? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please request a Diabetes medication administration form</p> <p>FDC school age children:</p> <p>Is the child usually able to self-manage his/ her diabetes care? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Insert photo of child here</p>
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Medication		
Name of medication:	What time is the medication administered?	How is the medication administered?

Medical aids used at the children's service (blood glucose testing kit)	
Name of aid:	Where are the aids stored in the service?

Observable signs of hypoglycaemia (a 'hypo') – blood glucose levels < 4.0mmol/L LOW		
Signs and Symptoms	Causes	Prevention strategies

Treatment and action Steps for hypoglycaemia LOW
Step 1
Step 2



Step 3

Step 4

Observable signs of hyperglycaemia (a 'hyper') – blood glucose levels > 15mmol/L HIGH

Signs and Symptoms	Causes	Prevention strategies

Treatment and action Steps for hyperglycaemia HIGH

Step 1

Step 2

Step 3

Step 4

Step 5

Blood Glucose Levels - routine monitoring times and action

Ketone Levels - routine monitoring times and action

Food and drink requirements. Please indicate times

Physical Activity Requirements

Authority



ADD YOUR RUNNING HEADER HERE

Parent signature:	Date: / /
Doctor's name:	
Medical practice name, address and telephone:	
Diabetes Risk Minimisation and Communication Plan completed	Date: / /
Agreed review date:	Date: / /
Medical practitioner signature:	Date: / /
Note: This information should be updated annually or each time your child's Diabetes Management Plan is changed.	
The parent and educator are required to complete further documentation	
Record of Ketones	
Record of blood sugar levels	

City of Casey is committed to protecting your privacy. Your personal information will be handled in accordance with the Privacy and Data Protection Act 2014. All personal information collected by the City of Casey will only be used for the purposes outlined within our Privacy Policy. Council's Privacy Policy is available from our website www.casey.vic.gov.au/council/your-council/privacy and all Council Customer Service Centres. For further information about how Council manages and uses your personal information or how you can access and/or amend your personal information please contact Council's Privacy Officers via our website www.casey.vic.gov.au/council/contact/feedback-form or by calling on 9705 5200.

Contact the City of Casey:

Web: casey.vic.gov.au
Email: caseycc@casey.vic.gov.au
Phone: 03 9705 5200
Post: PO Box 1000, Narre Warren VIC 3805
NRS: 133 677 (for the deaf, hearing or speech impaired)

Customer Service Centres:

Narre Warren: Bunjil Place, Patrick Northeast Drive
Cranbourne: Cranbourne Park Shopping Centre
ABN: 43 320 295 742



TIS: 131450 (Translating and Interpreting Service) المترجم الفوري 翻译 مترجم شفاهى ਦੁਭਾਸ਼ੀਆ ಕಾಣೂ ಪರಿವರಣೆ

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